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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

A CASE OF TRANSPOSITION OF THE HEART AND OTHER ORGANS, ACCOMPANIED WITH BRONCHIAL CATARRH.

BY THOS. S. SOZINSKEY, M. D., PH. D.

I have had under observation for several years a girl, Katie O'N——, aged 9½ years, who has been affected with more or less bronchial catarrh ever since birth, the cause of which appears to have been, directly or indirectly, the anomalous position of her heart and other parts. She has never suffered from any acute disease, save a mild attack of measles, and her lungs are sound structurally. In fact, there is no reason to doubt that the position of the heart is congenital. Her height is forty-four inches and her weight forty-two pounds. Her chest measures twenty-two and a half inches, and is symmetrical. In comparison with other children, she is considerably below the average in both height and weight (about five inches in the former and fifteen pounds in the latter), and a sister, who is over two years younger, is over an inch taller and about the same weight. She is seemingly as active and mentally as bright as most other girls of her age.

The apex-impulse of the heart is at the lower edge of the fifth rib and slightly to the left of the line of the nipple. Indeed, the organ is apparently perfectly transposed. The sounds, as well as the size of it, are normal, but there is a slight tendency to palpitation, the pulse being habitually from 90 to 100 per minute. This tendency may have something to do with the catarrh; still, it is impossible to say exactly why the latter exists.

The liver is on the left side. This is sufficiently evident from the area of dullness on percussion on that side and the state of resonance on the other. Whether the stomach and intestines, etc., are reversed in position, I cannot say definitely, but I believe they are. The spleen seems to be in its usual position.

The catarrh has never been very decided. Little has been done for it at any time. Whether it will ever disappear is a question which probably time alone can answer.

The girl is markedly left-handed. None of her people have been so. It would seem that left-handedness is common, if not the rule, in persons with transposed heart. In the case referred to later, reported by Dr. Augustus Wilson, there was left-handedness. Dwelling on this, the doctor, with too little regard for the opinions of the modern philosophers, contends that right-handedness is due solely to training. Hereditary tendency has doubtless something to do with it. What is said above gives some support to Hyrtl's theory, that it is due to circulatory conditions.

Speaking of congenital misplacements of the heart, in his work on pathological anatomy, Rokitansky says: "Actual transposition may exist with reference to the heart alone, or concurrently with the thoracic and abdominal viscera generally." But little more information than this, on the subject, is to be found in the books.

In his treatise on the diseases of the heart and great vessels, Dr. Walshe says: "Except in very rare instances, when the heart has formed and grown on the wrong side of the spine, the abdominal viscera also have been transposed." This is given as the chief guide to the recognition of con-

genital, in contradistinction to acquired misplacement of the heart.

Although a statement in Dr. Flint's work on diseases of the heart might leave a contrary impression, cases of transposition of the heart and other viscera are rare. Dr. Stokes, in his work on diseases of the heart and aorta, expresses the idea that such cases are very rare. A report, by Dr. Wilson, of a *post mortem* examination of a case which was met with in one of the hospitals of this city, appeared in the issue of this journal for November 11. The first case noticed during life was one which came under the observation of M. Durand, 1666; and the first detailed examination of such a case, *post mortem*, was made by Dr. Allen Thompson, an account of which is given in the Glasgow *Medical Journal*, 1853.

In this connection I may give the following interesting letter which I have received, in reply to some inquiries, from the distinguished professor of Pathology and Practice of Medicine, in the College of Physicians and Surgeons of New York, Dr. Alonzo Clark:

"*Dear Doctor:* The cases in which the heart is found on the right side and the liver on the left are rare. In a long professional lifetime, and almost all of it in hospital, as well as consultational practice, I have known but two cases. One was in a very intimate professional friend, who lived to near 60 years of age, and died of the spinal disease known as locomotor ataxia. He was one of the most accomplished men of the age, and wrote a book that was universally regarded as standard and classic on the Fevers of the United States. He never had a sensation that suggested any heart or liver disease. I saw him almost to the last hours of his life. The other I saw for the first time at mature life, and had no opportunity of following him to the end. I do not know of any treatise on the subject, though it is occasionally referred to in the text-books. Yours, A. Clark."

It may not be amiss to say that the physician to whom Dr. Clark refers was, doubtless, Dr. Elisha Bartlett, who was born in Rhode Island, October 6th, 1804, and died July 19th, 1855. He was a professor in various colleges, including the University of New York and the College of Physicians and Surgeons. In addition to "The History, Diagnosis and Treatment of the Fevers of the United States," the 4th edition of which was issued in 1856, under the editorship of Dr. Clark, he wrote an octavo of 312 pages in advocacy of empirical practice, entitled "An Essay on the Philosophy of Medical Science," a copy of which happens to be in my library, and a volume of poems.

Dr. Flint says of transposition of the heart and other viscera: "This abnormality is not incompatible with health and long life." Dr. Clark would seem to share this opinion.

As to the cause or causes of congenital transposition of the heart and other organs, nothing definite can be said. There is no ground for believing that it is in the nature of a "reversion:" but it may be observed that in lower animals, and also in the human infant, the heart rests at or near the middle line of the chest. In answer to some inquiries in respect to this interesting point, I have received from Prof. Joseph Leidy, who, I need hardly say, knows whereof he speaks, the following instructive and decisive note:

"*Dear Doctor:* In answer to your note of December 6th, received last evening, in *most* mammals, (see Owen's Comp. Anat. III. 525) or animals of our class, the axis of the heart is parallel or nearly so with the median line of the body, and in birds, etc., is always so. The heart in no animal occupies either the right or left side, but in all occupies a mesial position, with the apex backward or diverted more or less to the left. The abnormal reversion of this position cannot be looked upon as a reversion to a natural position in other aninals, because such does not exist.

"Respectfully, Joseph Leidy."

"*Phila., Dec. 9th, 1882.*"

MEDICAL MISSIONS IN HEATHEN LANDS.

BY M. P. BARKER M. D.,

Of New Castle, Pa.

One might reasonably suppose that an attempt to overthrow the false systems which prevail so universally in all heathen lands—comprising a very large proportion of the race—would be preposterous. But, notwithstanding the magnitude of the enterprise, it has been undertaken and great results have already been achieved.

In the accomplishment of these results, the medical profession has performed a very great and important work, the labors and achievements of which are worthy of record in the history of the world's progress. In giving a brief account of

MEDICAL WORKERS AND WORK,

I shall confine myself principally to India and China; they being the great fields of philanthropic effort, and typical to a very great extent of other lands.

The first attempt to qualify and send medical missionaries to heathen lands, that we have any record of, was made by

GENERAL CODRINGTON,

of the British army. In 1701 he bequeathed property in the West Indies, from which there

was an annual income of ten thousand dollars, to the "Society for the Propagation of the Gospel in Foreign Parts." This income was to be used to establish and maintain on his plantation a school, the purpose of which was set forth as follows: "The professors and students were required to study and practice physic and chirurgery as well as divinity; that by the apparent usefulness of the former to all mankind, they may both endear themselves to the people, and have the better opportunity of doing good to men's souls, whilst they are taking care of their bodies."

This bequest did not accomplish all that was expected from it; but as a conception of the best method of conducting the missionary enterprise, it deserves honorable mention, and a place in the history of medical missions.

DR. JOHN THOMAS,

an English surgeon, spent from 1787 to 1792 in Calcutta, in endeavoring to improve the condition of the Hindoos. He then made a visit to England, returning in 1793, taking the devoted Carey with him. The history of his labors and success is meagre, but it was said of him that, "he had exquisite pleasure in doing good, and that multitudes of the poor Hindoos received the benefit of his skill."

In 1821, the Baptist Association of this country sent

REV. JONATHAN PRICE, M. D.,

to Burmah. He settled in Rangoon, where he immediately commenced work. There was nothing remarkable in his career, with the exception that he had been but a few months in Rangoon, when the King, having heard of his success in the treatment of disease, especially of ophthalmia, "ordered that he should visit the Capital." So he set out at once for Ava, taking Mr. Judson with him as interpreter. They reached Ava September 27th, and were immediately introduced to the King. Mr. Judson, in giving an account of their reception, said: "The King received Bro. Price very graciously, and made many inquiries about his medical skill, but took no notice of me except as an interpreter." After this they had interviews with the King nearly every day, and also with the various court officials, who asked many questions about astronomy, religion, etc. The result of these interviews with the King was that he requested them to remain in Ava, and gave them ground to build houses on.

Not long after this, war having broken out between England and Burmah, they were imprisoned, suffering extremely for months, but were at length released and sent for daily to the palace for consultation, nothing being done without their approbation. They were also sent as ambassadors, in company with some English and native officials, and finally succeded in arranging terms of peace.

Rev. Judson left soon after peace was declared, but Dr. Price settled in Ava, built a house, and there spent the remainder of his days.

On the 27th of May, 1830, after a perilous journey of eight months, in which there were two shipwrecks, the

REV. ALEXANDER DUFF

arrived in Calcutta, being the first Scotch missionary to India. His educational policy, which consisted in the establishment of a college in Calcutta, in which the English language as well as the native dialects were taught, has accomplished more than his most ardent supporters had anticipated, and the results have proven his wise foresight, that it would be the means of overthrowing caste.

This is not the place to record his successful educational career, excepting in so far as it related to his efforts for the abolition of the Native Medical College, and the establishment of a new one under European physicians, and also in the overthrowing of the Bhoido, or physician caste. He was not a physician, but the history of the advancement of medical science in India, during the last half century, would not be complete without recording his efforts in its behalf.

In 1822, the government being anxious to secure

NATIVE SURGEONS FOR THE ARMY,

established a medical college, under an English doctor and native assistants, in Calcutta. Medical classes were formed at the Sanscrit college, to read Charaka and Susruta, and at the Madrasse to study Aricenna and the other Arabic writers.

Doctor Tytler was the head of the institution, and was said to be a most fanatical Orientalist. The only anatomical instruction he dared to give, however, was from models taken from the lower animals and an occasional *post mortem* examination. He declared that this prejudice against dissecting a human body could not be overcome. Duff protested against what he called Dr. Tytler's "folly." "Only use English as the medium," he declared, "and you will break the backbone of caste, you will open up the way for teaching anatomy and all other branches fearlessly; for the enlightened native mind will take its own course, in spite of all the threats of Brahmanical traditionists."

In 1833, Lord William Bentinck, in view of the deplorable condition of medical education, appointed a committee to investigate and report on this whole subject. This committee was composed

of Surgeon J. Grant, the Apothecary-General; Assistant Surgeons Bramley and Spens, Baboo Ram, Komul Sen, T. C. C. Sutherland, the Secretary to the Committee of Public Instructions, and Sir C. Trevelyan.

This committee, after deliberating for twelve months, and exceedingly anxious to raise a class of of native practitioners, being unable to come to a solution of this question, called upon Mr. Duff. A most animated discussion took place between him and the Superintendent of the Native Medical Institution. It was little wonder that the "fanatical Orientalist," pleaded for the system of the Bhoido caste. Did not their savans possess all knowledge? Were not their Vedas infallible? Had they not been more than the peers of other nations in philology, and in philosophy? Had they not given to the West the knowledge of numbers, even down to the numerals? He could point to the discovery of a remedy for snake-bite —to the fact that they had taught Europeans the operation of rhinoplasty—that their common Bhoidos had performed the operation of lithotomy, and that European princes had sent to them for oculists to remove cataracts—and also that their Vedic Hindoos were the teachers of Pythagoras, Plato, Aristotle, and Hippocrates. No wonder that he predicted failure if Duff's suggestions should be received and put into practice. But, on the other hand, he was confronted with the fact that their native college was a failure, and that their medical knowledge had retrograded rather than advanced, and that it was in a most deplorable condition, and that to attempt some other system could not possibly make it worse.

Duff gave them the privilege of examining the senior class in his college, which had been under his care for nearly four years. This examination was made without the class having received any intimation that it was coming. Taking them into a private room, the examination was conducted by the Apothecary-General, as follows:

He asked, "You have got many sacred books, have you not?" "O yes," was the reply; "we have many Shastas, believed to be of divine authority. Some are very old, and others have been written by Rishis (holy sages) inspired by the gods." "Have you not also Medical Shastas, which profess to teach everything connected with the healing art?" "O yes," they said, "but these are in the keeping of the Bhoido, or physician caste; none of us belong to that caste, so that we do not know much about them." "Do you doctors learn or practise what we call anatomy, or the examination of the human body with a view to ascertain its real structure, in order skillfully to treat wounds, bruises, fractures, etc?" "We have heard them say that anatomy is taught in the Shastas, but it cannot be like your anatomy," "Why not?" "Because respectable Hindoos are forbidden by imperative rules of caste to touch a dead body for any purpose whatever; so that from the examination of the dead body, our doctors can learn nothing about the real structure of the human body."

"Whence then have you got the anatomy which, you say is, in the Shastas?" "They have got it out of their own brains, though the belief is that this strange Shasta anatomy must be true or correct, it being revealed by the gods; but we now look on this as nonsense." "What, then," said the Commissioner, "if the Government should propose to establish a medical college for Hindoos under European doctors, like the medical colleges of Europe; would you approve or disapprove of such a measure, or how would it be viewed by the natives generally?" "We, certainly, who have been taught European knowledge through the medium of English, would cordially approve; but our ignorant orthodox countrymen would as certainly disapprove." "Well then, were a college of this kind established, would any of you be disposed to attend it; or would there be insuperable objections in your minds against your doing so?" "Not at all," they said; "if we were not already otherwise committed to some course of life which would prevent us, we should be very glad to attend." "What," said the commissioner, "would you actually be prepared to touch a dead body for the study of anatomy?" "Most certainly," said the head youth of the class, who was a Brahman; "I, for one, would have no scruples in the matter. It is all prejudice, old stupid prejudice of caste, of which I at least have got rid." The balance of the class acknowledged these as their sentiments also.

The committee were highly pleased with this examination, and the result after much controversy was that in an order dated 28th January, 1835, the old college was abolished and a new one created, under the Committee of Education, "for the instruction of a certain number of youths in the various branches of medical science."

This college was open to all who could read and write the English language in addition to their own. The college was opened June 1, 1835, under European professors whose names were as follows: Dr. Bramley, the first principal, who died soon after; Dr. Henry Goodeve; Dr. Wallich, the Danish botanist; Dr. O'Shaughnessy, the Irish professor of chemistry, and two others whose names are not given. David Hare was secretary.

Duff's enthusiasm was not greater than the grand results under the management of this committee, who aimed to have an institution, "ample, comprehensive, and worthy of a great government; not intended merely to supply the wants of the State, but of the people, and to become a moral engine of great utility and power."

The time came after the first six months of study for the first dissection. Great interest was manifested as to how Duff's students would acquit themselves. But Modoosoodun Yoopta, of the Bhoido, or physician caste, was the first to wield the knife, and cut not only the dead body which lay before him, but the fetters of caste and superstition that had bound them from the time Susruta wrote his anatomical dissertation, nearly three thousand years before. Rajendranath Mitter followed, and one after another of the class, until they were all engaged.

The historian states that the number of subjects supplied for the dissecting tables in 1837 was sixty, and that in 1844 they had arisen to above five hundred, and he adds, "and now must be five times greater." Duff's students took the highest honors in the medical faculty in the University of Calcutta, and one of them is a professor in the medical college. In other places medical colleges soon sprang up, at Bombay, Madras, Lahore and Agra, and what that single sentence of Duff's, "only use English as the medium, and you will break the backbone of caste," has accomplished for suffering humanity, if it could be recorded, would form a grand chapter in the history of the world's progress.

The Arcot mission was established in 1855 by the three

BROTHERS SCUDDER,

who were not only preachers, but physicians. They not only established a large number of schools in the district in which they labored, but in 1866 they established a medical hospital. Ex-Secretary Seward, when on his trip around the world, in 1870, visited this mission. He reported that the year prior to his visit, "*fifty-three thousand nine hundred and sixty-three* patients had been treated from its dispensary, and that "seven hundred and fifty-three of these were indoor patients, who were provided with beds, food, and clothing." He awards to these gentlemen the highest meed of praise for their self-denying labor, and adds, "That beyond a doubt, the success of this mission is due to the persevering energy and winning address of these preachers; but it was more to their happy combination of medical practice with their religious teachings."

India, through the protection and assistance of the government, is becoming rapidly permeated with medical knowledge derived from western nations. The Zenana caste, however, remains unbroken; but Christian philanthropy can solve this question also—how, in what manner, and by whom, will be reserved for another article.

A CASE OF DISLOCATION OF THE WRIST.

BY JOSEPH B. POTSDAMER, M. D.,
Resident Physician of the Jewish Hospital, Philadelphia, Penna.

After reading the various authorities, one would almost come to the conclusion that dislocations of the wrist were exceedingly rare or even impossible. The great objection raised to the diagnosis of this affection, is that fractures at the wrist are mistaken for dislocations.

As so few well authenticated cases of this form of dislocation have been placed upon record, I have been led to publish the notes of the following one:

James Carraugh, aged eleven, a native of Ireland, was brought to the Jewish Hospital on July 7, 1882, at 1:45 p. m., a half hour after the accident. The history was as follows: After dinner, he climbed a tree, and whilst sitting on a limb it broke, precipitating him a distance of about twenty feet. Recovering from the momentary shock, he found his left wrist painful and swollen, and was unable to move his hand.

Upon examination, I found the above conditions existing. What he considered swelling was really a deformity caused by the carpal bones being pushed backward and upon the bones of the fore-arm. The deformity was uniform throughout, not greater on any one side. It resembled the case of dislocation of the wrist depicted in "Agnew's Principles and Practice of Surgery," Vol. II., page 19, Fig. 958, excepting that the deformity was more marked.

I placed the patient under ether. Then grasping his hand with my left, and his fore-arm with my right hand, and my thumbs over the joint, I at once reduced the dislocation by extension, counter-extension, and pressure over the joint. He had lead-water and laudanum applied to the part for the two succeeding days. No bandage or splint was used until the seventh day, when, after having consulted various authorities on the subject, I concluded it might be best to apply a splint. After two days, there being no pain, swelling, or the slightest deformity about the joint, I removed the splint.

Bearing in mind that a fracture might manifest itself later, the patient was kept under observation until the 28th of the month, three weeks

after the accident. After his discharge, I had him come to visit me every day for the three succeeding weeks. In all this time, no symptom of a fracture could be detected, and there was always perfect motion in the joint. I saw the boy as late as the 11th of November, and his left wrist is as perfect as his right.

I am positive this was a case of simple backward dislocation of the wrist.

METHODS OF OVERCOMING RIGIDITY OF THE OS UTERI.—HOW NOT TO USE ERGOT.

BY BOARDMAN REED, M. D.,

Of Atlantic City, N. J.

President of the Atlantic County Medical Society; Physician to the Seaside House for Invalid Women.

Doubtless a great deal of mischief sometimes results from "meddlesome midwifery," and nature alone is in many cases better to be trusted than any disturbing efforts of the accoucheur. Yet nature often fails entirely when a little timely and skillful assistance ensures a safe delivery. In my experience the most common cause of tedious labor is a rigid *os uteri*, and according to the same experience no obstacle is usually so easily overcome by a judicious interference.

In the earlier years of my practice I once gave ergot in a case of abortion at the fifth month, when labor was being retarded by this cause. I had been well instructed, and, therefore, knew that ergot was wholly unsuitable whenever such an obstacle to speedy delivery existed, but mistook the real condition, from a lack of the *tactus eruditus*. The ergot brought on pains of tremendous force, and, as is to be expected from its physiological action, contracted the circular muscular fibres in the *os* more than those in the fundus, so that the hard, thin, unyielding rim which the finger encountered was unmistakable for one of even very moderate experience. I tried applying extract of belladonna to the *os* locally, and might as well have rubbed on lard for all the good resulting. Then hot water, that modern cure-all, was faithfully injected into the vagina, but without any decided effect. My patient was screaming from the intensity of pains which were literally doing no good, but much harm, by the constant impact of the hard head against the scarcely more yielding fibres of the *os*. The great value of the various narcotics in such emergencies had not then been impressed upon me by the lessons of experience; but the situation was becoming desperate, and something had to be done. The relaxing power of the warm bath occurred to me and I ordered a tub of hot water to be brought in. The patient was then taken out of bed, and made to sit in this tub, thus receiving a hot hip bath. In fifteen minutes, or even less, after she got out of the tub, the *os* had freely dilated, and almost immediately thereafter the fetus was born.

I have never had to repeat this experiment with the hot bath, for since then I have never given ergot, if at all, until after the *os* had fully dilated, and have learned that by administering chloral and opium, by the mouth, or preferably, morphia and atropia hypodermically, the most refractory *os* can be speedily relaxed. A sleep of half an hour or an hour, however procured, rarely fails to accomplish the desired result. But very often when the intention has been to procure such a nap for its dilating power, the effect of the narcotic has been to soften the *os* at once, and thus to render the pains more efficient, without any sleep ensuing, so that the patient and her friends would charge me with having administered "forcing medicine," instead of an anodyne.

In some cases very good results have been produced by having the patient sit over a commode filled with hot water, the steam acting as a relaxing agent. This is sometimes highly useful when labor is delayed by a rigid *os*, and besides has an excellent moral effect upon the fussy friends, who are never contented unless something is constantly being done.

Scores of cases could be reported if necessary, where the above-mentioned measures have proved promptly efficacious, in some instances after the woman had been having severe pains for from twelve to twenty hours previously without making any progress; but it seems useless to narrate them in detail.

There appears however to be reason enough for calling attention very strongly to the fact that ergot is above all drugs dangerous when there is rigidity of the *os uteri* during parturition, and that chloral, morphia and atropia (the last two hypodermically by preference) are the most valuable relaxing agents in such a condition. I notice in the *Reporter* of December 16th, p. 697, the report of a "Death During Parturition," which has suggested to me the importance of discussing this subject. The attendant in that case not only gave ergot and apparently "pushed" it in a case of rigid *os*, but attempted to perform version under the same unfavorable condition, and that too for no better reason than that he "found the left hand by the side of vertex engaging the small unyielding *os*." Those were, of course, errors of judgment which, happening under such exciting and embarrassing circumstances, do not call for harsh criticism. But they show at least that the profession has not yet all learned how rightly to use that two-edged sword—ergot.

Hospital Reports.

STATE HOSPITAL, PRAGUE.

BY PROF. A. PRIBRAM,

Professor of Practice of Medicine, University of Prague.

Translated by Louis Schwarz, M. D., for the Medical and Surgical Reporter.

Diabetes Mellitus.

November, 1882.

Gentlemen: If you approach the bed of this very ill man, D. A., age 63, butcher by trade, the first thing that will attract your attention is a peculiar odor, slightly resembling chloroform, which comes from the patient's breath. The urine has the same odor, and if we test it with Sol. Ferri Chlor., without heat, we obtain a beautiful brownish red color, due to a substance called *acetessigäther* or acetate of acetic ether, also aethyldiacetsaure or diacetic acid ethyl, whose formula is $CH_3.CO.CH_2.CO.O.C_2.H_5$. or $C_6H_{10}O_3$. which often occurs in diabetic urine, but is often found in urine where sugar does not exist. This substance is generally found in connection with an increased amount of acetone; this has been proved by my assistant Dr. Jahksch. Care must be taken not to confound this substance, acetic ether, with salicylic acid, because salicylic acid gives a similar color with Sol. Ferri Chlor., as do also other aromatics. This can be proven by applying heat; if you take a quantity of urine which you suppose contains acetic ether, and heat it, and then add Sol. Ferri Chlor., you will not obtain any red color, or very little, as the acetic ether is driven off by the heat; but if you apply the same test to urine containing salicylic acid, the color remains, as heat does not drive off salicylic acid. Another method is by extracting the acetic ether with pure ether, and allowing it to remain for a few days, when the red color disappears; whereas with salicylic acid it remains. The urine of this patient is scanty, and contains between four and five per cent. of sugar, sp. grav. 10.30, slight trace of albumen, no renal casts. The patient is comatose, not being able to reply rationally when spoken to, only murmuring a few words and then sinking into a sleep. Respiration slow, deep, stertorous. He was transferred to us from the surgical clinic, where he entered in consequence of gangrene of the foot. The only information received from him was that after a long walk he noticed a slight excoriation on one of his toes, which was caused by a tight boot; it then developed into an ulcer and afterwards became gangrenous. This is then a case of diabetes mellitus with gangrene of the right lower extremity. We also find sugar in the urine of patients suffering from carbonic acid and strychnia poisoning, sciatica, and in mothers who nurse children from the breast; these are only symptoms, and not diabetes mellitus. The cause of the gangrene may come from weakened heart action, as in severe cases of typhoid fever and other exhausting diseases; this is not the case here, as we can feel a strong pulse in the radial and femoral arteries, also a normal sound is heard in the femoral artery: it could also be due to an embolus of one of the lower branches of the femoral, or a local extravasation due to atheromatous disease, and in consequence the gangrene; this is not the case here, as is proved by the extent of the gangrene, which is not limited to a part supplied by a certain artery, but is irregularly diffused over several toes, the dorsum pedis, both malleoli, and with abscesses. Often we see in diabetic patients gangrene developing from slight injuries; this liability to gangrene may be accounted for by grape-sugar and its products in the tissue. My personal idea is that a tissue containing sugar affords better conditions for the propagation of septic germs; indeed, if we place such a patient with gangrene on a diabetic diet, we sometimes find the gangrenous process abating, a line of demarcation forming with the sugar disappearing in the urine. I observed this in a medical gentleman some years ago, the gangrene abating when the sugar disappeared in the urine: the gangrenous parts were amputated with good results, and he lived for more than a year, and finally died of the disease. This patient cannot be placed on a diabetic diet, as he is already comatosed: if we withhold from such patients all carbo-hydrogenous substances they continue to pass large quantities of sugar, which is produced by the decomposition of the albumen of their own bodily tissues. Prof. Ebstein, of Göttingen, has proved that with sudden introduction of a diabetic diet, the above described acetic ether can occur in the urine, and coma may follow. The best plan of treatment in this case will be a full, nourishing diet, as beef-tea, red wine, solution of pancreatic beef, small quantities of arrow-root, fresh air, large quantities of water to promote renal secretion and drain off foreign matter. The prognosis is bad, as the patient has diabetic coma and will die shortly.

The narcotic producing this coma is known (acetic ether), yet we have no agent to prevent its deadly action; the discovery of the substance was the first step towards elucidation, and we hope before long to obtain means of annihilating its effects and prevent its production. There are as many causes for this disease as there are authors who have written on it, some without anatomical lesions, others from brain tumors especially of the fourth ventricle, alterations of the solar plexus, liver and pancreas. As yet we have no signs for an anatomical lesion in this case. Patient died in two days, post mortem revealed an extensive atrophy of the pancreas. A great quantity of pus is to be seen on the tongue of this patient, due to a peristatic abscess of the upper maxilla. Caries of the teeth and alterations of the gums and maxilla are often found in this disease; they may be considered symptoms of diabetes mellitus: when they are present it is necessary to examine the urine—this may aid to a correct diagnosis. You can also see an eczema of the glans penis and prepuce of parisitic origin, as has been proven by a microscopic examination; this is due to the diabetic urine passing over these parts; this eczema often may lead to the discovery of the disease.

Case II. J. S. age 45, type setter. About a year ago patient noticed himself having great thirst and drank water freely: had to pass urine quite often; found himself becoming weak and unfit for work, but no other symptoms. Patient now passes twelve pints of urine in twenty-four hours, containing six per cent. of sugar: slightly emaciated, with dental caries and abscesses of the gums; with these exceptions no other pathological symp-

toms are to be observed. Patient has been placed on a mixed diet for the purpose of testing several remedies; by restricting his diet the sugar does not diminish. This is known in the literature as a grave case. I have used salicylic acid without success; I then used iodoform, which has recently come to us from Italy. The iodoform is placed in a bottle with tonca beans, and in this way the disagreeable odor is prevented; it is then given in pill form 10 cm. or 2 grs. four times daily. This patient has received the iodoform for the last two weeks, the remedy is well borne by the stomach; the decrease in sugar has not been great, only from 250 grms. to 196, a decrease of 54 grms. or nearly two ounces; the weight of the body has increased two pounds. I cannot recommend this remedy yet, though it is worth a trial.

Finding the iodoform of no great value, it was discontinued and morphia in .005 or 1–10 grs. dose, in the evening substituted for it, and the mixed diet was continued. The result was more favorable, the quantity of urine decreased to six pints daily, and a diminution of sugar to 165 grms. instead of 250; the percentage of sugar decreased to 4½ p. c., the body weight gained three pounds. This remedy was discontinued and potass. brom. in 15 gr. doses three times daily substituted; this was used for seven days without any result, and the morphia was again used. The best results were obtained from the morphia and iodoform. The remedy employed most is the Carlsbad cure; in light cases we see great benefit from this mode of treatment, the sugar sometimes disappearing during the treatment and remaining absent for a number of years; in other cases, the severe ones, we find no effect and the patient loses a great amount of flesh. The Carlsbad method is more effective at the original spring than by drinking the bottled water; this may be due to a compulsory strictly diabetic diet, and secondly to the muscular excercise in the long walks the patients are required to make at the springs between the intervals of drinking the water. I believe that in light cases of this disease long walks and gymnastics, as with dumb-bells etc., will be beneficial, as we know the muscular tissue contains glycogen, and if we as it were burn this substance by exercise and gymnastics, we prevent it being absorbed and converted into sugar. As I think the cure depends mostly on the diet, I will make a few remarks in regard to it. Diabetic patients have great hunger, due to the periphery of the vagus nerve being irritated by the sugar. Therefore you must not place your patient on a restricted diet, but rather on a full diet. All sugar and starchy articles must be avoided; such articles may be given, as beef-tea, sol. pancreatic beef, eggs, fish, cheese, oysters, some vegetables, red wine, Burgundy, sherry, small amount of bread, but what is better Graham's bread, and tea from a species of chamomile; tea or coffee sweetened with manna-sugar; the only objection to mannite is its cost. If the great amount of urine passed is due to an irritation of the kidney from the sugar, this may be relieved by a narcotic at bed-time. Other remedies are used, as carbolic, salicylic, lactic acids, arsenic, ergot; but these remedies as well as iodoform must not be given to anæmic patients; and if they do not agree with the stomach they must be immediately abandoned.

If Carlsbad water or other alkaline waters are not to be obtained, you may give the plain salts, as carbonate, sulphate, nitrate, chloride of potassium or sodium in ʒ ss. doses four times daily.

BELLEVUE MEDICAL COLLEGE, NEW YORK.

CLINIC OF DR. LEWIS A. SAYRE.

Talipes Equino-Valgus and Equino-Varus.

W. E., aged 3 years. This little fellow was brought here last winter to the clinic, and was at that time suffering from talipes, the feet being crossed upon each other, never having been able to stand; the child was also suffering from congenital phymosis, the prepuce being closely adherent: I then decided to preform the operation for phymosis only, and note the result, if any, upon the deformity. You now observe that the feet are apart, but the equinus is strongly marked, and that the toes only touch the floor, and now you observe that the right foot is equino-valgus and the left equino-varus: the contraction of the gastrocnemi muscles in this case is so strong that the tibia is actually bowed forward; now, by flexing the knee, we can lengthen these muscles, and the feet can then be brought almost to a right angle with the tibia; but upon point pressure being made upon the tendo achillis when placed upon the stretcher, you observe that a spasm is instantly produced.

Now, upon extending the leg, we instantly notice the deformity of the foot again, and with the leg in this position no amount of force can flex the foot.

The spasm which you have observed plainly indicates that these tissues have undergone structural change, and cannot, under any circumstances, be stretched any further, and that the muscles have become what I term contractured.

A contracted tendon is one which is shortened but is capable of being elongated by constant traction upon it; but when you have stretched it to its utmost and yet cannot secure the normal length of the muscle, if upon pressure being made upon it while held in that position a spasm of the muscle be secured, you may be sure it has undergone the change of structural shortening, that the fibrillæ of the tissues have become adherent to each other, and therefore further extension is impossible; then you will require to use the tenotome. This is very important for you to understand. If I could gradually bring the foot around to the normal position and it gave no reflex spasm, I should not think of section. I now as you observe take a piece of light board, cutting it the width of the foot and allowing it to extend a little beyond the toes; I then take a long strip of adhesive plaster, which passes around the back part of the board; we then take a broad strip passing it from the anterior end along the under surface, bringing it over the upper surface to the point started from, placing under this a padding of cotton; two lateral straps are then formed, and the whole secured with a roller; your foot piece is then ready for application.

In this case the plantar fascia does not need section, there is no reflex spasm given at that point; both tendo achilles will require cutting. I now take this tenotome, which you will observe is curved and round-pointed, and making a slight

puncture pass the blade in a flat position under the tendon and fascia, then turning the edge upon the tendon with a short sawing motion, at the same time pressing the tissues down upon the blade, the tendon is completely severed, as can be heard with a distinct snap: I then instantly turn the instrument upon its flat surface and withdraw it, at same time placing my thumb upon the wound to prevent the entrance of air, and we now closely seal the wound with a strip of adhesive plaster. The foot is now brought at once to the normal position, which you observe can now be readily done with the leg in the extended position: the foot board is now applied, bringing the posterior strap across the instep, and the lateral straps across the foot directly: we now secure this firmly with a roller bandage, and then pass the broad anterior strap from the toes up the leg, which retains the foot at a right angle: we continue the roller up the leg, and in this case, as the child is small, will pass it up to the thigh, in order to secure greater security of our dressing. The right foot being slightly everted, a guy is now placed upon the inner part of the foot and passed up the leg, and in this manner secured in the normal position. The left foot was operated upon in precisely the same manner, but the foot in this case being slightly inverted, the guy was placed upon the outer portion of the foot, upon the same principle as previously mentioned. This dressing will not be disturbed for ten or twelve days: you will, however, observe that the toes are left exposed in order that you may ascertain if circulation has been interrupted: if you at any time observe the circulation has been arrested, remove your bandage at once, and reapply it in such a manner as to admit of free circulation.

I wish to thoroughly impress upon you the necessity of attending to all details, as I have found in several cases that my treatment has not been carried out successfully, simply because these details have been neglected.

[Condition of the patient as brought before the class two weeks after the operation.]

In this case there was no functional disturbance following the operation; and by this time union should have taken place between the severed ends of these muscles [dressing was now removed]. You will here observe that the wounds are completely healed and by irritation of the muscles slight extension of the foot can be secured, showing that the union has been perfect: friction and electricity must now be applied to the parts, in order to secure vitality to the same.

You have now seen the operation for the relief of club-foot in all of its different varieties, the principle being simple division of the contractured tendons, after which the foot is to be *at once placed in its normal position* and there secured: the after treatment consisting in what I have but recently stated.

Many authors of the present day are adopting the plan of treatment which I advise; previously they have been in the habit of securing the limb in the deformed position after the operation: when the wound has become perfectly healed, gradual traction is made upon the new material thrown out from the severed ends of the tendons, in order to restore the foot to its normal position. But the pain induced by that method was so intense that it had to be interrupted, sloughing in many instances resulting from this treatment and calling for the constant attention on the part of the surgeon: the results being also exceedingly unsatisfactory: whereas, by bringing the foot into the normal position immediately after the operation, the exudate is sufficient to fill up the space between the severed tendon, and air being excluded organization takes place: should you allow any air to pass into the wound suppuration may occur.

You have seen me perform the most simple method of treatment in this case, and are now capable of forming an opinion upon the subject: the main point, however, is that while securing the foot in the normal position, you do not obstruct the circulation.

In some cases it is necessary to cut the integument itself; in some instances I have made a clean section of the plantar fascia and integument when it also has become contractured: this however is very rare. The simple division of the tendons and restoring the foot to the normal position, does not however end the treatment: an important part is for you to vitalize the partially paralyzed muscles, and until you have effected this you have not cured club-foot. To all appearances this child is cured of club-foot, but he has not yet the power to move the foot as it should be moved: and it may require some few months' persistent treatment in order to thoroughly revitalize these muscles. In some cases it is necessary to use artificial aid to assist these muscles: in such cases I advise the shoe devised by Mr. Hudson, to which are attached small rubber bands, so arranged as to guide the foot in the desired position according to the deformity to be cured. These slight aids are of the greatest importance to you in restoring the parts to their normal position, and if you neglect to use this while the child is recovering, a relapse may occur and you may do yourself an injury by performing the operation, whereas had you carefully followed up the indications your treatment would have proved most successful: if you are deprived of the services of the instrument maker, we have an excellent substitute for the Hudson shoe in Mr. Barnell's dressing. A slight guide even when the child is going barefoot will often accomplish the desired result. If the foot can only be brought out, the weight of the body itself will often overcome the action of the peroneal muscles. It is however to be remembered that in the application of these artificial muscles, they must not be applied so strongly as to prevent the patient from putting the foot in the deformed position if he desires to do so. The application of these artificial muscles is equally applicable to deformities of other parts of the body.

Medical Societies.

NORTHERN MEDICAL ASSOCIATION OF PHILADELPHIA, NOVEMBER 24, 1882.

Placenta Prævia.

Dr. Daniel Longaker narrated the following: Mrs. X. presented the early signs of pregnancy as instanced especially by cessation of the catamenia. At the fourth month, however, she was surprised at a return of the menses, which occurred from

that time until labor with irregularity. When labor began, hemorrhage occurred, and became more profuse with the accession of the pains. Several large clots were voided, and the dilatation seemed incapable of being effected. Investigation revealed the placenta prævia. The extent of hemorrhage and consequent condition of the patient rendered prompt relief a necessity, especially as the fetal heart sounds still were present, and a possibility of delivering a living child probable. An ineffectual attempt to use the forceps was made and was followed by version. When the breech was partially delivered, prolapse of the funis occurred. The compression of the cord resulted in obstruction to the circulation and death of child. The after-coming head occasioned considerable difficulty, and would not engage. This was due to extension, which was subsequently demonstrated to depend upon the fact that the child had been delivered through the centre of the placenta, which latter mechanically interfered with the proper movements of the head incident to engagement. This complication was successfully met by applying the forceps to the after-coming head. Considerable collapse occurred, but reaction was eventually established. The collapse was due to the manipulation in part and largely to the hemorrhage, which during delivery was augmented. In reply to a question, Dr. L. stated that considerable difficulty was experienced in adjusting the forceps to the head.

Dr. E. R. Stone related the history of a case of partial placenta prævia, in which in due time the placenta separated and the hemorrhage ceased. The presenting head engaged, and delivery was effected without any untoward symptom. In another case of partial placenta-prævia he detached the circumference (lesser) of the placenta, and applied the forceps to the head with the result of delivering a living child. In a case of total placenta prævia, the prominent symptom of hemorrhage occurred in the beginning of labor. As the os was not dilated and the loss of blood great, a tampon was employed. After the vagina was thoroughly packed and retained by a T-bandage, the patient was carefully watched. In about three hours intense bearing down efforts developed, resulting in extrusion of the tampon. No hemorrhage followed removal of tampon, and the fetus, which was small (seven months), was found to occupy the vagina. The placenta had preceded the fetus, which was contained within the unruptured membrane. Recovery was excellent. This case serves as an argument in favor of the use of the tampon. If the membranes have not been ruptured, it is not very probable that the dreaded internal or concealed hemorrhage will occur. When version is resorted to, the profession appear to entertain too great a dread of making strong traction on the body to deliver the after-coming head. Much more force can be applied to the body than is generally admitted without danger of producing luxation of the vertebræ.

Dr. Robt. Hess had seen but one case of placenta prævia, and it was of the partial type. No hemorrhage had occurred throughout gestation, a point frequently noticed in the partial placenta prævia, and one of diagnostic importance. The treatment here instituted was separation of placenta at its lesser attachments, application of forceps, and delivery. The result was favorable to mother and child. In complete prævia the tampon is certainly demanded, for it effectually closes the gaping and torn placental sinuses from the distal surface, while the presenting portion of the child exerts a counter-pressure on the proximæ, whereby the hemorrhage is reduced to the minimum. The doctor also urged upon the society the importance of prolonged and persistent efforts at resuscitation of apparently asphyxiated children. In his case, after assiduous effort for half an hour, he was rewarded by the establishment of respiration and life. Many of the adjudged cases of still-birth may by perseverance be restored and life secured.

Meeting of December 8, 1882.

Dr. J. Solis Cohen reviewed the recent method of treatment employed by the Germans in acute articular rheumatism. The statistics made such a favorable impression that he determined to employ the means when opportunity presented. At the German Hospital a man was admitted to the ward suffering with a frank attack of acute articular rheumatism. The joints were swollen, red, hot, and exquisitely painful, temperature hyperpyrexial, endocardial murmur present. According to the method referred to, a fly-blister 4x4 inches was applied over the cardiac region. No other treatment was instituted. In the course of twenty-four hours marked relief followed. Convalescence rapidly supervened, and in four days no evidences of the attack remained. In three other cases the same brilliant results followed.

Dr. J. T. Eskridge has employed the blister in one instance with the above result. He also referred to the use of essential oil of Gaultheria, which is said to contain as its active principle salicylate of sodium, or a something that acts identically with it.

Dr. H. Rihl has employed the blister and obtained very beneficial results.

Dr. Cohen mentioned the fact that in the typhoid fever wards of the German Hospital an unusually large number of instances of septicæmia have occurred during the course of the fever. It manifests itself in the formation of numerous small abscesses. One case of unusual interest is that in which an abscess developed over the sternum. After its evacuation, the introduction of the probe revealed the fact that the periosteum had been destroyed, and that caries sterni had developed. The caries progressed until a portion of the bone was separated and the mediastinum opened. Respiration occasioned a bulging outward of tissue through the perforation. This opening was artificially closed and cleansed once daily with disinfected washes, and the pus thoroughly removed. The purulent secretion diminished in course of time, and patient recovered.

Dr. J. T. Eskridge related an account of an Irish woman who had been struck on the sternum by her husband. Some time after she was attacked with typhoid fever. During convalescence an abscess, episternal, developed, and the patient died. Autopsy revealed an eroded periosteum and caries sterni. The destruction of the sternum in Dr. Cohen's case was so extensive that the pulsation of the right auricle was clearly seen, and the small loose piece of bone situated over the heart protruded by each expansion.

Dr. E. W. Holmes reported a case of puerperal eclampsia, interesting on account of the late hour at which after delivery the disease developed. The patient was a colored woman. The child was delivered about half an hour before the doctor arrived. He removed the placenta, and could detect nothing wrong except that the pulse was *abnormally slow*. The patient did not complain, and expressed herself as feeling very comfortable. The doctor remained about one hour and then left. The pulse was then 50 per minute. Eight hours after the accouchement a convulsion occurred and a physician near at hand was summoned, who left a prescription of "chloral and bromide." He did not administer the remedy, but left directions how to be given. The doctor was sent for, and arrived in time to see the third convulsion. The inability to swallow had not permitted the attendants to administer the remedy prescribed by the doctor, so the patient was practically without treatment all this time. Dr. Holmes immediately administered chloroform, but with no effect. Phlebotomy was then resorted to, and chloral and bromide of potassium administered per rectum. Morphiæ sulphas was employed also, hypodermically. The convulsions did not recur, but the coma which had developed did not yield, and death terminated the case. The case had not been before seen, and the renal secretion not examined.

Dr. H. Rihl delivered an Irish woman of twins. The labor was uncomplicated with the exception of a *throbbing* headache, which, however, passed off before the termination of labor. The doctor left the patient apparently in an excellent condition. On the following day when making his call he was informed that the lady had lain in convulsions the whole night. He found profound coma, which did not yield to remedies. The patient died the following day. In another case whom he had attended previously on several occasions, eclampsia occurred about half an hour after delivery. The convulsions occurred with varying frequency and severity for three days, and gradually disappeared. Recovery followed. He has noticed that the "after pains" seem to aggravate the convulsions.

Dr. J. G. Heilman attended a lady whom he delivered at 8 a. m.; at 4 p. m. convulsions developed. Potassium bromide was administered, and although unconsciousness continued for twenty-four hours, recovery followed.

Dr. Daniel Longaker met with one instance where during the second stage of labor eclampsia supervened. There were no premonitory symptoms noticed. Phlebotomy was immediately resorted to and f. ℥ x. of blood abstracted. In addition, free catharsis was induced by the exhibition of pulv. jalapæ comp. Bromide of potassium with full doses of morphia were also administered. Coma developed immediately after the first convulsion, and continued uninterruptedly, being complicated with occasional convulsions until death terminated the case on the third day. In this case albuminuria existed in a marked degree. When the circulation is failing in this disease, if remedies be employed to stimulate the heart it is essential that they be administered hypodermically, as the gastric functions are not active and absorption not to be expected.

Dr. J. G. Eskridge is of opinion that autopsies will elucidate the ætiology greatly. The view that morbid conditions of the urine are causes, is undoubtedly true to a certain extent: but other pathological conditions, as embolism and thrombus of the cerebral vessels, certainly contribute to the development of the disease. Where effusion into the brain structures has occurred, bleeding is indicated; but if thrombus or embolism is present, such procedure is futile and injurious.

Dr. E. W. Holmes possesses great confidence in venesection and while an interne of Blockley Hospital saw several instances of recovery following this plan of treatment.

Dr. Henry Beates had met but two instances of puerperal eclampsia. In one, the lady's ninth confinement, there was a preëxisting albuminuria and epithelial casts, characteristic of desquamative nephritis. When labor began, the pains were ineffectual and teasing. They occurred at short intervals, but were unaccompanied with dilatation. Flatulence and nausea occurred: the former proving exceedingly annoying. About eight hours after the onset of labor, no dilatation being effected, a peculiar cephalic throbbing was complained of, which increased in intensity, but was *unaccompanied* with pain. This condition continued for little over an hour, when severe pain developed; and it was but little more than half an hour when, with a peculiar expression of face, and strange cry, a general clonic convulsion developed. After this passed over, in about ten minutes a semi-comatose state remained. The convulsions returned in about one hour, and occurred with varying frequently during the following four hours. The distension of the frontal, temporal, facial and cervical veins was extreme during the paroxysms. Prior to the first convulsion, the pulse assumed that peculiarly slow, full, throbbing character, so significant of the second stage of opium poisoning. During the parxysms it became rapid, and in the interim reassumed its slow, full, bounding character. Croton oil was promptly administered, also the routine mixture of chloral and bromide: ether was used to mitigate the severity of the convulsions. The then much-extolled drug pilocarpin was used hyopdermically, and profuse diaphoresis promoted in obedience to the uræmic theory, and the possible increase of elimination through the perspiration of five per cent. of this poison. The convulsions and evidences of cerebral hyperæmia continued, however, unabated: phlebotomy was then resorted to, and f. ℥ xij. according to "book directions" abstracted. This did not stop, but only ameliorated the severity of the convulsion. The vein was reopened and the blood allowed to flow until the *pulse gave evidence of its effect*. Following this no convulsions returned, and recovery in due time was established. In case No. II., the eclampsia developed during the first stage of labor. Phlebotomy *for effect*, not conventional quantity of blood, was promptly instituted. The convulsions immediately ceased; dilatation and delivery spontaneously occurred in this as in case No. I. Recovery was excellent.

In reference to the rational treatment nothing is definitely known. We only theorize as follows: Uræmia exists, and is due to the structural renal lesion. This poison determines a hyperæmia of the brain, and engenders cerebral convulsions. Phlebotomy will relieve the hyperæmia, to say nothing of the removal of the materies morbi, which is accomplished, how we do not know, and the

cases recover. *Early* bleeding must be resorted to, before irreparable damage has been done by the extreme hyperæmia and consequent effusion. If the convulsions are dependent upon embolism, and especially thrombus, premonitory symptoms will certainly manifest themselves.

Dr. Beates also reported a case of tetanus due to eruption of a fourth wisdom tooth. The eruption of the preceding three teeth was unaccompanied by similar manifestations. The patient is a gentleman twenty-five years of age. On last Friday morning the gum tissue became swollen and extremely painful. The swelling increased, and involved the substance of the cheek. On Saturday rigors and fever developed, accompanied by rigidity of the masseters and general pains. This was not regarded as serious by the family until Sunday, when a severe rigor, followed by high fever and clonic spasms, supervened. I first saw him that evening and found the following condition: Trismus marked: absolute immobility of inferior maxilla; temperature 104°; rigidity of trapezii and sterno cleido mastoidei; risus sardonicus and corrugation of the corrugator supercilii. The anterior belly of the occipito frontalis was also thrown into transverse folds. The femoral flexors would stiffen on attempted movement, and contact and noises occasioned opisthotonos. Darting acute pains situated in spinal cord were greatly complained of, and dyspnœa due to spasms incident to attempts at deglutition.

Having had three cases previously, all of which proved fatal, and calling to mind the physiological action of the remedies so universally administered in this terrible disease, and remembering that tetanus is pre-eminently a disease due to disintegration and depressed action of the spinal centres, I determined to exhibit the most powerful spinal excitant known. Consequently strychniæ sulphatis was given in $\frac{1}{20}$ gr. doses every two hours, and its effect carefully watched. After the first few doses its effects were manifest, and it was deemed requisite to increase the intervals of administration. One every three hours was ordered. The disease remained in statu quo for four days, when the opisthotonos became less severe and less frequent. Convalescence was fully established in the course of nine days, and now the patient is well advanced toward recovery. Stillé mentions eight cases of tetanus, including traumatic and idiopathic, in which strychnia was employed from the beginning. *All* of these recovered, and this instance is reported with the hope of inducing further trials to be made.

Dr. James Collins reported a case of traumatic tetanus, which he treated successfully by maintaining a constant condition of taxæmia with cannabis indica. In another case, that of a physician who was suffering from successive crops of furuncle, there was developed a tetanoid condition. On the exterior surface of the forearm there appeared a sluggish inflammatory area, which was very painful, and seemed to avoid progressing to suppuration. This spot was very tender, and occasioned extreme suffering. Trismus developed, and all the manifestations of developing tetanus were present. The area was freely incised, and emollient poultices applied to encourage suppuration and elimination of pus. Free diaphoresis was induced by pulv. ipecacuanhæ comp. and cannabis indica freely administered. Under this treatment the symptoms gradually subsided, and the patient recovered. I often reflect and wonder if there is a condition that might be termed tetanoid, due to reflex irritation, which, if neglected, would develop this dire disease, which is amenable to treatment, or whether real tetanus is possible of cure.

TRANSACTIONS OF THE OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated meeting, Thursday, December 7, 1882. Vice President, Dr. T. M. Drysdale, in the chair. Dr. R. P. Harris being called temporarily to the chair.

Dr. T. M. Drysdale reported a case of *uterine myo-fibroma* in a woman, aged 31. He described the case and subsequent operation at length.

Dr. B. F. Baer (in response to a call from the chair) inquired of Dr. Drysdale the effects of ammonium chloride and ergot, as administered by him in this class of cases. Does not ergot, when given during the menstrual flow, increase the quantity of the discharge? Does ammonium chloride have any effect in reducing the size of the tumor? He had used ammonium chloride a great deal, in fact he gives it in every case of uterine fibroid that comes under his care, but he has not seen or expected much from its employment; he considers it an alterative; it makes the patient feel better, but he has not seen any reduction in the size of the tumor follow its use: it relieves the painful flushings connected with the existence of a uterine fibroid or the menopause. He is not very sanguine as to the effects of ergot used in any way, hypodermically or otherwise, to reduce the size of a uterine tumor, and it certainly can effect nothing in the case of a pedicellated subperitoneal, uterine fibroid.

As regards the hazard of the operation, under the conditions existing in the case narrated by Dr. Drysdale, it cannot be too strongly expressed; but there have been instances of recovery under conditions apparently as desperate as those just detailed.

The case referred to by Dr. Harris (Chairman *pro tem.*) was operated upon by Dr. Goodell. The patient was a lady of middle age, who had been suffering from profuse hemorrhage, which was endangering her life. This hemorrhage was the result of the existence of a large uterine tumor, and Dr. Goodell decided to attempt oöphorectomy as a means for her relief. An incision three or four inches in length was made in the middle line of the abdomen. The large size of the tumor made it very difficult to reach the ovaries. One was, however, reached, and successfully ligated and removed without causing hemorrhage, although the pampiniform plexus was very much enlarged. It was necessary, in order to reach the other ovary, to enlarge the abdominal incision and roll the tumor over. It was found and removed, but a large plexus of views was ruptured in the turning, and the hemorrhage was frightful, the blood escaping from both ends of the vessels; ligatures were passed through the substance of the tumor, and finally succeeded in stopping the loss of blood. The doctor thought he might be compelled to remove the entire uterus to stop the hemorrhage. This had happened to Knowesly Thornton.

This patient recovered, but Dr. Baer had seen death from peritonitis result in similar cases from the exploratory incision alone, the tumor and ovaries being found to be in so vascular a condition that Dr. Goodell was afraid to complete the operation.

Dr. Harris remarked that he was present at this operation, and was a close observer. The veins were ruptured during turning of the tumor; there was a peculiar anastomosis of the large venous trunks at the point of rupture. In this case the tumor had formed no adhesions.

Dr. Harris had been present at an operation by Dr. W. W. Keen in a similar case. The tumor was smaller, but the hemorrhages had been so profuse before the operation as to leave the patient waxen in appearance. In this case the tubes were tied close to the uterus, and were removed with the ovaries.

Dr. Baer remarked that Dr. Goodell had been very successful in operating by removing the ovaries for the cure of metrorrhagia, the consequence of uterine fibroids.

Dr. Githens, in answer to the first query by Dr. Baer, remarked that though not successful in relieving menorrhagia by the internal use of ergot, he had had very satisfactory results from the use of ergotine suppositories in cases in which there was no tumor present.

Dr. A. G. B. Hinkle alluded to several cases in which he had used ergot for the relief of menorrhagia, due to the presence of uterine fibroids. he had given it three days before the period, during and for three days after its close; he also gave ammonium chloride in ten grain doses, three times a day, all the time. This treatment had produced undoubted effects, and in some cases the tumors had disappeared.

Dr. Henry Beates had used ammonium chloride in the treatment of a lady who had a large uterine tumor. He continued it one year with marked effect. The menopause came on two years afterward, and the tumor has entirely disappeared.

Dr. Beates made some general remarks about the microscopical appearances in hard and soft uterine tumors, and thought that the effect of ergot would depend upon the presence or absence of muscular fibres as a component part of the tumor.

Dr. Drysdale, in closing the discussion, urged upon the members the desirability of limiting the operation of the removal of the uterine appendages for the cure of uterine fibroids to small tumors or to those in the early stage, and which have not commenced to undergo the softening process. He had noticed, in cases under his care, a small spot of softening begin in a previously hard tumor, and progress until the change was complete. The tumor presented this evening had undergone this change, and had undoubtedly assumed a malignant type. Before the operation it felt as if it contained a fluid. Since its removal it has shrunk to about one-half its original size from drainage of blood. From the description given during the debate, the tumor in the case of Dr. Goodell's differed from the one presented this evening in being much smaller, harder, and free from adhesions. The hemorrhage in his case came from a single laceration in the tumor, and could be controlled. In this case not only did the torn substance of the tumor bleed, but every detached adhesion poured out blood in abundance.

In reply to Dr. Baer's questions, he would say that ammonium chloride in some cases of hard uterine tumors is remarkably efficacious in reducing the size of the growths: he has repeatedly seen them entirely removed by the remedy. He had never known ergot to increase the loss of blood during the menstrual period when used for the cure of intra-mural tumors: ergot has a decided effect upon the nutrition of these growths, but he would not expect it to act upon pedicellated growths unless inside the cavity of the uterus.

Dr. Henry Beates had been called in consultation to see a case of metrorrhagia. Ten years previously the patient had suffered from miscarriage at the fourth month. Subsequently each menstrual period became more and more profuse and prolonged, until, at the time Dr. B. first saw her, the loss of blood was constant and the patient was pallid and reduced almost to a skeleton, her weight being but ninety pounds. The curette had been previously applied to the endometrium, with the effect of increasing the discharge. Dr. Beates introduced a sound, which passed to the left to a depth of five and a quarter inches; he introduced a laminaria tent of the largest size and next day, by digital examination, discovered a sessile tumor; further dilatation enabled him to remove the tumor by evulsion. It was necessary to divide it to deliver it through the *os uteri*. It was composed of fibrous and muscular tissue, and contained numerous dilated blood vessels which had been the source of the hemorrhage before operation. Three years afterward the patient's weight had increased to one hundred and fifty pounds.

Dr. B. F. Baer read a report of a case of labor with twins.

Dr. Harris had had under his care a woman in labor with twins. The first one delivered was a female weighing eight pounds; it presented by the breech. After it came away the *os uteri* and soft parts contracted, and an examination made by one who did not know of the delivery of the first child would not have discovered evidence of the fact but for the presence of the cord. The bag of waters presented, and the *os uteri* was again dilated. Three and a half hours after the birth of the first child, the second, a male, was delivered by assistance of the forceps; its weight was nine pounds.

Dr. Horace Williams related his experience in a case of twins. The first child descended in the fourth position, and no rotation occurred, as it was held so by the second child; the pelvis was roomy, but laceration of the perineum resulted.

Dr. R. G. Curtin had this morning delivered a woman of twins; after the uterus was emptied and well contracted a strongly-marked sulcus could be felt in the fundus.

Dr. Drysdale has under his care a woman whose uterus is divided by a complete septum.

Dr. W. S. Stewart inquired if any previous examination indicated a want of symmetry—or if it resembled an extra-uterine pregnancy.

Dr. Baer had not seen the patient until after delivery of the child, and did not ask about the point mentioned by Dr. Stewart. Dr. Goodell has reported a case of supposed extra-uterine gestation in which labor came on naturally. This type of uterus may seem to be very rare, because it is so difficult to recognize. The presence of the septum would never have been suspected in this case had not been found in the attempt to remove the imprisoned placenta.

Dr. Harris said that Dr. Goodell was uncertain of the character of the pregnancy, although every diagnostic test but one indicated that it was extra-uterine. This exceptional condition was the sensation of muscular contraction in the presumed cyst-wall when the hand was applied to the abdomen. Not being able to reconcile this action with the development of a tubal pregnancy, he determined to trust the case to nature, and sent the woman to the Preston Retreat, where she was delivered naturally in a few days. The uterus was double and was twisted on its axis, and the empty cornu was posterior, admitting the sound in the median line as into an empty organ.

Editorial Department.

Periscope.

Strychnine and Nux Vomica in Infantile Therapeutics.

We take the following rules for the use of strychnine in the disorders of the digestive organs of children from the lectures delivered by Simon in the hospital *Enfans Malades*, in Paris.

There is a form of dyspepsia that you will find in young girls, with faces full of expression, at the approach of puberty when from eight to fourteen years of age. They come complaining of gastralgia, of different forms of dyspepsia; they are generally constipated. After eating the epigastric region becomes swollen, tense and painful; their intelligence is above that of children of their age, but they are capricious, irritable, whimsical; already untruthful, they use far-fetched expressions, affected, and very different from what ought to come directly from the minds of children. These are the links of the chain that unites the neuropathic affections of children to confirmed hysteria. This is one of the favorite formulas of Mr. Simon, for that condition:

℞. Tr. of cascarilla, Tr. of cannella — āā 5 grammes.
Tr. of gentian, Tr. of colombo, Tr. of rhubarb, Tr. of nux vomica — 1 to 2 grammes.

This constitutes a very good aperient, of which ten drops should be given in some wine before meals. If constipation predominates, increase the proportion of rhubarb and tincture of belladonna:

℞. Tr. of rhubarb, 10 grammes.
Tr. of belladonna, 3 grammes.
Nux vomica, 1 gramme.

To be given in the same dose and manner as the preceding.

For those who will take powders, he prefers to give this prescription in that form:

℞.	Powder of crab's eyes,	0.20 centig.
	Magnesia calcined,	0.15.
	Rhubarb,	0.10.
	Nux vomica,	0.05.
	Pepsine,	0.05.

If there be intestinal indigestion also, and meteorism becomes very pronounced, he orders the belly to be rubbed with the following liniment:

Tr. of nux vomica,	3 gram.
Tr. of belladonna,	5 "
Camphorated oil of chamomile,	15 "

or with a pomade of the neutral sulphate of strychnia 1 part to 60 of ointment. You will be astonished to see how notably the meteorism will be diminished. The same ointment can be used for prolapsus of the rectum, and also for relaxation of the anal sphincter, so common in old people and children.

In paralysis of every kind nux vomica is much used, either to hasten the return of motion from peripheric or toxic paralysis, or to prevent the degeneration that takes place in muscles condemned to repose, or when the lesion is in their tropic centres.

In diphtheritic paralysis he gives two to five drops of tincture of nux vomica before each meal, insisting at the same time on tonic medication: cod-liver oil, or cinchona wine.

In the grave and extended cases of diphtheritic paralysis it is well to insist strongly on the use of strychnia; from five to ten drops of the tincture of nux vomica must be given at each dose, or from two to eight drops of the following solution, of which the effects must be carefully watched:

℞. Sulphate of strychnia, 1 milligr.
Eau, 1 gr.

Infantile paralysis is divided into two stages, the first or febrile, which lasts from six to eight days; at the end of that time, when the child is raised from its bed, the paralysis is first perceived. This is the beginning of the second stage, and it is only during this one that he uses nux vomica in the form of tincture. From five to ten drops during each meal will have the effect of awaking the muscular functions, and of combating the atony of the digestive organs.

In other affections of the nervous system, such as the weakness of the convalescents, the paresis that is brought on by long-continued surgical dressings, and that which follows rheumatism, he employs nux vomica, alternating its use with that of arsenic. He has obtained good results from the arseniate of strychnia.

For chorea he does not use strychnia, because it is a rheumatic affection, and says that it should be treated as such; it cannot be cured, but may be rendered less severe. He knows nothing that will shorten it—its duration being about three months.

In incontinence of urine, when belladonna and

the cold shower-bath have failed in nocturnal incontinence, you may have some hope in strychnia. The diversity of results obtained elsewhere is easily explained by the immediate and predisposing causes of that infirmity. Belladonna is nevertheless preferable to nux vomica, which on the contrary excels when the incontinence is diurnal as well as nocturnal. In those cases of epilepsy that were not ameliorated by the bromides, either simple or compound, Mr. Simon found it well to order strychnia, alternating, about every five days, with atropia. He had two cases at that time that were notably benefited by this treatment, so entirely opposed to the bromides. It is an enigma, he confessed, that was inexplicable. The appearances of cerebral congestion were the same as those in other patients who received the greatest benefit from the bromides.

In concluding he said that strychnia was decidedly contraindicated in marked irritability, in cerebral irritation, in all acute disorders of the nervous centres; but, administered as he has carefully pointed out, it would always give the best results as a bitter, as a tonic, as an excitant of the sensibility, and of the reflex actions.

From the Progrès Medical, Oct. 28.

Treatment of Sexual Neurasthenia.

Dr. George M. Beard, of New York, in his article on the above disease, in the *Medical Record* of December 2, 1882, lays down very explicit rules. We have the division into general, local, and operative treatment: there is no doubt in these cases one plan of treatment is always followed by failure, and that it is only in combining the three divisions together we meet with any success.

The general rules that are to guide us in our constitutional treatment are as follows:

First. Not to place dependence on any one medicine, or any mode of treatment. There is no specific for sexual neurasthenia. The cases are to be treated as cases rather than as diseases. In no form of disease, probably, are idiosyncrasies against drugs and therapeutical procedures more common or more severe than in this disease: they overthrow all our ideas of medicine, and greatly disturb our prognosis; bromides instead of producing sleep may keep awake, tonics depress, etc.

Second. Frequent change of treatment is needed.

Third. Occasional suspension of all treatment.

Fourth. The recognition of the fact that hygiene and medicine are identical, and that those portions of medicine which have been classed under hygiene are more difficult to manage than medical or surgical procedures, partly on account of their inherent complexity, and partly because they are more exclusively in the patient's own hands.

Under what is called hygiene, Dr. B. places diet, work, rest, travel, marriage, change of climate; of these only work, rest and marriage receive any attention—preference is given to work. In many of these cases the patients, if at rest or idle, allow their minds to constantly rest upon their symptoms. "Such persons are not so much diverted as injured by travel; they stand as watchdogs over their symptoms, never allowing them to get out of sight; counting, or trying to count, the healthward progress from day to day, like sailors throwing the log, they are inevitably disappointed, and return home ofttimes broken and helpless."

In regard to marriage, Dr. B. seems to be somewhat in doubt of its efficacy. Marriage, in my experience, has always proven detrimental. Marriage should not, under any circumstances, be allowed.

MEDICAL TREATMENT.

The medical treatment is divided as follows: Local sedatives, general sedatives, general tonics, mental therapeutics. Under local sedatives are placed epigea repens, triticum repens, stigmata of maize, rhus, aromat. eucalyptus, digitalis and digitalin, alkalies, cantharides in very minute doses, belladonna, atropia, ergot and ergotine, lupatine, camphor, bromide of camphor, gelsemin, cimicifuga—most certainly a large enough list to choose from. It of itself shows the complexity of the disease and the range of medicines which, in some cases, the unfortunate patient has to go through.

In the general sedatives, the bromides head the list: but there are two classes of patients for whom it is not well to prescribe bromides—those kept awake instead of being put to sleep by them, and those who have already taken the bromides too long.

General tonics embrace iron, quinia, phosphoric acid, strychnine, arsenic, etc.

Electricity receives a favorable notice.

Of counter irritation, such as blistering, etc., Dr. B. says, "If severe, it annoys; if mild, does little good."

The surgical treatment consists in relieving phimosis at once by the knife.

Cholecystotomy.

A very valuable paper on this subject was read in the section of surgery at the last meeting of the *British Medical Association* (*British Medical Journal*) by Mr. Lawson Tait. He said:

On December 20th, 1881, Dr. Lycett, of Wolverhampton, brought to me a lady, aged twenty-eight, suffering from severe paroxysmal pain in the right side, associated with a tumor, which appeared and disappeared. It was found to be movable, situated on the right hypochondrium, and was, in my opinion, distinctly cystic. In spite of the fact that it had been pronounced to be a "floating kidney" by several distinguished authorities, I gave the opinion that it was a gall-bladder, distended by an impacted gall-stone, and I advised the operation of cholecystotomy. Dr. Lycett has favored me with the following history of the case:

At the time of puberty, she began to suffer from pain in the hepatic region, varying in degree and duration, but generally sudden in its onset, apt to be induced by exercise of any kind; and in this way it prevented her from engaging in dancing, and other pastimes. She first came under Dr. Lycett's care in March, 1878, at which time he came to the conclusion that she was suffering from stone in the gall-bladder. One remarkable feature of the case has always been a perfect freedom from jaundice. She had her second child in 1880; and, after that, Dr. Lycett saw reason to alter his view of her case by the discovery of a freely movable tumor in the upper and right part of the abdomen. It seemed solid, and was shaped like a kidney. It

was tender on pressure, and, when the hips were raised above the shoulders, it could be made to disappear. The patient stated that sometimes it could be felt below the umbilicus; but Dr. Lycett was never able to satisfy himself of this. He came to the conclusion that it was the right kidney floating; and Dr. George Johnson expressed a belief that, in addition to this, there must be a calculus in its pelvis to account for the paroxysmal pain. No abnormal condition of the urine was ever found.

After the birth of her third child, she became much worse. Her sufferings were often intense, so that she suffered from serious symptoms of collapse, and she became very thin and anæmic. "Under such circumstances," writes Dr. Lycett, "I advised her to seek your advice, with the object of submitting to abdominal section, in the hope of that possibly affording relief. To this measure, however, she took some six months to make up her mind, but finally consented when she had become a chronic invalid and almost bedridden."

I saw her with Dr. Lycett last December, and was fortunate in discovering the tumor at once. If seemed to me to be cystic, to be attached above, and therefore I pronounced it to be the gall-bladder distended, on account of the occlusion of the duct by a calculus. I put the floating kidney theory altogether on one side, because I have never seen such a thing, either in life or in a museum, nor have I met any one who has. In fact, I have no belief in its existence as a pathological incident.

I proposed to open the abdomen and remove the calculus, but, as Dr. Lycett says, she took six months to make up her mind to the operation. She came back to me early in June, very much reduced in health, and on the 15th I opened the abdomen by a vertical incision over the tumor. I came at once upon it, and found it to be the gall-bladder distended. I emptied it by the aspirator, removing about a pint of thick glairy mucus. I then laid it open, and removed about eighty gall-stones of small size, the largest weighing fifteen grains. They were removed chiefly by the use of a *curette*.

I then stitched the aperture in the gall-bladder to the wound in the abdominal wall, carefully closing the peritoneum, and leaving a drainage-tube in the gall-bladder. The patient's recovery was uninterrupted; the highest temperature recorded was 100.4°, and the highest pulse record 84. The stitches were removed on the eighth day, the drainage-tube on the twentieth day, and in ten days more only a small sinus was left, from which some mucus still continues to be discharged. The patient has gained flesh since the operation, and has been entirely free from pain.

Neither at the operation nor in the after treatment were any of the "antiseptic" methods of Professor Lister employed, as I have entirely discarded all these for about two years, with great advantage to my patients.

The fistula in the gall-bladder continued to discharge clear mucus till on August 5th, when "something seemed to give way," as she said, and bile flowed freely. This is very satisfactory, as it shows that the occlusion of the duct has been overcome, and the complete functions of the organ may be re-established by the closure of the fistula. This I shall take means of securing shortly.

A FOURTH CASE OF CHOLECYSTOTOMY.

A. B., aged 37, was placed under my care some weeks ago by my colleague Dr. Hickinbotham. A tumor in the position of the gall-bladder could be occasionally discovered, and she suffered intermittently from severe attacks of cholic. It was clearly a case of distended gall-bladder. On October 13th, I performed an operation precisely similar to that narrated above, and removed sixteen gall-stones, varying from seven grains to thirty-five in weight. I removed the drainage-tube on the third day. The stitches are now (October 24th) all removed, and the wound is almost healed.

From the recent epidemic of typhoid fever in Paris we may derive some important information. Of its magnitude some notion may be formed from the fact that on the 22d of October there were in the hospitals 2,175 cases of typhoid fever. From that time the epidemic progressed in the following manner: On the 23d, 50 cases entered, 72 went out, 9 died; remaining on the evening of the 23d, 2,141 cases. On the 24th there were 77 entered, 72 went out, 9 died; on the evening of the 24th 2,137 cases remained. On the 25th, 25 entered, 54 went out, 10 died; there remained in the evening 2,131 cases. On the 24th of October there were 25 interments of those who died from typhoid fever, and on the 25th there were 11 from the same. From the 15th to the 25th the daily entries varied between 25 and 77; whereas, from the 9th to the 14th, they varied between 86 and 180; the epidemic seemed then to be declining.

During the epidemic, of course, ample opportunity was given for a trial of the various treatments.

Carbolic acid has been unfavorably spoken of at a discussion by the "Société Médicale des Hopitaux," for though it lowers the temperature, it does not, in any way, modify the march of the disease; and those who some time since vaunted it so highly have ceased to use it on account of the great danger attending its exhibition.

M. Siredey no longer uses rectal injections of carbolic acid except to modify the offensiveness of the stools, and moreover, immediately after having given the injection, he gives a large one of water to secure an evacuation so as to prevent absorption.

M. Vulpian has tried iodoform, salicylate of bismuth, boric acid, carbolate of soda, and salicylic acid. Of iodoform and also of boric acid he used as much as 180 grains a day without any effect: 135 grains of carbolate of soda gave the same result; 180 grains daily of salicylate of bismuth lowered the temperature, disinfected the stools, and gave general amelioration, but there was dyspnœa, nasal and intestinal hemorrhages. He then gave salicylic acid powder in wafers, using 90 to 105 grains in 24 hours, the doses given at intervals of two hours, and each dose followed by the ingestion of a little soup or wine. In general, the remedy was well supported. The only accident that seemed attributable to the salicylic acid was a little delirium. It caused neither dyspnœa nor hemorrhage. There was lowering of the temperature as from phenic acid, but it lasted longer. The general condition was favorably modified.

The duration of the fever was not influenced. M. Vulpian concluded that without being a curative agent, it had a sufficiently moderating influence to merit it a place among the best modes of treatment. He proposes it as a prophylactic: a healthy man will bear as much as 30 grains a day without any inconvenience.

Bouchard at called attention to turpentine, a powerful antiseptic agent, and unfortunately a little neglected in these researches.

Ergot seems to have given most satisfaction. Taken in doses of 15 grains a day, the pulse fell, the temperature was lowered, delirium was stopped, and also other grave symptoms.

M. Dubonè gives 30 to 45 grains a day for an adult, and from ½ to 15 grains for a child, according to its age.

Dr. Guichard thinks these doses large, and commences by doses of 15 grains a day for adults. To children he gives from ⅕ to ⅓ of a grain, according to age.

Pneumo-Uria.

Prof. E. L. Keyes, of New York, contributes an article to the *Medical News* of December 16, 1882, entitled *Pneumo-Uria*, which disease is characterized by the formation of a gas in the bladder, resembling air, colorless, sweet and pure, not ammoniacal, not sulphuretted hydrogen, and not introduced from without. Two cases are cited which indicate the existence of this peculiar malady.

In the first case the remarks are quoted from memory. In brief, a gentleman aged sixty-seven, after some years of treatment for prostatic trouble, died from renal disease produced by this obstruction. During life it was remembered that he had passed gas per penem. At the autopsy, the bladder was found distended with gas, and yet no fecal matter nor vesico-intestinal fistula was found in the bladder. The urine was not putrid, nor had it contained foreign matter. Unfortunately the case was not more carefully recorded, and Prof. Keyes remarks he presents it "for what it is worth."

In the second case, a gentleman applied for treatment on account of frequent micturition and the passage of gas by the urethra. The urine was not putrid, the gas was odorless, and contained no sulphuretted hydrogen, except on one occasion, when the urine became ammoniacal and decomposed, and probably was free from carbonic acid, as the urine did not contain an excess of carbonates. Indeed, Prof. Welch pronounced it to be simple air. The crucial test of an autopsy was absent, but the symptoms excluded intestinal fistula, the track of an abscess or a cancerous erosion as the means of entrance into the bladder of this gas. Two similar cases are reported by Widel and Raciborski. Of course these cases do not prove the existence of puemo-uria; but they should stimulate investigation, and if possible be the starting point of establishing this strange malady upon a sound basis.

The Study of the Face as an Index of the Brain.

Dr. Francis Warner read a paper on the above before the Section of Medicine of the British Medical Association, which possesses much interest.

The face is a region of the body well worthy of clinical study. We may observe its form, color, and mobility; and the effects of movement in causing expression. The movement is the outcome of the action of the brain.

The tissues forming the structure which we call the face are mainly the skin, with its vessels and vaso-motor system; the subcutaneous fat; the facial muscles, supplied by the facial nerve; and some of the masticatory muscles, supplied by the fifth nerve.

Most of the variations of facial expression are produced by the facial muscles, which are acted upon by the changes in the brain; and these are the special indications of the cerebral condition to which attention will here be called. The muscles of mastication are less expressive of the condition of the brain than are the facial muscles; but they may become the subject of spasm, atrophy (see Case, *Lancet*, January 7th, 1882), or may produce teeth-grinding, as the result of conditions of the brain.

In almost all cases, the best indications of the conditions of the central nerve mechanism are its effects as seen in the spontaneous action of the muscles; and it is by the result that we usually judge of the central condition. Such effects are conveniently spoken of as nerve-muscular signs. Nerve-muscular signs are the best indices of the brain; the change in the brain affects the muscles; these control the position of the visible parts; and, from the facial changes resulting, we gather our information.

We are here studying the results of cerebral action upon muscles, according to well understood principles of physiology; while physiogomy deals mainly with the shape of the brain-case, and the passive condition of the face.

The principal movements of the facial muscles are these:

1. Dilatation and contraction of the facial foramina; probably this corresponds in significance to flexion and extension.

2. Elevation and depression of parts. Such conditions are well seen by comparing the two sides of the face in a case of Bell's paralysis.

3. Retraction and drawing forward of parts, as in grinning and screwing up the mouth.

To examine a face, hold a piece of paper in front of it, with one edge vertical: either half of the face can then be covered in turn. Again the face may be divided into three zones, by holding the paper with one margin horizontal, leaving the forehead above the eyebrows uncovered; or, the face below the lower margin of the orbits may alone be exposed, showing the mouth, most of the cheeks, and the alæ nasi; or, again, the middle zone, including the eyes with the upper and lower eyelids, may be viewed alone.

After looking for symmetry in a face, the nerve-muscular condition of the individual parts may be compared. A different condition of the different zones has, possibly, about the same kind of significance as an unequal condition of flexion and extension of the different fingers. A condition of different activity in the three zones of the face is a departure from physiological calmness (*e. g.*, a smile, or snarl); it may be normal or abnormal. An unequal condition of the different zones is very common in "nervous people."

In the upper zone, we have the occipito frontalis and the corrugator supercilii. Here we see the

outcome of brain-action in those conditions termed grief, surprise, etc., producing muscular action and corrugating the forehead. The occipito frontales are often seen overacting in imbeciles, and in cases of chorea; sometimes, also, they overact as a mere "chronic nervous habit." Symmetry in this zone is usually maintained. In the middle zone asymmetry is less uncommon, but is seen in winking and in ptosis. The important muscles here are the orbiculares oculorum. With megrim, and in conditions of depression, a marked change is often seen in the midfacial zone, due to a fulness about the eyes, especially about the under eyelids; the orbiculares have lost their tone; the skin hangs too loosely; the skin of the lower eyelid, instead of forming a convex surface, passes as a plane from the ciliary margin to the lower margin of the the orbit. If the patient be made to laugh, the orbiculares are energized for the moment, and the look of depression is lost.

Passing on to the consideration of the lower facial zone, we see here the most marked effect of facial spasm or palsy from brain-disease—*e. g.*, in hemiplegia and lesion of the crus cerebri. Thus the weakness of the face is well demonstrated by making the patient show his teeth or smile. Now, the muscles of this region are those most commonly seen in spontaneous action in imbeciles; it is these muscles that work awkwardly in nervous one-sided grinning, and in this region we most commonly see asymmetry of the features, due to nerve-muscular conditions. It is interesting to note that this region of the face is the most affected by brain-disease (paralysis), and in "nervousness" (irregularity of the mobile features). Again, it is the levator labii superioris in the lower zone which produces one-sided snarling, one of the lowest expressions produced by the human face. In complete development and perfect health the features are usually regular in passive form and in symmetry of movement. In most expressions, the symmetry of bilateral movement is complete; from this we infer that the nerve-mechanisms for each side of the face are intimately connected.

In observing how easily facial asymmetry is brought about, we see evidence that the union of the facial centres is easily dissolved and not very strong, the asymmetry being especially seen in the lower zone; thus asymmetry is produced by nervousness (see one-sided grinning), by the desire to attack (see *Darwin on the Expression of the Emotions*, page 250) (snarling), or by such defective nutrition or development as produces unequal features when in motion. The higher, more intelligent expressions, are symmetrical. Union of the facial centres is less perfect than the union between the motor centres of the eyes, for the cerebral condition producing "emotion" cannot cause dissociated movement of the eyes. We find here an illustration that symmetry of action, as well as symmetry of structure, is part of the law of beauty.

It may be remarked as a peculiarity of the facial muscles in man, that they are usually free or disengaged, not mainly occupied in doing a definite work, but their movements are mainly the spontaneous outcome of brain-action. The facial muscles are usually very mobile, and often illustrate the struggle of nerve-muscular actions; this may be seen in the conflict of the muscles about the mouth in the endeavor not to cry. The study of nerve-muscular signs in the limbs shows the importance of observing whether "the movement of small parts"—*e. g.*, the fingers—be thoroughly good; this kind of observation in the facial region is, I think, represented by "the finer movements of expression." These are totally absent in some cases of paralysis agitans, although the larger movements of the face can be voluntarily performed. When fatigued, the brain does not aot well in producing the small, fine movements of either hand or face. We sometimes see a nervous play of the features; this, I imagine, depends upon slight irregularity of the muscles producing slight movements. In convulsion, both clonic and tonic, and in tetanus, the larger muscles usually produce the most marked effect.

In observing different types of face, we become at once struck with the fact that some faces express intellectuality, others vulgarity; some faces are very mobile and very expressive, others are passive and immobile.

The peculiarity of vulgar faces may be roughly divided into two elements: 1. Physiognomy or the shape of the brain-case and face, together with the character of the facial tissues, and the structure of the features and parts of the face. Here, probably, we have an example of the coincident defective or coarse development of the face and the brain. This illustrates the relation of morphology and function, the structure of the face, and the coincident structure of the brain which moves the face. Elements contributing to this character of face are a large under jaw, a thick immobile condition of the facial skin, thick lips, etc. It will be seen that these are mainly conditions in the development increasing the protective character of the skin of the face; the thick immobile tissue is better able to resist the action of external agencies, but it is also less mobile under the action of nerve-muscular changes. The large lower jaw may be very useful for mastication or defence, but it does not serve to increase the play of nerve-muscular actions.

2. The second typical characteristic is the nerve-muscular condition of the face. Such signs are more directly indicative of intellectuality of the brain; hence we should study a face as the index of the brain, when it is seen in action as well as when at rest. The mobility in the different zones and the relative condition of these areas give indications of the condition of the mental nerve-mechanism. These considerations afford some evidence that facial expression results from nerve-muscular action, the outcome of the motor action of that part of the nerve-mechanism which produces mental states.

A Meteorological Antiseptic.

An exchange states that a remarkable instance of the beneficial influence of tropical storms has just occurred in the Philippine Islands. The population of Manilla was being decimated by cholera, when, at the end of October, a tremendous hurricane swept over the island, almost entirely destroying the town. On the following day not a single case of cholera occurred, and not one has been reported in the island since.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The Annual Report of the National Board of Health for 1882 is a document that ought to be carefully read by every member of Congress. It would serve to enlighten that honorable body as to the great economic value of the Board, and to prove that the charges made against it are and were wholly unfounded. Its appropriations were economically and judiciously expended, and it is to be hoped, will be renewed and increased in the future

——Some valuable suggestions on the treatment of phthisis and the importance of laryngeal symptoms in its diagnosis are presented in a reprint by Dr. M. F. Coomes, of Louisville, Ky. One of the points to which he draws especial attention is his conviction that it is possible to make a positive diagnosis of the existence of pulmonary phthisis by means of the laryngoscope, before such diagnosis is justified by other physical signs or symptoms.

——The change of the *New York Medical Journal* from a monthly to a weekly, adds another to the medical periodicals of frequent issue in our neighboring city.

——We learn with pleasure that the fifteenth edition of the United States Dispensatory will be ready this month. The editors are Dr. H. C. Wood, Professor of Materia Medica and Therapeutics in the University of Pennsylvania, Joseph P. Remington, Professor of Pharmacy, and Samuel P. Sadtler, Professor of Chemistry in the College of Pharmacy of Philadelphia. The revision has occupied about three years, and has been in all respects most thorough and complete, embracing the most recent discoveries in Materia Medica, Pharmacy, Chemistry, and Therapeutics.

——Dr. Rollin T. Gregg, of Buffalo, New York, continues his investigations into the nature of tubercle. He denies that they are caused by bacteria, and claims that chyle corpuscles, red blood corpuscles, and tubercular corpuscles, are the same, only under different conditions. His reprints may be had of the author.

——Dr. A. L. Chapman, of Kansas City, Missouri, begins with the year a monthly journal on sanitary science entitled, "*The New Medical Era and Sanitarian*," subscription price $1.50 per year. It will contain foreign and domestic news in this branch, and will, we doubt not, merit a large patronage, which we hope it will also not fail to receive.

BOOK NOTICES.

Annual Report of the Supervisory Surgeon General of the Marine Hospital service of the United States. Washington, pp. 304.

No one can look over this volume without being gratified that our government provides for the continuance of this bureau. It is managed with efficiency and economy, and there are few appropriations which so well repay their expenditure as that for the support of this service.

The document contains the official report of the secretary, a mass of statistical matter—medical and surgical, the detailed description of a number of selected cases from hospital practice, records of autopsies, and, in the appendix, a very excellent, and we may add touching article by Surgeon Walter Wyman on the hygiene of steamboats on the Ohio river. The sufferings of the poor "roustabouts" are described with a sad fidelity, and we cannot but wonder both that men are found willing to bear such hardships, and that there are others ready to inflict them.

There is a variety of other official information in the volume which renders it of much interest to the profession and the philanthropist.

A Treatise on Fractures. By Lewis A. Stimson, B. A., M. D., etc., with 360 Illustrations. Philadelphia, H. C. Lea's Son & Co. 1 vol. 8 vo., pp. 598, Leather.

Dr. Stimson is already known to the public by some surgical writings of excellent character, and the present volume will add to his reputation. It is very carefully composed, and the many difficult and obscure points which present themselves in treatment of fractures receive a clear and usually convincing discussion.

Such a volume will be welcome to very many readers, as there is no rock on which a physician's reputation is so often shattered as on his treatment of fractured bones. Probably ninety per cent. of the cases of mal-practice arise here, and the practitioner cannot fortify himself too strongly with good authority for his procedure.

Dr. Stimson's earlier chapters are on the varieties and etiology of fractures, their symptoms, diagnosis, methods of repair, complications, remote consequences, general treatment, general prognosis, vicious union, etc. He then proceeds to discuss the fractures of each of the bones, giving both general rules and illustrations from special and anomalous cases. In this he draws from an extensive personal observation, as well from a wide reading.

We believe his book will take a high position among the monographs on this branch of surgery, and it is the evident result of a careful study of the subject.

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THE NEW YEAR.

Standing at the threshold of a new year, it is pleasant and not unprofitable to forecast its probable activities in the departments of thought which most concern us.

In medicine it appears that the practical side, the clinical features of the art, will in 1883 receive the most attentive consideration. There have been so many breakdowns lately of fine-spun theories as to the causes of disease, that the medical mind is wearied of them. Too often they have proved but attractive cobwebs, unable to hold even a grain of fact.

Pathology, too, has not returned the expected harvest. The magnificent construction of the cellular theory has cracked ominously, and threatens to tumble about its creator's ears. The zymotic hypothesis is scarcely in a more stable condition, and the thousands of pages printed in support of it seem destined to the lumber-room.

A sense of weariness with these almost fruitless doctrines is creeping upon the mind of the profession.

What will be the result?

We doubt not it will be healthful and good.

We shall turn back once more to the advice of Sydenham, and make our place of study not the dissecting-room or the laboratory so much as the bedside. Disease and not the products of disease, physiology rather than pathology, therapeutics rather than experiments on drugs, will regain the attention which, in a measure, has been diverted from them.

Hygiene and sanitation will rise more and more in importance. The prevention of disease, the lengthening of life, the lessening of pain, heightening of vitality—these are the problems of the hygienist, and when he shall have solved them to the utmost possible extent, he will have accomplished more good than all the theologians who have raved and written since the world began. The task is great, the prize the greatest.

"Kühn ist das Mühen,
Herrlich das Lohn."

Such we believe to be the probable future of medicine in this and the coming years. Though

it may lag or falter by the way, sooner or later it will adopt these as its true paths to the highest possibilities.

THE VALUE OF PRACTICAL MEDICAL JOURNALISM.

There are two classes of physicians, and, to a certain extent, two classes of medical journals.

There is the scientific physician, whose time is devoted to the study, investigation and elucidatiod of the, as yet, mysterious and unknown phenomena of disease: who in the privacy of his laboratory, his anatomical room, or his exclusively hospital practice, is constantly seeking to throw light into the dark and narrow paths of progression towards the goal of an *exact* science of medicine.

On the other hand, we have the practical physician, who is constantly going about from one scene of pain and sickness to another, whose sole thought is to relieve distress, and to do so as rapidly as possible.

To him it makes no difference whether typhoid fever is caused by a bacillus or not: the ultimate etiological factors of disease have no interest for him; his is a practical mind, and if you teach him, in the first place how to avoid disease, and in the second place how to assist nature to cure when disease has been contracted, you furnish him all that he requires.

There are, of course, many men who hold positions between these two extremes; but the large majority belong to one or the other, and in the ranks of the practical army are to be found the great mass of our profession.

The scientific class originate certain ideas and experiment with them, until it seems they have demonstrated certain truths, when these results are given to the working class, to see whether they will bear the severe test of extended practical application.

Medical journalism, broadly speaking, is the means of intercommunication between these two classes, as well as between the individual members of each.

The scientific medical journal reflects the thoughts, observations, and experiments of the scientific physician.

The practical medical journal reports for its readers all that may be of practical use to them in the prevention, recognition, and cure of disease.

A practical medical journal is prepared something as follows:

Reports of interesting cases occurring in private practice, wherein some unusual phenomena have presented themselves, or where some drug hitherto unused in this particular diseased condition has given good results, or some highly vaunted remedy has failed, are found in its original departments—thus making itself a depot in which is accumulated the practical experience of many men with many drugs, furnishing a perfect mine of knowledge for constant reference.

Then come society and hospital reports, giving the views and experience of the very leaders of the profession in the great medical centres.

The new books receive a notice, that the busy physicians may learn what to buy and read.

Then comes really the most valuable portion of the practical medical journal. From all sources, from thousands of journals and volumes, the editor and his numerous assistants cull carefully all that may be new and practical, and present them to their readers.

In a scientific medical journal he may read an article four pages long, in which he recognizes something valuable to the busy doctor; he distils it, as it were, and in fifteen or twenty lines (or in some instances perhaps a column) he furnishes all that really has a practical bearing on the practice of medicine. The reader has but little conception of the immensity of the labor involved in this distillation and condensation.

In a word, the practical journal is, to the practical physician, what the Bible is to the practical Christian; only it is more essential, since a man may be a Christian who does not own a Bible, but it is an absolute impossibility for a man to be a busy and successful practitioner, unless he constantly and regularly reads a *practical* medical journal, which will mirror to him the medical progress of the world.

Notes and Comments.

Obstruction of the Bowels.

Though we seldom have unusual cases of obstruction of the bowels reported by American physicians (why, we cannot comprehend, unless it is that they fail to report their unusual cases), yet such cases are frequently found in foreign journals. One of the most instructive that we have lately encountered is reported in the *London Practitioner*, by Dr. J. Dickson Hunter, of Peru. A healthy man, aged 50, complained of severe pain in the abdomen; his bowels had not been moved the day previous. Pulse and respiration frequent, tongue red and dry, abdomen enormously distended, and temperature above normal. There was considerable suppression of urine, and vomiting of a slightly discolored water; occasional hiccough. A rectal tube and a No. 10 catheter could only be passed some two or three inches. An aspirator trocar was plunged into a particularly prominent part some three inches below the ribs on the left nipple line. Immediately, flatus could be heard and smelt escaping. Lighted matches were, at intervals, held before the trocar, and were quickly extinguished. When, at last, one burnt steadily, the instrument was withdrawn and oiled lint applied. The distention was somewhat lessened, but the next day was as bad as ever. He was chloroformed, and the hand introduced into the rectum. When it had passed for eight inches, it was found to be comparatively free, in a vaulted cavity without any apparent exit. Upon careful examination, a slight projection was felt, something like a soft, but not prominent os uteri, with a central depression. By inserting one finger at a time, the hand was gradually passed through this depression, into a large, roomy cavity, in contact with a soft pultaceous substance. From the tip of the middle finger to the point where the arm was grasped by the anus, measured sixteen inches. A long tube was now passed along the arm and hand, which gave exit to a dark green semi-fluid, and flatus. The hand was withdrawn, and as the fluid was escaping slowly, warm water was injected, which caused a copious discharge. He made a rapid recovery.

How to Make a Poultice.

The editor of the *London Practitioner* offers numerous apologies for calling the attention of his readers to a matter seemingly so trivial; but his wise remarks show that his article needs no excuse, since we can easily recognize that it is just upon these important little details that the average practitioner is but imperfectly informed. He notes the fact that heat and cold will each often have the same effect on an inflamed part; the cold by causing the afferent arteries to contract and diminishing the amount of blood sent to the inflamed part; the heat by dilating the capillaries and affording a ready side outlet into the veins; in both cases, relieving the impact in the inflamed part. But the common practice of placing the linseed, or whatever may be used, directly on the surface, will not exert as much influence as though we allow the heat to penetrate directly to the diseased organ or part. He therefore recommends making a flannel bag, say 12x8, closed at three edges and open at the fourth. The linseed, bowl and spoon used in making the poultice should be well warmed in hot water, the poultice should be made with boiling water, and rather soft. The bag should be warmed by holding before the fire, before the poultice is poured into it, and being quickly wrapped in a strip of flannel (previously warmed), should be applied to the part. Thus the poultice may be applied to the skin, boiling hot, without burning. The two layers of flannel, which are at first dry, allow the heat to pass very gradually to the skin; as the moisture of the poultice soaks through them, they become better conductors, and the heat passes more quickly; but the increase is so gradual as not to cause any painful sensations whatever, but only one of soothing and comfort. The poultice also naturally keeps much longer hot, and the necessity for changing it arises much less frequently.

He has seen patients suffering from intense abdominal pain, at once relieved by a poultice made in this way; and so have we. These little points are too often neglected, and we can promise gratifying results to those who will commit these directions to memory and put them into practice.

The Radical Cure of Hernia.

Once more we are presented a new operation for the radical cure of hernia; W. Mitchell Banks, in the *British Medical Journal*, describes an operation by which he "ligates the neck of the sac, with excision of the sac and stitching together the margins of the abdominal opening" (the pillars of the ring).

He presents a table of 21 cases in which the operation was done for relief. In 15 of these cases the patients are now at work, (cured?) This upon a superficial glance appears to be a brilliant result, but 21 cases are a very small number on which to base the claims of a "radical cure" of any disease; and furthermore, few of the so-called successful cases have been kept under observation

sufficiently long to ascertain the permanancy of the cure.

When an authority such as Prof. D. Hayes Agnew tells his students year after year that he views with distrust any operation for the radical cure of hernia, and advises no further interference than the application of a *properly*-adjusted truss, the profession in America will at least be on their guard for "radical cures."

Anæsthesia by Rapid Breathing.

If a person is directed to breathe hard and rapidly for some time, a condition of anæsthesia is soon produced, in which there is complete relaxation of the muscular system.

It is not an easy task to get a patient to do this effectually. One has to urge the patient. "Breathe hard, deeper, faster. Still keep on! Do not stop!! Just a little more," etc. The effect will be most marked, the contracted muscles will relax, and a general "limp" appearance will be noticed; this is the moment to seize for the reduction of dislocations, incarcerated or strangulated hernia, etc. This method, as W. A. Berridge points out in the *British Medical Journal* of November 25, 1882, is one to be borne in mind by country practitioners, and in fact at all times when anæsthetics are not procurable.

Therapeutic Effects of Hyoscyamine.

Dr. Thomas Brown presents us a very readable little article in the *British Medical Journal* of November 25, 1882, upon the effects of the hypodermic injection of hyoscyamine in the violently insane and in cases of general paralysis of the insane with unceasing motor activity.

The practical lessons deduced from the paper are:

1. The observations show the uncertainty of the action of hyoscyamine when given by the mouth, and the danger of larger doses.

2. They also show the marked superiority of the hypodermic method, and the confidence with which, in some cases, its efforts could be calculated on, and the dose increased or diminished in accordance with the violence of the patient.

3. In hyoscyamine we have a drug which is often capable of controlling the violence of a furious maniac, and it may be, checking the torrent of rushing ideas on which he is borne along, soothing without putting him to sleep, and, in these respects, differing from morphia or chloral. In noisy and destructive general paralytics, the quiet air of comfort and repose following a moderate dose was such a contrast with the previous condition, as to strongly impress every one with the feeling that, by the introduction of hyoscyamine, another valuable aid has been secured in the care and treatment of such cases.

4. No curative action can be claimed for the drug; it does nothing more than moderate or check for a time the violence of action, and, perhaps, render less vivid and overwhelming the terrifying whirlwind of delusion of the frantic patient.

The following is the doctor's formula:

℞.	Hyoscyamine,	gr. iv.
	Glycerinae,	
	Aquæ distil. āā,	f. ℥ ss.
	Acid carbolici,	♏ij.
	Dissolve without *heat*.	

Dose—4 to 8 ♏ hypodermically.

Puerperal Peritonitis with Metastatic Abscesses.

A young woman 17 years of age entered the service of M. Empis at the Hotel Dieu with all the signs of puerperal peritonitis. She was confined 15 days previously, and had presented no sign of fever or other trouble until a day or two previous to entering the hospital, when she commenced to suffer from abdominal pain and fever. When seen in the service she was in a state of extreme prostration; the abdomen tympanitic and painful on pressure. The lochial discharge was fetid, the temperature at 104.°

Five days later the patient died rather suddenly in syncope. At the autopsy a small quantity of pus was found in the peritoneal cavity. The uterus was very large, and its cavity transformed into a vast purulent surface. Small metastatic abscesses were found in the lungs, spleen, and several in the columnæ carneæ of the heart.

Tuberculous Synovitis of Tendons.

At a recent meeting of the Societé de Chirurgie, M. Ferrier read an important communication on tuberculous tendinous synovitis. After M. Debove recognized the presence of tubercle in a case of synovitis at the carpus, M. Lancereaux described the affection, and more recently M. Trelat and Debove have met with cases.

M. Ferrier has observed three new cases, where microscopic examination by himself and M. Malassez demonstrated the presence of tuberculous granulations.

Clinically, most cases resemble the type described by M. Lancereaux, but some cases resemble acute tuberculosis of the joints, and the symptoms are similar to those observed in acute synovitis with effusion.

The diagnosis is difficult. The affection may be essentially local, or may be merely a local manifestation of a general infection of the system.

Mercurial Glycerite.

The absorption by the skin of any medicament incorporated with a fatty substance is very feeble, except for mercurial ointment. According to M. Vigier (Gaz. Hebd. de Med.), any substance incorporated with glycerine (iodide of potash, clorhydrate of morphine, etc.) is not absorbed. He considers that this property of glycerine is due to its not wetting the skin. Experiments on himself and his éleves have proven that the active substance thus incorporated never produces its constitutional effects. It is for this reason that he recommends glycerine instead of lard in mercurial preparations for scabies, pediculi corporis, etc., as they have an antiparasitic effect without being absorbed. The following glycerite, notwithstanding the caustic nature of its principal ingredient, may be used without danger:

℞. Hydrarg. bichlorid., ℥ iss.
Glycerine, ℥ iij. M.

Aspidospermine (Quebracho).

The powder of the bark of a tree (aspidosperma quebracho) found in the Argentine Republic, was first used in Europe by Penzoldt, of Erlangen as a remedy in dyspnœa.

According to M. Burgos, the powder of white quebracko has all the physical and organic properties of powdered quinquina, and is also antiseptic. The decoction is employed as a tonic and febrifuge.

It produces a diminution in the frequency of the pulse and respiration (Berthold, Picot, Berger, Laquer).

If used continuously for a period, it induces cephalalgia, vertigo, dullness of the intellectual functions, and abundant salivation (Laquer, Berger).

This bark contains tannin in abundance, and two alkaloids, aspidospermine and quebrachine; this last is said to have an action similar to that of curare. The sulphate and chlorhydrate of aspidospermine are very soluble, and the solutions are very bitter. The chlorhydrate has been employed by Penzoldt. The following solution for hypodermic injection is indicated in the Medical Kalender und Recept-taeschenbuch für die Artze des deutschen Reiches, 1883.

℞. Aspidospermine gr. xv.
Aquæ destill, ℥ xiij.
Ac. sulphuric, q.s.

Twenty minims is a dose, containing nearly one-half grain of the alkaloid.

Aspidospermine and its salts have appeared efficacious in dyspnoea, no matter whence its source (Penzoldt, Picot, Skoda, Krauth).

Surgical Treatment of Caseous Swollen Lymphatic Glands.

Dr. L. V. Lesser, who has for himself achieved a reputation by several simple operative procedures, which have met with universal approbation, and have taken the place of older, more complicated ones, now proposes the following surgical treatment of swollen caseous lymphatic glands, the removal of which, as our readers will know from several articles we published on this subject, is always indicated, as such glands, when breaking down and sending their contents into the circulation, are apt to give rise to tuberculosis (Cbl. f. Chir., 1882, No. 22). Lesser makes a small incision into the skin, and from there he removes subcutaneously with a steel spoon not only the caseous glands which lie immediately under the cut, but also those caseous glands which he finds in the neighborhood. Perfectly aseptic precautions (spray and everything) are conditions *sine qua non* in this operation, after which, if those cautions have been observed, never any fistula followed, but somewhat round, superficial, and very small cicatrices are all that is left of the former glands and as the result of the operation. Skillful manipulation with the spoon will totally exclude any possibility of injuring an important blood vessel. The success of this operation, compared with that of former methods, was, as far as concerns the absence of pus and of unsightly scars and rapidity of healing, so great that we did not wish to withhold a description from our readers.

The Treatment of Diphtheritic Sore Throat.

Every now and then we meet an epidemic of a form of sore throat which, in many particulars, resembles diphtheria. The onset is sudden. The disease is ushered in by chilliness or actual shivering, followed by fever, loss of appetite, headache and pain in the throat, aggravated by swallowing. On examination, the tonsils, the arch of the fauces, and in many cases the uvula, are red and swollen. Occasionally small ulcers are seen. The cervical and submaxillary glands are frequently swollen, and in some cases albumen is found in the urine. The temperature may reach 105, while the pulse is much accelerated. It is distinctly infectious, for wives become affected subsequent to their husbands, and in some families all the members are attacked. Such an epidemic has recently appeared in Edinburgh, and Dr. Allan Jamieson, who makes a report of it in the *Edinburgh Medical Journal* for December, has found the most marked benefit to result from the internal administration of salicylate of soda and the local application of a solution of boro-glyceride in glycerine, frequently during the day.

Non-Antiseptic Dressings.

At a recent meeting of the Soc. de Chirurgie, M. Desprès presented a patient who had undergone amputation at the thigh for white swelling.

No antiseptic precautions whatever were taken. The two flaps were brought together and held in position by long bands of ordinary adhesive plaster: no sutures were used. The entire stump was then covered with lint, spread with ordinary diachylon ointment. The result was excellent, and cicatrization was complete in twenty-eight days, so that M. Desprès was enabled to present the patient to the Society.

From across the channel comes the communication of Dr. Lawson Tait, read before the Medical Society of Worcester (*Progrès Medical*, November 18, and *British Medical Journal*, October 23, 1882).

In one hundred cases of ovariotomy, Dr. Tait lost but three patients, and one of these through accidental suffocation. Among these patients six were enceinte at the time of the operation, and but one aborted, the others arriving safely at full term. Four of the patients had acute peritonitis, but all recovered.

Dr. Tait attributes these remarkably favorable results to improved methods of operating, and to the entire absence of phenic acid or any other antiseptic method of treatment either during or after the operation.

General Paralysis.

Dr. Philip Tenner, in the *Cin. Lancet and Clinic*, defines the disease as an affection of the anterior portion of the cerebrum, of that part which the study of comparative anatomy and anthropology indicates to be the seat of intelligence, and which modern experimental investigations indicate to contain the motor centres. The pathological anatomy consists of changes in the membranes of the brain, usually most marked in the anterior portions, as well as changes in the cortex and subcortical regions, affecting chiefly the anterior cerebral convolutions. Its earlier symptoms consist chiefly of morbid manifestations of intelligence, such as want of judgment, loss of memory, boastfulness, etc., and of failure of the motor functions occurring simultaneously and progressing correlatively with the mental disturbances.

The Cause of Sick Headache.

Apropos of the two articles that have appeared on this subject in our columns, the following communication from Dr. A. Cordes, of Geneva, to the *British Medical Journal*, possesses a special interest. "Being very short-sighted at the age of 15, I went to Dr. X., who prescribed to me No. 8 focus, for reading, writing, etc.; No. 5 to be used only for seeing at long distance: and to remain without any appliance for the other acts of life. As soon as I was under this treatment, I suffered most painful continuous headache, located in and around the eyes, which made me sick sometimes. Consequently, I made up my mind to wear constantly any spectacles which would suit my sight. I began with No. 8, going on progressively till at the end of the scholastic year I went to $3\frac{1}{2}$, which I wear since that time constantly, even when bathing or swimming in the sea. As soon as I did so, my headache disappeared, and has not returned, unless brought on by some other cause.

I may add that a Genevese and a London oculist have both ascertained the existence of astigmatism in my right eye, for which I wear a cylinder concave glass, wearing No. $3\frac{1}{2}$ on the left.

Adulterations of Oil of Gaultheria.

The *Cin. Lancet* says: The oil of gaultheria now recommended for acute rheumatism is sometimes adulterated with oil of turpentine, birch, and also with alcohol.

Excretion of Alkaline Salts and Urea in Convalescence.

A very careful investigation has been made by Dr. E. Salkowski (Virchow's Arch. lxxxviii. p. 391), who for a period of five weeks noted the period of convalescence in a patient recovering from typhoid fever. Dr. E. S. has published in tabular form the results observed. He found that the system does not commence to absorb a larger percentage of the albuminous part of food till about two weeks after the last increase of temperature; *i. e.*, not till that period he noted in the excrements examined the lacking of the albuminous parts of the food administered. Synchronously during convalescence a large percentage of potash-salts are taken from the food by the organism. It is a new fact, established by these researches, that the absorption of the larger part of potash-salts from the food takes place in a far earlier period of convalescence than that of nitrogenous substances: either therefore the tissue must lose decidedly during the febrile period potash-salts, which is hardly probable, or during convalescence the organism collects and keeps in reserve these salts before the new formation of tissues begins in a greater degree. We find herewith explained the fact, that so many convalescents from febrile diseases, we might say all, have a peculiar appetite for salty food. In Germany this is recognized so well that it is a rule to give such persons salt-sardelles for their breakfast. The patients relish them greatly.

Bleeding to Death of Fetus During Parturition.

Dr. Valenta reports (*Betz's Memorabilien*) a case where bleeding to death of the fetus took place during parturition, through a rent in the umbilical vessels, which crossed transversely over the os. A woman was delivered of her second child at full term. The mother stated that before the labor pains began the waters broke, and from that time up to the completion of labor, which was of ten hours' duration, she had a continuous discharge of blood. At no time was the stream observed by the attendants to be of a pumping character. On examining the after-birth, it was found to be about six inches in diameter, situated high up in utero. The umbilical vessels were given off from its lower margin; and before uniting to form the cord, they ramified in the surface of the chorion for about four and one-half inches. The cord measured sixteen and one-half inches. There were four veins passing from the placenta, which soon united to form two venous trunks, one of which, the smaller, arched outward before uniting with its fellow to form one umbilical vein. At the point of junction, and at a small distance from it, were two rents. The two arteries united to form one trunk on piercing the chorion, which immediately gave off a small branch that coursed along with the above-mentioned smaller veins. This was also torn across. This case shows clearly the necessity of examining the placenta in any case where death of the fetus has occurred.

Ozonized Air as a Hypnotic.

Professor Binz, of Bonn, gives a second contribution on Ozonized Air as a Hypnotic, in the *Berliner Klin. Woch.*, No. 43. The observations, which certainly do not seem encouraging, were made on doctors and medical students. The results were various. Several times the breathing of the ozonized air seemed to induce sound sleep; in other cases the effect in the same direction was less marked; in others, again, symptoms of depression were experienced; in one there was twitching of the muscles about the eyes and forehead; lastly, in some there was no effect on the cerebral functions. In most cases a feeling as of being able to respire more easily was felt. Binz therefore recommends this treatment in some forms of asthma.

Tetanus—Recovery.

Mr. Berger was called upon to treat a man who had received a gun-shot wound of the hand, and in whom tetanus fully declared itself on the eighth day. The contractions were very violent and prolonged. Disarticulation of the elbow was immediately performed, and the patient was put under the chloral treatment, of which, through the mouth and in enemas, he took three drachms daily. Immediately the operation was performed the spasms diminished in intensity, and in a week all symptoms of tetanus disappeared. M. Berger believed that chloral alone is not sufficient to arrest traumatic tetanus, but combined with the amputation of the member it succeeds very well.

Camphor Enema.

In the *Gaz. Hebdom.*, Mr. Vigier states that camphor may be perfectly suspended, and become easily divisible, by the following formula: Camphor 15 grains, gum arabic 30 grains, one yolk of an egg, and 2 ounces of decoction of linseed.

Correspondence.

A Case of Epilepsy Cured by Removing a Diseased Knee Joint.

Ed. Med. and Surg. Reporter:—

In June last I was called to attend Clifford A., a young man of nineteen and of strumous habit. I found him somewhat reduced in flesh and his principal trouble he thought was in his right knee, which was paining him severely.

I found upon examination that he was suffering with arthritis of right knee joint. The soft tissues were hypertrophied and degenerative changes had already taken place, although the stage of ulceration had not yet been reached. Upon inquiry of my patient and his mother, who is an intelligent woman, I found about the following history: About five years before while at school he received an injury of the right knee, and as near as I could learn synovitis resulted, and following this the tissues of the joint become the seat of a chronic inflammation. It was not until a year after the injury, however, that any noticeable change in the bones of the joint had occurred. But when first examined by me the bones of the joint were greatly hypertrophied, and as I afterward found this enlargement was due to a fungoid or spongy growth of the epiphyses and articular surfaces of the upper end of the tibia and lower extremity of the femur. There was complete anchylosis also. His history also showed him to be an epileptic, his first seizure dating about four years ago, or one year after the injury to the knee. The "Aura Epileptica" was very feeble in this case and could not always be felt, but when it was perceived it seemed to start from the diseased joint. Then also this joint seemed to be the first attacked when a seizure came on him, and was affected with the most violent contractions. I finally came to the conclusion that possibly that diseased joint was producing peripheral irritation of nerves there, and that this was the cause of the epilepsy. I was satisfied the only thing that could save the young man's life was an amputation, but the general condition of the patient's health made an operation of that magnitude out of all question at that time.

I consequently put him on a course of general treatment, using the co. syrup hypophosphites freely. I did not know that the operation proposed would relieve the tendency to epilepsy, but although I hoped it would, I gave no promise of such a result. His general condition gradually improved, but the affected knee as gradually grew worse; and a month after my first visit I detected fluctuation and other evidences of pus on the posterior and inner surface and a little above the joint. I opened freely, and got an abundant discharge of unhealthy-looking pus. The discharge gradually lessened but never entirely ceased until the latter part of August, when the disintegration of the soft tissues on the inner side of the joint had gone on so far as to almost leave the bones of the joint without a covering there. His general health did not seem at all affected by this condition. Indeed, he seemed so well that I thought it inadvisable to put the operation off longer. Nothing could be done however until his mother's return from Kansas, where she had gone on a visit. Unfortunately for us she was taken sick there, and did not return until the first of November.

At that time I found my patient in about the following condition: Pulse, 100; temperature, 99½°: general condition not so good as six weeks ago. The soft tissues on the inside of the joint almost all sloughed off. On the posterior surface of lower third of the thigh are four or five sinuses, through which, by means of a probe, the peculiar grating, sandstone feel of necrosed bone can be detected. The discharge from these sinuses is thin and ichorous, characteristic of necrosis. His epilepsy has gradually grown worse, until now he has from one to three seizures every week. It was now certainly a most unpromising case, but he and his friends were anxious for an operation. I knew nothing else could avail anything, and could give only an unfavorable prognosis for that procedure now. I, however, concluded to do the operation, and on November 3, assisted by Drs. Culverson and Knapp, of this city, and Drs. Kersey and Couch, of Stuart, I did so. I did the lateral flap operation, and found it necessary then to amputate at junction of middle and upper third of the femur in order to get healthy tissue for flaps. The patient rallied from the shock of the operation slowly, but very satisfactorily. I put him on anti-pyæmic and supporting treatment, consisting of quinine in tonic doses, stimulants, milk, eggs, beef, etc. There was no tendency to pyæmia, although during the first week suppuration was excessive. His temperature ranged from 97½° to 100°, and pulse from 84 to 112. After the first week the wound healed rapidly. Nothing unusual occurred in the subsequent history of the case. And in spite of a strumous diathesis and debilitated condition, he made an easy and rapid recovery, somewhat to my own surprise and contrary to the freely-expressed opinions of many who saw or heard of the case previous to or after the operation.

One of the most remarkable features of the case, however, is the fact that he has had no epileptic seizure since the day of the operation, now nearly six weeks ago—a longer interval than has passed between any two seizures during the past two years and a half. I am not sanguine of the complete cure of this latter trouble. The operation was not performed with that object in view, but it has just come up as an incident of the operation, and seems to be one of its gratifying results. I know of no parallel case, but cannot see why if we have cutaneons or other irritation of the peripheral termination of nerves as a cause of epilepsy, that when that cause is removed, the epilepsy would not also be removed, unless the "status epilepticus" is firmly established. And as the epilepsy in this case has continued for so long a period—four years—I am far from confident of permanent relief for my patient from this distressing disease. However, the other results of the operation, which *are* permanent, quite repay him for the pain and other inconveniences he has endured as necessary attendants upon an operation of such magnitude. W. C. Carrell.

Greenfield, Ia., December 8, 1882.

(So short a time having elapsed since the operation, leaves considerable doubt, as our correspondent justly observes, as to the curative influence of the operation. But since there seems to be much reason for the relation of cause and effect that he suggests, we would be glad to hear more of this case later.—Ed.)

News and Miscellany.

Petrified Corpses.

From the *Medical Gazette* we learn that every corpse that is taken to the Paris morgue is now quickly converted into a block almost as hard as stone. This result is obtained by Carre's chemical refrigerator, which is capable of reducing the temperature of the conservatory, where each body is laid out on something closely resembling a camp bedstead in stone, to 15° below zero centigrade. At the back of this room is a row of stove-like compartments in which the corpses are boxed up and frozen hard before being exposed to public view. As an illustration of the intense cold thus artificially secured, a Paris journalist, in describing a recent visit to the morgue, says that in opening one of the compartments the attendant took the precaution to wear a glove, lest "his hand should be burnt by contact with the cold iron." The corpse which was taken out of its receptacle had been there for nine hours. The doctor who accompanied the visitor struck the dead man on the breast with a stick, and the sound was just as if he had struck a stone.

Handsome Donation.

The extensive medical works and library of the late Dr. Isaac B. Mulford are now in possession of the Camden Medical Society, he having bequeathed them to that society. It embraces many valuable works.

The Causes and Prevention of Blindness.

The Fifth International Congress of Hygiene, which will meet at the Hague, Holland, in 1884, will award the prize of £80 offered by the London Society for the Prevention of Blindness to the author of the best essay written in English, French, German, or Italian, on "The Causes of Blindness and the practical means of preventing it." Besides this prize, the International Society for the

Improvement of the Condition of the Blind reserves to itself the right to award a second prize of £40, or two prizes of £20 each, and a silver gilt medal with a diploma, should it see fit, to such of the essays as should, in the opinion of the international jury for the principal prize, be deserving of it; the last-mentioned prizes will be distributed at the centenary festival of the first blind institution founded by Haüy, which will take place in Paris in 1884.

Physical Exercises.

Dr. Charles Cathcart, Lecturer on Anatomy in the Edinburgh School of Medicine, in a lecture delivered at the Edinburgh Health Society a short time since, gave, as to the effects of exercise in expanding the chest, some striking facts which related to a school where physical exercises had been systematically carried out. The effect of regular exercise was shown as follows: New boys, aged fourteen, average chest measurement, 29·3; at fifteen, 30·16; at sixteen, 32·0; at seventeen, 32·6; and at eighteen, 32·5; while former boys measured respectively 30·6, 32·1, 34·2, 35·8, and 36·8.

The Latest Sanitary Association.

"The Westminister Sanitary Association" of London, has for its object the prevention of the spread of infectious diseases in the midst of a dense population. At a meeting recently held under the presidency of Cardinal Manning, it was reported, after four months' experience, that signal success had attended the labors of the members. It was stated that in thirty-two families in which scarlet fever had broken out, the malady had been confined to one case in each. The latest and most approved methods of dealing with infectious cases are adopted, under the supervision of the visitors of the Association.

American Wet-Nurses Protected.

The treasury department has decided that a Chinese wet-nurse must be considered as a laborer, and as such is excluded from admission to the United States, under the provision of the act restricting Chinese immigration. This is a perfectly consistent decision. If there are good reasons to restrict the immigration of male Chinese labor, so are there to place the same embargo on the female. Wet-nursing is practically a labor, since the woman is pecuniarily rewarded for her work.

Items.

—Dr. A. D. Price, of Harrodsburg, Ky., President of the Kentucky State Medical Society, is a member of the Post-graduate class of the University of Pennsylvania.

—Dr. Corvisant, who was a devoted friend of Napoleon's and physician to the young Prince Imperial, has just died in Paris. He never recovered, it is said, from the shock caused by young Napoleon's death.

—Professor Virchow has in his laboratory at Berlin a collection of 6000 skulls, representing all races and times.

—The Mercer County, Pa., Medical Society are bringing action against all practitioners who have not complied with the law of registration.

—The local papers deny the statement that diphtheria is prevalent at Pittston, Pa.

OBITUARY NOTICE.

Dr. John G. Stetler, a well known physician of this city, died at his residence, 1218 Fairmount avenue, on Saturday, Dec. 30th, aged 60 years. He was born in Montgomery county, and graduated from the Pennsylvania College of Medicine in 1839, and a few years later established himself in the upper section of this city, where he remained up to his death. Owing to ill-health he ceased practicing a few years ago. His death was caused by an affection of the heart. He was a member of the County Medical Society and one of its Board of Censors. He leaves two sons, one of whom is studying medicine.

QUERIES AND REPLIES.

Treatment of Diphtheria.

MESSRS. EDITORS: I should like to ask the readers of the REPORTER who have had cases of Laryngeal and Tracheal Diphtheria, what treatment has been the most successful?

W. J. H., M. D., *Ohio.*

Ohioensis. The action of colleges in admitting and graduating students who do not attend their lectures is reprobated by all honorable professional men.

Vaccinator, Mo. It is asserted that pyæmia can be produced by impure bovine virus. It looks possible; but we do not recall any published cases.

Subscriber. The *Quarterly Compendium* is now ready. The price per year is $2.50; single numbers, 75 cents.

MARRIAGES.

DRYSDALE—COWTON.—On Wednesday evening, Dec. 20, at the Church of the Atonement, by the Rev. Charles E. Murray, Dr. W. Atlee Drysdale and Miss Virginia H. Cowton.

WEBB—BUCK.—December 14, 1882, at Cohocksink Presbyterian church, by the Rev. William Greenough, Lanphear W. Webb, M. D., and Miss Jennie V., daughter of James Buck, esq., all of Philadelphia.

HARWOOD—MARTIN.—At the residence of the bride's father, Daniel Averill, esq., on Wednesday, December 13, 1882, by Rev. Andrew F. Bigelow, W. H. Harwood, M. D., and Mrs. M. A. Martin, all of South Malone, Franklin co., N. Y.

SHAFFER—DAVIS.—At Cream Ridge, N. J., Thursday, December 7th, 1882, by the Rev. E. E. Moran, George W. Shaffer, M. D., of Philadelphia, and Lizzie H. Davis, of Cream Ridge.

TURNER—BURT.—In Bridgport, Conn., Dec. 25, 1882, by the Rev. R. G. S. McNeille, D. D., Albert L. Turner, M. D., and Miss L. May Burt, both of Bridgeport.

DEATHS.

MEIGS.—In this city, on December 16, of pneumonia, Dr. John Forsyth Meigs, in the sixty-fifth year of his age.

KIRKSEY.—December 21st, 1882, at Dawson, Texas, of pneumonia, Mrs. A. W. Kirksey, wife of Dr. W. H. Kirksey, in the 37th year of her age.

FOX.—On the evening of the 27th instant, Geo. Fox, M. D., of Philadelphia, in the 77th year of his age. He was a well-known physician, and at one time enjoyed a large practice, but for a number of years had not been engaged in the active duties of his profession.

THE

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

MEDICAL MISSIONS IN HEATHEN LANDS.

BY M. P. BARKER, M. D.,

Of Newcastle, Pa.

CHINA,

Compact, unique, isolated for thousands of years her territory embracing an area of more than a million square miles and holding a population according to a recent Imperial census of more than three hundred and sixty million, has been considered for centuries a field of vast interest to philanthropists.

The population is so dense, that in order to obtain subsistence it is necessary to cultivate every available inch of soil. Even the hills and mountain-sides are cultivated, where it is so steep that one would suppose that the seed could not be scattered excepting by birds.

Such economy is practiced in land-saving for agricultural purposes, that large numbers live in boats on the rivers. A recent writer said with reference to this density of population, that "in its expedients for squeezing existence into the smallest possible compass, the Chinese continent resembled the cabin of a ship."

In consequence of this density of population and the utter ignorance of sanitary laws, combined with their filthy habits, is it any wonder that pestilence so often devastates the land? To the average citizen of civilized lands, whose motto is *progress*, the loyal adherence of these "machine men" to ancestral customs and ancestral rites is marvellous. "No progress" has been their motto—the result of the demoralizing influence of idolatry, which has hung like a pall over their minds for centuries, reducing them to the most abject slavery. Bound with the fetters of ignorance, they have not until recently shown even a desire for improvement. Images abound everywhere. "Their temples, houses, streets, roads, hills, rivers, carriages, and ships, are full of idols. Every room, niche, corner, door, and window, is plastered with charms, amulets, and emblems of idolatry."

For centuries persevering efforts have been made by philanthropists to obtain a foothold, to arouse them from their sluggish, indolent, contented condition, and to awaken in their minds the spirit of inquiry and of progress, and to induce them to shake off the fetters which bound them and accept a higher type of civilization. But these efforts were generally unsuccessful. Their gates were closed against foreigners and foreign intercourse—their chief desire being to be let alone.

The medical profession, however, succeeded in gaining a foothold, prior to any treaty of commerce, or to any imperial edict permitting residence to foreigners in the empire.

Early in the nineteenth century a new era in the theory and practice of medicine dawned upon this benighted land.

The aim of those who inaugurated this new departure was to supplant their false beliefs and practices with a system of medical knowledge based upon scientific truth. The result of these efforts I will now attempt briefly to relate.

Dr. Pearson, who was in the service of the East India Company, in Canton, in 1805, introduced

VACCINATION,

and watched its progress in native hands until he felt that its success was assured.

A recent writer in referring to the results of Dr. Pearson's effort, stated that the people were about as well protected as in any country where vaccination was not compulsory. This was a grand victory—the first step in the line of progress.

The fact that those who were vaccinated received immunity from this loathsome, virulent disease by so simple a remedy, was an object lesson of immense value. It would teach them that Western medical knowledge was immensely superior to their own superstitions, beliefs and practices, and also to the boasted power of their gods. It would also teach them that being in error in one thing, they might be also in many others, and thus be the means of opening the way for receiving treatment for other affections.

In 1827, Dr. T. R. Colledge, who was also in the employ of the East India Company, established a

DISPENSARY

in Macao, ninety miles south of Canton. During a residence of four years, he treated six thousand cases. His success, both as physician and surgeon, especially in the treatment of diseases of the eye, produced "a great sensation, and prepared the way for medical missionaries from England and America."

In 1834 Rev. Peter Parker, M. D., reached China and settled in Canton. He was the

PIONEER MEDICAL MISSIONARY,

from America to China. When he arrived at his destination, the gates were not yet open to foreign interconrse and commerce, and missionary work was still under the ban of the government.

Nevertheless he succeeded in gaining permission to open a hospital in Canton. It had not been open long until patients flocked to it by hundreds "and the street, was filled with waiting crowds, and some of whom even passed the night there, to be ready to enter the next morning."

The second medical missionary was Dr. William Lockhart, who went in 1838, and was followed the next year by Dr. Benjamin Dobson. Both of them were from England, Dr. Lockhart being the pioneer from that country.

The labors of these medical pioneers were not limited merely to the practice of their profession, or to the establishing of hospitals, though they were by no means neglected. Taking a comprehensive view of this vast field, "already white to the harvest," they set about, at once, to inaugurate measures to uproot their superstitious theories and practices, and prepare the way, for the introduction of a knowledge of Western medicine and surgery.

In conjunction with Robert Jardine, M. D., of the firm of "Jardine, Matheson & Co.," they formed a

MEDICAL MISSIONARY SOCIETY IN CHINA,

the object of which was, not only to support the hospital, but to induce physicians to come to China and join them in their philanthropic enterprise. Dr. Colledge was the first president of this society, a position which he still held in 1876. This society was organized in 1838, and is said to be still in existence.

They issued a circular, setting forth the needs of this vast multitude of human beings, and appealed with tender pathos to their medical brothers in enlightened lands, for aid in this gigantic enterprise, so that they might be enabled to transmit to unborn millions, blessings the value of which,

GOD'S ARITHMETIC ALONE COULD COMPUTE.

A few extracts from this circular cannot be otherwise than interesting to physicians. I will therefore give a few quotations. It says, "It is affecting to contemplate this Empire, embracing three hundred and sixty millions of souls, where all the light of true science is unknown, where Christianity has scarcely shed a genial ray, and where the theories of matter and mind, creation and providence, are wholly destitute of truth. It is deeply affecting to see the multitudes who are suffering under maladies from which the hand of charity is able to relieve them. * * * * In the vast conflict which is to revolutionize the intellectual and moral world, we may not underrate the value of any weapon.

"As a means, then, to awaken the dormant mind of China, may we not place a high value on medical truth, and seek its introduction with a good hope of its becoming the handmaid of religious truth? If an inquiry after truth on any subject is elicited, is there not a great point gained? And that inquiry after medical truth may be provoked, there is good reason to expect; for as exclusive as China is, in all her systems, she cannot exclude disease, nor shut up her people from a desire for relief."

In another address we find the following: "To restore health, to ease pain, or in any way to diminish the sum of human misery, forms an object worthy of the philanthropist. But in the prosecution of our views, we look forward to far

higher results than the mere relief of human suffering. We hope our endeavors will tend to break down the walls of prejudice and of long cherished nationality of feeling, and to teach the Chinese that those whom they affect to despise, are both able and willing to become their benefactors. * * * * In the way of doing them good our opportunities are few, but among them that of practicing medicine and surgery stands pre-eminent. * * * In the department of benevolence to which our attention is now turned, purity and disinterestedness of motive are more clearly evinced than in any other; they appear unmasked, they attract the gaze and excite the admiration of thousands."

The influence of these men was not limited to the cities, nor to the provinces in which they labored, nor even to China, but it extended also to other heathen lands.

In 1840, war having broken out between England and China, Dr. Parker returned to the United States, where he spent the greater part of his time in lecturing on this interesting and important topic. He also visited England and Scotland, where his lectures excited much interest.

I shall here leave Dr. Parker for the present, and call attention to another

NEW ERA JUST DAWNING

upon China, which was destined to accomplish more in the line of progress and for the destruction of her effete systems of religion, moral science, and medical knowledge, than had ever before been accomplished in her history. About two centuries prior to this, the Italian Jesuit Valignano, when on his way to Japan, halted at Macao. Casting a wistful look across to the rock-bound coast of China, he exclaimed:

"O, ROCK, ROCK, WHEN WILT THOU OPEN."

But the "rock" has opened. The gates of China stand ajar, and citizens of other nations can now enter.

By the treaty of 1842, five ports were opened to foreign residents and foreign commerce. These ports were Canton, Amoy, Foo-Chow, Ning-po, and Shanghai. Hong Kong was ceded to Great Britain.

Immediately after the opening of these ports there was a rapid influx of philanthropic toilers. The auspicious time—the time long and anxiously looked for—had come at last; and many buckled on their armor, determined to redeem China from her thraldom. Among the medical men were two Americans, viz.: Dr. D. J. McGowan and Dr. D. B. McCartee. Both of them located in Ning-po and conducted hospitals.

In 1843, Dr. Parker returned to Canton, reopened the hospital, and conducted it until 1855, when he returned to the United States.

From the time of his return until his final departure, over 53,000 patients were treated; besides a large number of surgical operations were performed, such as lithotomy, the removal of tumors, amputations, etc., "which excited the wonder and admiration of the people at the daring and skill of the foreign surgeons; and they now learned that those whom they despised as outside barbarians had means of removing dreadful deformities and of curing most painful diseases."

Upon the resignation of Dr. Parker, the superintendency of the hospital was transfered to Dr. J. G. Kerr, who was the historian of a large portion of the facts to which I have referred. In 1876—having then had charge of this hospital over twenty years—he reported "11,000 in-patients treated, and many thousands of out-patients applied for relief."

The statistics of surgical operations performed during this time showed 345 cases of lithotomy, 87 of lithotrity, 50 of urethral calculi, 18 of preputial calculi, 433 tumors excised, 261 for necrosis, 500 for cataract, 93 for artificial pupil; fistula in ano, 80; circumcision, 116.

Dr. Kerr is still the superintendent of this hospital. His report for last year showed that there had been 20,396 patients treated, and 1,115 surgical operations performed, and that new blocks of wards had been added to the hospital.

In addition to the care of the hospital, he, with two assistants, was engaged in giving instruction to a large medical class.

In 1861, Dr. Lockhart, under the protection of the British Embassy, opened a hospital in

PEKING, THE IMPERIAL CITY.

In 1864, it was transferred to Dr. J. Dudgeon, Dr. Lockhart returning to England. "High mandarins, eunuchs of the palace, princes of the blood, Mongolian princes and princesses," are said to have resorted to it for treatment.

A university was established in this city, and Dr. J. Dudgeon was appointed lecturer on

ANATOMY AND PHYSIOLOGY.

This was a very important event, as it shows the world *does move, even in China.*

It would require too much space in an article such as this to enter into further detail of individual hospitals, as those already mentioned are typical of others. It will be sufficient to say that hospitals multiplied rapidly in other cities, and that they are doing good work. They can be

found in Swatow, Amoy, Foo-Chow, Chifoo, and Tientsin, Hang-Chow, Kiu-Kiang, and Hankow —all large cities. In these hospitals all manner of diseases are treated. Capital surgical operations are performed, as well as those of minor importance, and they are resorted to by "high officials of the Empire, as well as people of the lower and middle classes."

Marvellous as it may seem, in view of the hostility of the people to the foreign physician and surgeon but a few years ago, a revolution has been accomplished in this great Empire, and the

HOSPITAL IS NOW RECOGNIZED

as an *established institution.*

In the achievement of these great results, an appalling amount of labor has been performed. Outside of private practice, establishing and conducting hospitals, a large amount of other work has been performed by these diligent, devoted men. A large number of medical classes have received instruction, and at the present time there are many native physicians engaged in private and lucrative practice. Kwan To, whom Dr. Parker educated in the Canton hospital, became quite famous as a surgeon. He died a few years ago, after having accumulated a large fortune.

The preparation and translation of text-books was also an important feature of medical missionary work. A modern text-book in any of the branches of medical science was not to be found in the Empire. Dr. Benjamin Dobson was the pioneer in this department of work. His first work was on Anatomy and Physiology. This was followed by one on the "Principles and Practice of Surgery," and another on the "Practice of Medicine and Midwifery."

Dr. Lockhart said with reference to these works, "The volumes thus published will be of incalculable benefit to the Chinese; and were this all that Dr. Hobson had done, it would be worth the labor of a lifetime." Many works followed these, by different authors, and it is probable that by this time the Chinese language contains a well-prepared system of medical knowledge—the product of European and American physicians.

At present, there are twenty-five foreign medical missionaries in China, nine of whom are females. But what are they among such a population? To the enthusiast in the profession, there are *glorious opportunities*, and in private practice *golden* rewards.

—Small-pox is prevalent among the rag sorters in the mills of Conshohocken.

NOTES FROM CASES IN PRACTICE.

BY J. B. R. PURNELL, M. D.
Of Snow Hill, Md.

Aloes.—This useful medicine will not cause hemorrhoids, as stated by some authors. It often tends to alleviate or cure that disease when properly combined with an alkali, as soda bicarb. or lithia carbonate. It will act on the upper as well as lower intestines, notwithstanding the contrary statement in some of the works. To prevent any unpleasant effect, add alkali and a little aromatic, and, when requisite, hyoscyamus extract. Aloin, the active principle of aloes, is effective in 1–4 or 1–5 the quantity of that substance, and I am confident it is the best cathartic ever discovered when properly prepared, even as a cholagogue excelling hydrarg. chlor. mite in the great majority of cases. It should have a deep yellow color, also an intensely bitter taste, which, however, can be disguised with extract glycyrrh. and soda bicarbonate.

A short time before his decease, Gov. Henry A. Wise said to the writer, "You doctors say aloes will produce piles, but I tell you it will cure them." I in substance replied that his statement accorded with my own experience.

Sugar in Dyspepsia.—I have for many years been using pure sugar in some forms of dyspepsia. Though often beneficial when employed *alone* either in sick-headache or in migraine attended with vomiting or nausea or a tendency thereto, the following combinations will in some cases be found of great value:

℞.	Sacch. albi,	ʒi–ij.	
	Zingiberis,	gr. v.	
	Sodii chlor.,	gr. v–x.	M.
℞.	Sacch. alb.,	ʒi–ij.	
	Capsici,	gr. iij,–vi.	M.
S.	To be taken alone or with but little water.		

I report the following case for the reason that the operation of *trephining* is seldom performed at that age, *i. e.*, on one so young: in my case-book I find several pages pertaining to it, but will here give only a brief extract:

March 19, 1879, Willie Walls, a bright child, æt. 6½ years, was struck on the top of the head with the sharp edge of a slate, the consequence of which was a small, narrow scalp wound and a fracture of the os frontis, about an inch and a half to the left of the longitudinal sinus or mesial line. Dr. Marshall, who was quickly summoned, observed the following condition: Feeble pulse, convulsions, insensibility. Three or four hours after the occurence, I saw the case with Dr. M.

and noticed the following symptoms: Pulse *extremely frequent* (I mean *frequent, not slow*) and compressible, pupils dilated, iris immovable by light, total unconsciousness, convulsive movements of arms and hands. We concurred that life was in imminent peril, the patient being apparently in articulo mortis. Having my trephining instrument case with me, no time was lost in preparation for an operation. Before trephining, I succeeded in removing a partially detached small piece of bone at the site of fracture, though without giving any relief. First making crucial incisions of the scalp, and dissecting back the flaps—of the two instruments (trephines) I applied the smaller to the left of the wound, removing not less than three-fourths of a circle of bone a little larger than a dime, leaving an opening adjacent to and in direct communication with the wound. All convulsive action ceased at once, the pulse rapidly improved, consciousness returned by degrees, the life of the little patient was saved. It is unnecessary to speak of subsequent treatment—it will suffice to say a speedy recovery was made.

The following singular and rare case occurred in my practice:

Mrs. B., now aet. 52, married, having had only one child, aet. 27, at times between 1860 and 1869 had symptoms as follows:

Apparently tenderness in region of uterus and vagina, specially at the os uteri, with other symptoms of hysteria. No fever; at times, in some of the attacks, with the other symptoms there was great distention, accompanied with pain all over the abdomen, the tumefaction with *resonance* extending even *to the chest* and *nearly* as far *as the neck:* also ischuria renalis (entire suppression), percussion, and the catheter frequently introduced revealing the fact that the bladder was empty—continuing for several days (once or twice about a week) *without fever* and *without coma* or any phenomenon indicative of danger; this last condition occurring sometimes with, at other times without, the symptoms previously mentioned. In some (not all) attacks the ischuria was accompanied with discharges of mucus and purulent fluid from the bladder in small quantity; the distention in the thoracic abdominal region, usually continuing from 12 to 24 hours, several times disappeared within fifteen minutes under the use of an anæsthetic freely inhaled (chlorof. 1 part, ether 2 parts) and did not recur for a day or at least for several hours, generally leaving the patient free from pain; nevertheless there was tympanites and not muscular rigidity. Anodynes, liniments, etc., over the uterus, and occasionally aperients, were used in the treatment. Diuretics were of no avail.

(*To be continued.*)

A CASE OF GANGRENA ORIS.

BY D. A. HENGST, M. D., OF PITTSBURGH, PA.

On July 28, 1882, I was called to see Mary N. White, two years of age, with the following history: She had just recovered from a moderately severe attack of measles, and now had a swollen, pale face, œdema about both eyes, but the swelling was hard and painful over both parotid and submaxillary glands, and of a shining, glistening appearance; the mucous membrane of the mouth was also swollen and inflamed. Her surroundings were those of poverty and filth, and she had the appearance of an ill-nourished and badly-fed child. Her general condition was bad—pulse 120, temperature about 102°, tongue coated, had some diarrhœa, and was very restless and irritable. The next day the swelling had become more marked. She had indurated patches on the scalp over left parietal bone, at the occiput; over the glands of the face, on lower lip, and on the upper border of the sternum. About two days after this, eschars formed over all these indurated spots as well as on the mucous membrane of the mouth at a point opposite the last molar tooth on each side. In about one week after my first visit these eschars had sloughed away, leaving deep ulcers, which continued to spread in width and depth until in some of them all the soft tissues were destroyed to the bone. She now presented a most pitiable appearance. On the scalp were two large ulcers about the size of a silver dollar, exposing the bone over its entire base; in a short time the narrow bridge of tissue between them was eaten away, thus exposing almost the entire left parietal bone: back of this, over the occiput, was another extending to the bone and about one inch in diameter. Over both parotid glands were deep ulcers from an inch to an inch and a half in diameter, and of a circular shape. A large section of the lower lip had sloughed away, making it appear like a harelip, and causing considerable difficulty in deglutition. The ulcer on the upper border of the sternum, about three-fourths of an inch in diameter, was the most destructive one, for at the time of her death it had ulcerated its way into the pleural cavity. All of these ulcers had tough and sharply-defined edges, with no inflammatory areola. Those on the inside of the mouth were not as deep or destructive as the external ones. Her general condition now was very

bad. Pulse very rapid, high fever every day, with diarrhœa and cough. She continued in this condition until the 23d day of August, when a severe convulsion caused her death.

As regards treatment, when the case was first seen it looked like one of erysipelas of the face, and I prescribed accordingly; but as soon as the eschars formed I began to suspect the terrible nature of the disease I had to deal with. Then applied strong nitric acid as a cauterant and alterative; repeated this at various times, and afterwards used a paste of carbolized water; but these applications would not check the spreading tendency of the disease, nor change the character of the ulcers.

Internally she was given morphine when needed to calm irritability. Tr. Ferri Chlor., Quinia and stimulants, also nutritious food, such as beef tea, milk, etc. This has been to me a very interesting as well as an extremely rare disease, being the first case of the kind in a practice of thirteen years. The slow progress of the disease, and its not affecting the mouth as much as the tissues on the outside, might be brought forward as an argument against gangrene of the mouth. But the course of the disease is not always so rapid. In consulting the authorities upon this subject, I find it described as being extremely rare in private practice, but more frequent in hospitals for children; that unfavorable hygienic conditions constitute a predisposing cause, and that it almost always follows upon some acute or chronic disease, especially measles. In this case the hygienic surroundings were extremely bad, and it followed an attack of measles. M. Barou says he has never known it to occur as an idiopathic disease, and that it is questioned whether or not large and continued doses of mercury have ever produced it.

RADICAL CURE OF POPLITEAL ANEURISM.

BY S. PIXLEY, M. D.,
Of Peninsula, Ohio.

Arthur Seeley, twenty-four years of age, single, on the 1st of January, 1882, came to me for medical advice. My diagnosis was Popliteal Aneurism. The following facts were elicited: Some eight years ago he had a pair of shears penetrate the popliteal space of his left leg, which confined him to bed for two weeks, soon after which he recovered the use of his leg. Some three years previous to the first of February, 1882, he complained of stiffness of the knee, and a small tumor in the popliteal space. Upon examination, I advised him to consult the professors of the Cleveland City Hospital for treatment.

He entered the hospital on the 21st of February, 1882, and his treatment while there was as follows: First by flexion of the leg upon the thigh, bound by bandages, his heels touching his nates, in which position he was kept for three weeks, his suffering being allayed by morphine, administered hypodermically. There was no improvement of the aneurism. The bandages were removed on the 14th of March, and an attempt was made to straighten the leg, which stood at nearly right-angles with the femur.

The leg was raised and placed in an extension sling. An India-rubber bandage was then applied from the calf of the leg to the lower portion of the middle third of the femur three days, when the swelling and pain of the foot required the removal of the bandage and the re-application of it from the toes to the middle third of the femur.

This treatment was continued until the 4th of April, when he was discharged from the hospital without relief.

The patient returned to this place to have the artery ligated.

On the 11th of April I procured the assistance of Doctors Humphry, Cole and Humphry to assist me in an attempt to make a radical cure by digital pressure.

At nine of same day we began digital pressure, and continued same for twelve hours, then left patient to rest for thirty-six hours. Again resumed pressure for six hours, at which time pulsation entirely ceased through the aneurism. We still continued pressure for three hours, when we considered the cure effected, which has proved itself permanent.

On July 1st the tumor was almost obliterated, and the patent resumed his usual work, and has continued well up to this date, Dec. 8, 1882.

HOSPITAL REPORTS.

Amyloid Degeneration of the Liver.

BY FRANK O. NAGLE, M. D.,
Professor of Materia Medica, Therapeutics and Clinical Medicine in the Medico-Chirurgical College, Philadelphia.
Reported by ALBERT KOLB.

GENTLEMEN: This boy comes before us to-day suffering from a disease rather unusual for one of his age. I shall first read you his history as obtained from his mother, who is here with him.

History: Harry Gayant, age 6 years 7 months. Father and mother are both living and healthy.

Harry is the second child from the second husband. From his birth until two years ago last June he was perfectly well; he then contracted measles in a mild form, from which he recovered without any treatment, excepting confinement to bed, until convalescence was established. Shortly after his recovery, his mother noticed an offensive discharge coming from the left ear, which gradually increased in quantity, and continued to be horribly offensive. This discharge (which was probably due to caries of bones of the ear) continued for at least (6) six months, when it gradually ceased. About this time his mother noticed some slight puffiness (œdema) of the feet, which lasted several days, and at the same time she also noticed his abdomen enlarging; this enlargement commenced in or near the epigastrium, and gradually but steadily grew larger until it has reached its present enormous size. Pain was never associated with the swelling, nor was there at any time jaundice.

Appetite has always been good, but "food did not seem to nourish him," emaciation gradually taking place, particularly in the arms and legs. Bronchorrhœa with fœtid expectoration has been a constant symptom, together with noticeable dyspnœa from time to time. Urine has always been freely discharged. He was also liable to occasional attacks of diarrhœa.

Now gentlemen, when a patient comes to you for the first time, ask him his name, age, occupation, etc. etc., and then you proceed to examine him in order to arrive at a diagnosis. In all cases it is not necessary to follow strictly the regular form for examining patients as laid down in your text books. Take the most prominent symptom of which he complains, and let that serve as your starting point in your examination: *i. e.* if he complains of cough, you proceed at once to examine his lungs; œdema of the feet will refer you to either the heart, kidneys or liver, etc., etc. By so doing you will be able to save much valuable time.

I shall follow this rule in the present examination. This boy comes to us presenting a very prominent symptom of his complaint, which I shall take as a starting-point in making my diagnosis. You notice his abdomen is considerably enlarged. I shall examine into his present physical condition, and see as to the cause of this enlargement.

His countenance, you notice, is sallow, anæmic, unhealthy in appearance, showing that the child must be suffering from some grave constitutional cachexia.

Measurement around abdomen at the point of greatest swelling, above the line of the umbilicus, 26½ inches.

The superficial veins of the abdomen are everywhere enlarged, not however to a very considerable degree.

On palpation the abdominal walls are tense as if they were unduly stretched. Percussion, commencing at the pubes and passing upwards towards the sternum, in the middle line of abdomen, gives tympanitic resonance to a point one inch above the umbilicus. In the left inguinal region same percussion-note up to the left hypochondriac region, where, posteriorly, splenic dulness commences. In the right inguinal region same resonance, dulness beginning opposite crest of ilium.

This swelling does not change its shape or position with the changes of the patient's body.

The liver dulness, on the right side, extends from the (6) sixth rib downwards to the crest of the ilium—from xyphoid cartilage to within one inch of umbilicus. Left lobe fills up left hypochondriac region. With a little care I can map out the entire organ, showing you its characteristic shape is preserved. The edges are sharply defined and can be readily felt through the walls of the abdomen.

The area of splenic dulness extends over four inches longitudinally.

Heart is somewhat enlarged, with a systolic, probably anæmic, murmur at the apex.

On auscultation moist rales are heard, anteriorly, over the apices of the lungs and posteriorly between the shoulders over the larger bronchial tubes.

The urine contains trace of albumen, and an occasional hyaline cast is found. With these symptoms pointing to involvement of the kidneys, there is no dropsy.

What are the different causes which may give rise to enlargement of the abdomen, and what is the most probable cause in this case before us?

There are many diseases characterized by swelling of the abdomen. We have enlargements due to dropsy (ascites), over-distention of the bladder, tumors, tympanites, enlargements due to diseases of the solid abdominal viscera.

In ascites or hydroperitoneum, the fluid is found in the abdomen in the most dependent portions, and distends the abdomen from below upwards. This fluid changes with the different positions of the patient's body. On percussion we would have absolute flatness over the fluid and a peculiar impulse imparted to one hand placed on the abdomen when the latter is tapped with the other hand; this is known as the sense of fluctuation. In this case none of these symptoms are found; yet this boy has been treated by several regular physicians in this city for dropsy. By remembering these points, I am confident that none of you will make the same error.

Over-distention of the bladder sometimes occurs to such an extent as to give rise to enlargement of the abdomen. This occurs in stricture of the urethra and in the sacculated bladder sometimes met with. You would distinguish such a condition by almost the same physical signs you would have in ascites. Introduction of the catheter would establish your diagnosis.

Tumors, either benign or malignant, are not admissible in this case on account of the age of the patient.

Tympanites or an excessive distention of the intestines by gas occasions enlargement of the abdomen, giving rise to its characteristic tympanitic resonance. This occurs at times to an enormous degree in typhoid fever.

Enlargement of the solid abdominal viscera.—Ague-cake, or enlargement of the spleen occurs in persons having had malaria or who are living in malarious districts—the spleen in these cases being developed to such an extent that the gland fills up almost the entire abdomen. Although the spleen in this boy's case is somewhat enlarged, there is an entire absence in his history of malarial poisoning.

Enlargements of the liver.—There are several diseases of the liver in which enlargement of the organ is a prominent symptom. As our patient has never had any pain, I shall only consider the painless varieties of enlargement of the liver. These are fatty degeneration, hydatids, and amyloid degeneration of the liver.

In fatty degeneration of the liver the organ is usually moderately enlarged; the edges lose their characteristic sharpness and become round or blunted; the organ is less firm than normal. This occurs in persons suffering with chronic diseases, as tuberculosis, or of intemperate habits, or over-feeding, especially on articles of food containing a large percentage of fat. Jaundice may or may not be present. If ascites occurs, it is probably due to the accompanying cirrhosis.

Hydatids of the liver.—This affection is produced by the introduction of the ova of tapeworms into the alimentary canal; from there they make their entrance into the liver, etc., where they develop into cysts, varying in size from a small cyst to a tumor as large as a child's head. The tumor makes its appearance on the surface of the liver more frequently on the right side than the left. The patient complains of a sense of fullness or weight over the region of the liver. A peculiar fremitus, hydatid fremitus, is in some cases observed, and is highly characteristic when present.

The last disease of the liver characterized by enlargement, and not associated with pain, is amyloid degeneration. This affection occurs in persons who have been subjected to prolonged discharges, generally the result of caries of bones; in persons having constitutional disease, especially the scrofulous or syphilitic cachexia. The enlargement is uniform, the shape of the organ not being lost. The tumor is firm, and does not give rise to any pain on handling. The spleen is generally enlarged, and albumen in the urine shows that the kidneys are also similarly diseased.

I think you will all agree with me that the evidence I have produced points clearly to disease of the liver as the cause of the enlargement in this case before you.

It is not fatty degeneration of the liver, as the swelling is too great, the organ too firm, and the edges too well defined.

It cannot be hydatids of the liver, as the enlargement is too uniform, and also on account of the rarity of this affection in this country.

By exclusion, therefore, and from the fact that spleen and kidneys are also affected, together with the history of the case, we diagnose amyloid degeneration of the liver as the cause of this enlargement.

The exact nature of the pathology of amyloid degeneration is a point not yet satisfactorily solved. Amyloid, albuminoid, lardaceous, bacon-like, waxy, scrofulous enlargement (Budd), are names used synonymously; they apply either to the supposed nature of the affection, or to the peculiar appearance of the organs affected. The name amyloid was applied to this disease by Virchow, who supposed it to be a substance analogous to starch on account of the color produced by iodine.

It consists of a morbid infiltration into the tissue with a substance resembling albumen, having its primary deposit in the muscular tunic of the capillaries or arterioles of the organ affected. The organ increases in size, and its functions are thereby impaired. This is met with in persons having been subjected to long-continued suppuration, especially due to bone disease, or empyema, chronic diseases of the lungs (tuberculosis), various ulcerations, etc. Any part of the body may be affected, although it is especially apt to occur in the liver, spleen and kidneys, which are generally simultaneously involved.

It is thought that the waxy deposit is dealkalized fibrin, as the system has been found deficient in them, especially in those cases where the disease follows copious suppuration, the alkalies being removed with the pus.

The most characteristic feature of the degeneration is the starch reaction when iodine is applied. If a solution of iodine is applied to healthy tissues a yellow color is produced. If the iodine is applied to an organ affected with amyloid degeneration it changes its color to a mahogany brown, which, after a while, disappears, and the part regains its former color. If, however, after applying the iodine solution a drop of sulphuric acid be carefully added, the color is changed to a bluish black or violet.

When this degeneration affects the liver, the organ increases in size. The enlargement is uniform. The characteristic shape of the liver is preserved. Its weight and density are also increased. These changes do not cause obstruction of the portal circulation, and consequently you do not have dropsy (ascites). The injury to the organ is in proportion to the amount of infiltration, and is caused by the overcrowding of the cells and tissues, and consequent interference with the circulation through the arterioles, producing loss of function of the organ.

This disease is rare in childhood and in old age. "Of sixty-eight cases analyzed by Frerichs, nineteen occurred between ten and twenty years, nineteen between twenty and thirty years, eighteen between thirty and fifty years, nine after the age of fifty, and only three prior to ten years."

Prognosis is unfavorable. The disease is incurable, though months and years may be required before a fatal termination takes place. Death occurs from the gradual exhaustion produced, or from the diseases with which it is generally associated.

Treatment.—For this disease there are no so-called specifics. Treat your patients upon general principles. In the majority of cases iron for the anæmia, and iodine for the constitutional cachexia giving rise to it, are the two drugs from which the most benefit has been derived. If syphilis is the cause of the cachexia, iodide of potassium is strongly indicated. The diarrhœa may be controlled by the vegetable astringents, bismuth subnit., and opium. For the cough, chloride of ammonium gr. ij. to v. every three or four hours. Chloride of ammonium in large doses (gr. x. to xxx.) three times a day is supposed to arrest the further development of the disease. Support the system with tonics; let quinine form the basis. Arsenic, strychnine, iron, and the vegetable bitters may be advantageously combined. Careful attention to diet. Plenty of eggs, milk, chicken, etc. Outdoor exercise when the weather permits.

During the course of this disease you are especially apt to have as complications diarrhœa, obstinate vomiting, albuminuria, dropsy, and uremia. These all require appropriate remedies.

For this boy I shall order

℞. Syr. ferri iodidi f. ℥ ss.
S. 5 drops 4 times a day.

℞. Ammon. chloridi, gr. x. to viij.
Mist. glychrriza co. f. ℥ ij.
M.ft. mist.
S. ℥j. every 4 hours.

Medical Societies.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Thursday evening, December 14, 1882. The President, Dr. Jas. Tyson, in the chair.

A Case of Mitral Obstruction, with Sequential Lesions.

Exhibited by Dr. E. P. Bruen.

I submit this specimen because it favorably illustrates the lesion and the sequential changes in the different chambers of the heart. The auriculo-ventricular opening of the left heart is nearly occluded by an epiglottic-shaped enlargement of one of the leaflets of the mitral valve. The valve is very much thickened, and the focus of a considerable calcareous deposit. The orifice during life permitted a reflux of blood from the ventricle into the auricle. The left auricle is dilated and hypertrophied so that its cavity is about twice as large as normal. The right ventricle is very much dilated, the walls of this cavity are less than half the normal thickness, and the ventricle must have had during life twice its physiological capacity. The tricuspid valves were insufficient on account of the dilatation. The considerable enlargement of the left auricle and right ventricle occasioned during life a broadening of the area of dullness on the level of the third and fourth ribs, viz: the apex of the cardiac triangle. It also produced a decided increase in the area of the cardiac dullness to the right of the median line of the sternum. In children, the heart with similar enlargement encroaches upon the left pleural cavity to such an extent that the physiological inflation of the left lung cannot occur. Bronchial breathing is produced, audible posteriorly, while anteriorly, below the second interspace, no respiratory murmur is audible. In these cases, when the complication of bronchitis occurs, the physical signs suggest a pleural effusion. Enlargement of the right ventricle, both in children and adults, causes a pronounced impulse at the epigastrium, and occasions serious pain and inconvenience. The murmur heard during life in the case from which my specimen was taken indicated this lesion, both presystolic and systolic murmurs being audible. The second sound at the pulmonary artery cartilage was also much accentuated, owing to the repletion of that vessel with blood. The first sound over the right ventricle was very clear and distinct, as is common in these cases, but the first sound at the apex was obscured by the murmur. The patient, from whose body these specimens were removed, was a woman aged 45 years, who had been subject to heart disease since twenty. The immediate cause of death was pulmonary repletion with blood, which induced right-heart failure. Compared with mitral regurgitation, this mode of death illustrates a feature of the chemical pathology of mitral obstruction. In mitral regurgitation death occurs with heart failure, but usually after serious dropsy. In mitral obstruction dropsy is not so prominent a symptom, but the pulmonary engorgement prevents a perfect supply of blood to the aorta. The right-ventricle failure in cases of mitral obstruction brings about death in the same manner as left-ventricle failure does in cases of aortic obstruction.

Pericardial Effusion and Adhesion of the Pericardium to the Apex of the Heart, Mistaken for Heart-Rupture.

Exhibited by Dr. J. T. Eskridge.

Dr. Eskridge said that in this case the physician making the autopsy actually considered the specimen to be one of heart rupture. The patient was an athletic young man, and perfectly well until a few days before he sought medical advice. He was under treatment for only 24 hours, suffering from cardiac pain and great prostration. He died suddenly and unexpectedly when no one was near him. The attending physician, who made the post-mortem examination with no professional assistance, reported effusion in both pleural cavities, the pericardium distended with thin, non-coagulated blood, and a rupture of the left ventricle. Dr. Eskridge said that a careful examination of the heart, pericardium, adjacent glands, and portions of the larger bronchi, showed marked evidences of pericarditis and pleuro-pericarditis. The pericardium was adherent to the lower third of the heart, but the adhesions were recent and easily severed. The heart was not much enlarged: its valves were nearly normal, and its muscle firm. No rupture was found. He believed that the case was one of pleurisy and pericarditis with effusion, death taking place suddenly from mechanical interference with the heart and lungs. He thought that the most plausible explanation of the doctor's mistake in calling it a case of cardiac-rupture was, that when severing the blood-vessels around the heart, blood flowed into the pericardium and mingled with the serous effusion. He did not think that a firm, non-fatty heart could rupture itself by its own contractions. If the pericardium was filled with effusion, in that instance it taught a lesson of far more practical value than a case of cardiac-rupture under similar circumstances would. It was evident if the pericardium should be attached to the apex of the heart in a case of pericardial effusion, in which operative interference was determined upon to free the heart's action, a thrust of the trocar into the pericardium would greatly endanger the ventricular walls.

Several Specimens of Eyes Enucleated on Account of Sympathetic Irritation in the Other Eye, or for Fear of its Developing.

Exhibited by Dr. Little.

Sympathetic irritation and sympathetic ophthalmia are the only two forms of the sympathetic diseases of the eye that afford an opportunity for

pathological study, and in these cases only the enucleated eye can be investigated; just what are the conditions in the eye protected by the enucleation of the other eye, primarily at fault, must remain uninvestigated; if full restoration of the function of vision is attained in the one sought to be protected by the enucleation of the fellow-eye, great satisfaction only is felt. Less and less opportunity is being afforded of studying the condition of an eye enucleated for the presence of sympathetic ophthalmia in the other eye, since merely the sympathetic irritation of the sound eye impels the surgeon to enucleate the primarily affected eye before true sympathetic ophthalmia asserts itself. The portion of the eyeball which renders liable the development of this affection when diseased is so well known that not even sympathetic irritation should be allowed to develop, as an early enucleation will prevent it. Enucleation of the primarily diseased eye when true sympathetic ophthalmia is present in the other eye is now questionable, as after all inflammation has subsided under treatment, surgical proceedures upon the primarily affected eye may afford the best results for visual purposes. A recent experience will bear me out in this statement: the patient refusing the advice of a former medical attendant and also my own, after two months suddenly developed sympathetic ophthalmia of the sound eye. Enucleation was then too late. Now both eyes are becoming quiet, and I am in doubt which in the end will be the more available eye. A physician recently under treatment for a severely traumatized eye has refused the advice of two surgeons, and is now doing well; but the danger of a sympathetically irritated eye is constantly before him. The pathological investigation is then mainly restricted to eyes enucleated before or after sympathetic irritation has developed in the other eye, as results show that under such circumstances full protection to the remaining eye is afforded. Investigation of eyes enucleated when sympathetic ophthalmia of the other eye is present may explain the cause of the trouble in the remaining eye; but there is so much damage done to both that our knowledge only makes us the more desirous to prevent these conditions from arising, and in the multiplicity of conditions the principal cause is lost. When enucleation to forestall sympathetic irritation or ophthalmia is done, or when the operation is performed with sympathetic irritation just beginning or present, the eyeball removed is in a much better state to examine, and more light can be thrown on the cause of sympathetic irritation, since severe inflammatory processes cloud the change from sympathetic irritation to that of sympathetic ophthalmia, and the pathological study is more difficult. My collection contains only one specimen enucleated when sympathetic ophthalmia was present, and in this case there was a double acute glaucoma with sympathetic iritis. At this time I only desire to place before you some specimens of eyes enucleated for the protection of the fellow-eye from sympathetic irritation, or on which it was already beginning or developed, and in these cases good and permanent results have been attained. Four of these cases were due to traumatism; the fifth was of an inflammatory character. All but one of the traumatic cases had the fellow-eye affected, and the examination of the enucleated eye in the exceptional case justified the operation. In two cases the sound eye became affected shortly after the injury to the enucleated eye. In one case no irritation until forty years had elapsed since the accident to the enucleated eye. In one non-traumatic case there were repeated attacks for a series of years, of irritability in the sound eye, until the pain in the diseased eye and the disturbance of the sound eye compelled operation. In the remaining traumatic case for twenty years the uninjured eye was unaffected, except rendering the myopia more progressive, which rendered an operation imperative for its arrest and to prevent the outbreak of sympathetic ophthalmia later in life. The patients were aged respectively 3 years, 40 years, 47 years, 50 years, and 70 years. Three of the patients were males, and two females. In four cases the left eye was enucleated, in one case the right. In every case the injury or disease involved directly or indirectly the ciliary body; and where the crystalline lens remained in situ or the sclerosed tissue infringed most markedly on the ciliary region, the irritation developed most rapidly in the other eye. Where the crystalline lens was dislocated with weakening of the sclerotic tissue, no irritation appeared for forty years in the other eye. In one case with dislocation of the lens and detachment of the retina and choroid, no irritation had appeared at the end of twenty years in the other eye. In those cases where the iris became entangled in the cicatrix, sympathetic irritation of the other eye developed most rapidly; in one instance, the lens becoming cataractous in the sound eye, while that of the injured one was either absorbed or lost at the time of accident. In short, is it not to injury of the ciliary nerves, with their varied function, and to the damage done to the tissue in which they are imbedded in the different divisions of iris, ciliary body and choroid, that we are to look as the cause of sympathetic irritation in the fellow-eye, and of these the ciliary body and nervous structures in it, with or without involvement of of the iris as the principal part involved? When sympathetic ophthalmia arises in the sound eye, cannot it be traced to inflammatory processes, added to the irritation of the ciliary nerves and involving the iris, ciliary body and choroid? How far the retina and optic nerve participate in sympathetic irritation, it is difficult to say; only we find that in enucleation for sympathetic irritation, the fellow-eye regains the full function of sight.

In sympathetic ophthalmia, however, the involvement of the nerves and retina is a more important factor, and the fellow-eye is not so likely to be restored to full function of sight, as the condition in the enucleated eye and the one affected are more serious on account of marked inflammatory processes.

[Dr. Little then gave in detail the histories of his cases, but all essentials having been already given, it is not important to add them here.]

Stab of Pericardium, Diaphragm and Liver,

Exhibited by Dr. Strittmatter.

The specimens were removed from a German laborer, aged 62, a patient in the Surgical Wards of St. Mary's Hospital, under Dr. Mears, who was admitted July 16th, 1882. He had been laboring

for some days under a mental delusion, and after writing a clear, intelligible letter to his wife and family in Germany, stabbed himself with a clasp-knife in the right side of the chest several times, notwithstanding all efforts of the bystanders. He was at once taken to the hospital, and on admission was much excited, with a rather flushed face, but little shock, struggling to escape from the punishment of his supposed crime. Examination showed two wounds: one over and reaching down to the cartilage of the sixth rib of the right side, about one and a half inches from the sternal border, and about two inches in length; the other half an inch from the border of the sternum, and severing from it the cartilages of the seventh and eighth ribs. Closer examination of this wound showed that there were two openings through the costal cartilages about a line apart; the outer passing downward, outward, and backward, the inner, in a direction inwards, downwards, and backwards. Through these openings air occasionally passed when the patient respired violently when struggling, causing a high-pitched sucking and blowing sound. None but slight bleeding took place, and that from the integument. Physical signs everywhere normal except over the lower part of the right lung, where increased resonance was noted, and on heavy percussion a kind of "cracked-pot sound" was elicited. Auscultation revealed diminished breathing sounds over the upper part of the right lung, while respiratory sounds were entirely absent over its lower portion. Heart's action rapid and irregular. Heart sounds feeble, especially the first. Pulse 112, respiration 42 and shallow. There was no sign of internal hemorrhage. Both during inspiration and expiration, when the head and shoulders were raised and he inspired deeply, a peculiar high-pitched blowing sound was occasionally heard, a little to the left and below the ensiform cartilage. It did not resemble the sound produced by gas in the stomach or bowels. Antiseptic dressings were used and morphia given, but he slept little, although nothing was complained of beyond a burning sensation beneath the sternum. The next morning he was calmer, rational, felt pain only during inspiration, and altogether breathed more easily than during the night, although the physical signs remained the same. The abdomen was tympanitic, the pulse full and moderately strong, 92 per minute, respirations 32, and expiration labored, with groaning. Temperature 101.6°. During the next night he grew worse, with restlessness, poor sleep, followed the next morning by cutting pains in the chest at each inspiration, anxious, pinched face, and considerable anxiety as to his condition. Friction sounds were now heard over the whole of the left chest, and on the right side from the apex to the fourth rib. Pericardial friction sounds were also heard. Pulse 100, full and hard; respirations 48, with rapid, jerky inspiration, abruptly terminating, to be followed by a forced, prolonged, groaning expiration. Temperature 103.2°. Evening pulse, 120; respirations, 44; temperature, 103.2°. During the next twenty-four hours all the symptoms, physical as well as rational, of effusion into the pericardium and both pleuras developed; but although the abdomen was tympanitic, no signs of effusion were detected. Pulse in the evening 120, irregular, intermitting; respirations 40; temperature 101.8°. Had a bad night, and next morning seemed much prostrated, with a feeble, occasionally intermitting pulse of 120 per minute; temperature 102.8°; respirations 40, labored and shallow. Low, muttering delirium now set in; he sank rapidly, and died at two p. m., of the 20th, with a temperature of 102.5°. [The surface temperature record, not showing anything of very *decided* interest, is omitted.] Sectio-cadaveris.—Brain; pia mater adherent, thickened in in patches and opaque, especially on either side of the vessels, which were filled with dark blood over the upper convex surface of the left hemisphere.

There was a slight amount of serous effusion in the subarachnoid space. The ventricles contained a small amount of serum. Chest.—On raising the sternum the right pleural cavity was seen filled with a thick, fatty looking effusion, with some bands of recent lymph extending from the lung to the chest-wall. The apex of the lung was quite firmly adherent to the chest-wall. The anterior surface of the lung was coverrd to the depth of $\frac{1}{4}$ of an inch with soft, grayish yellow lymph. A portion of the back part of the inferior lobe was consolidated. The left pleural cavity was only about half-filled, with the same thick layer of lymph and adhesion to the apex that was noted in the right lung. No part of the left lung would sink into water. The pericardial sac was distended with fluid, and both upon its inner surface and upon that of the heart was abundance of lymph connecting the two surfaces by drawn-out bands of the same. There was a large chicken-fat clot in the left ventricle, extending about six inches into the aorta. The right ventricle was filled with blood, with a small clot extending into the pulmonary artery. Examination showed that while there were but two penetrating wounds externally, the knife must have been thrust in repeatedly after partial withdrawal, as there were three openings through the diaphragm, penetrating the liver to the right of its suspensory ligament, and one traversing the lower part of the pericardial sac, and entering the left lobe of the liver for about 1 inch. The other liver wounds were $\frac{1}{4}$, $\frac{1}{2}$, and $\frac{1}{8}$ of an inch deep. There were no traces of peritonitis, although about two ounces of serum was present, probably escaped from the pericardial sac through the wound. The liver wounds did not gape, were ununited and surrounded for about an inch in every direction by a brownish yellow discoloration. The liver weighed 62 ozs.; spleen enlarged and soft; other organs healthy.

Remarks by Dr. Mears.—I was much interested in this case. During life the symptoms of wound of the diaphragm and of the liver were markedly absent, whilst those of injury of pericardium and pleura developed as the interval after the receipt of the wounds increased. The external wounds gave little indication as to the direction taken by the knife after puncturing the thoracic cavity, and as shown by the post-mortem examination, no information as to the extent of injury inflicted. The absence of symptoms of injury of the diaphragm may be explained by the fact that the wounds were in the tendinous portion of that muscle, and being small, did not interfere to any great extent with its function in respiration. In

injuries causing laceration of the muscular fibres attached to the ribs, dyspnœa occurs as a prominent symptom by reason of the impairment of the respiratory duty of the muscle. Moreover, the symptoms may have been masked by those referred to the injury of the pericardium, as in wounds of both of these structures dyspnœa is a prominent symptom. The knife in one of the thrusts passed through both, and involved them in a common injury. The only explanation I can offer of the production of the blowing or rather suction sound which was heard under the ensiform cartilage, is that it was occasioned by the passage of air during respiration through the openings in the diaphragm — the air entering primarily the lung cavity through the external wound. The fact that the air did not pass in and out of this external wound during the act of respiration, afforded good evidence that the lung was not wounded. The wounds of the liver were of such character as to make little or no impression beyond what might occur as the result of injury to the coverings and superficial portions. Puncture of the liver with a trocar is frequently performed with a view of evacuating fluids. Instances are reported in which no fluid has been found, and no harm has been inflicted by the tapping.

Extensive laceration, the result of gunshot wounds or rupture following falls, produce characteristic symptoms of shock and internal hemorrhage.

Secondary Sarcoma of Heart, Lungs and Gall-Bladder, Following Primary Amputation for Deposit in the Femur.

Presented by Dr. Willard.

The specimens exhibited were the heart, lungs, and gall-bladder of a female patient, æt. 21, whose right thigh had been amputated four months previously for a spindle-celled sarcoma of the lower end of the femur. The apex of the right ventricle was infiltrated with a sarcomatous mass, which extended into a cavity among the columnæ carneæ, forming an irregular-shaped body occupying one-fifth of the space. The walls were softened, and but little of a muscular fibre was to be seen at the apical region. The diseased tissue was very soft and easily detachable, rendering its propulsion into the lungs a matter of exceeding probability at each heart-beat. The walls above the mass were natural in appearance and in thickness; the valves showed no evidence of disease on either side of the heart. The left ventricular and both auricular walls were healthy. The disease had not reached the visceral layer of the pericardium, and there was no abnormal effusion in the cavity of the sac. The septum ventricularum was not involved. That numerous particles had been swept into the lungs, was very evident when these organs were examined. At a large number of points in either lung were to be seen white masses, varying in size from that of a pin's head to that of an English walnut. Some of these were dense, others are undergoing softening, and in nearly every instance the lung substance surrounding was so disintegrated that the mass seemed to be in a cavity containing a drachm or more of sanguinolent fluid. A very moderate degree of pressure would cause a nodule near the surface to burst its pleural covering, and give rise to an accident similar to the one which was found to have occurred near the right apex. At this point a large sarcomatous mass had excited a degree of inflammation sufficient to fasten the lung to the parietal pleura, and one week before the patient's death, ulcerating through the serous covering, had given rise to an internal hemorrhage that was well-nigh fatal and gave symptoms of sudden collapse, noted in the history. This escaped blood was found in the right pleural cavity, confined by adhesions chiefly to the upper portion of the chest. For the week which elapsed between the hemorrhage and death, it had coagulated, forming chicken-fat clots and other coagula weighing fully two pounds. The pleural cavity below the adhesions contained about two quarts of bloody serum. There was no consolidation of the lungs, save around the diseased foci. The lungs had evidently acted as a complete strainer, and had prevented the passage of emboli; for liver, kidneys, spleen, and all other organs were healthy, save one small spot in the gall-bladder. The brain was not examined. The primary disease in the femur had apparently resulted from traumatism, since no difficulty had existed previously to a severe fall upon the knee. From this time the pain on walking was continuous, and four months later there was decided enlargement of the external condyle and swelling in the popliteal space. The chief points of interest in the case were: First, the traumatism acting as an exciting cause. Second, that the physician who first saw her detected neither fracture nor luxation, nor anything beyond contusion of the joint. Third, the appearance at the end of four months of a pulsating tumor in the popliteal space which presented a decided bruit, but no thrill. This was due to the lifting of the artery from its bed by the sarcomatous mass. Fourth, the non-involvement of the knee-joint, although the nodules had pushed forward the synovial membranes between the condyles posteriorly. The articular cartilage of the femur was intact, although the bone tissue immediately beneath it was extensively diseased. Fifth, the return of the disease, not in the stump but first in the right ventricle, but to failure in circulation and great prostration, which came on from four to six weeks after the amputation, and without anything in the condition of the stump to warrant such depression. The patient seemed in articulo mortis, yet there was no pain and no dyspnœa, only a feeble, rapid heart action accompanied by low delirium and weakness. There were no valve-sounds audible. These symptoms were due, as shown post-mortem, to the deposit and development of the sarcomatous mass in the heart. Nature however gradually accommodated herself to the new growth, and the patient rallied for a time, so as to be able to walk on crutches, eat heartily, and consider herself in good health. She got fatter, and only slight dyspnœa on exertion, with three or four coughs a day, remained to indicate recurrence of the disease. Sixth, a sudden, causeless as to exertion, profuse hemorrhage, from the collapse incident to which she rallied and lived one week, with respirations, 30–38, pulse 130–140. Seventh, the primary and consecutive growths showed a preponderance of spindle cells, while the secondary nodules were composed chiefly of round cells. Eighth, the post-mortem examination throws

great light upon the clinical symptoms, while the great rarity of sarcoma of the heart makes it important to note that there was never any angina pectoris. In Dr. Ingram's report of a case called carcinoma of the heart, in the Transactions of this Society for 1877, the only case ever presented to this Society, angina pectoris was indicated as one of the diagnostic points. In the report of the committee on morbid growths, Dr. Ingram's specimen was shown to be really an alveolar sarcoma. Secondary sarcomatous growths of the heart are mentioned by various authors, but the histories give no clinical signs of the growths. Dr. Barton said that in regard to traumatisms causing morbid growths, he considered that they probably had no more causative effect than acting as exciting causes. Dr. Formad asked if the exact nature of the primary growth was known, whether it consisted of round or spindle cells, since it has been stated that the spindle-celled variety never forms metastases. Dr. Seiler reported that the primary growth consisted of both round and spindle cells. Dr. Shakespeare agreed with Dr. Barton as to the origin of the primary growth. He did not consider that injuries were anything more than exciting causes in those predisposed to such growths. The case presented a typical example of the method of metastasis; we have the growth first developing at the knee, whence particles were carried by the veins to the heart, became there lodged and developed into a tumor, which forms a new centre from which microscopic emboli are carried by the blood-current into the lungs, where they lodge and grow into the nodules seen in the specimen. Metastasis of sarcoma occurs by means of the blood-current, while that of carcinoma takes place through the lymphatics. Dr. Formad could see no other cause for the tumor than the injury of the knee, previous to which the patient had never shown any symptoms of disease of the joint, while shortly after receiving the injury the tumor appeared. The tumor may not necessarily be malignant; there is an inflammation and formation of cells; the malignancy will depend upon the looseness of the cells and the facility with which they can be transported.

Dr. C. K. Mills then read a paper on the Brain in Epilepsy, which did not admit of abstraction.

Dr. Brubaker presented a specimen of tumor of the brain, which, with the accompanying paper, was referred to the Committee on Morbid Growths.

C. B. Nancrede, *Recorder.*

Editorial Department.

Periscope.

Diphtheria and School Congregation.

The *British Medical Journal* says that a noteworthy instance of the spread of disease by the agency of schools is afforded by Dr. Sykes in his last annual report on the sanitary condition of Portsmouth. During 1881, the borough was visited by a wide-spread epidemic of diphtheria, which caused no fewer than 205 deaths, a mortality from this cause unprecedented in the annals of Portsmouth. Dr. Sykes attributes the wide-spread nature of the epidemic (1) to the carelessness and curiosity of neighbors visiting infected houses, and taking the disease home to their own children: and (2) to the congregation of large bodies of children in schools. This last cause was a most potent factor in the dissemination of infection. In the earlier stages of the epidemic, numerous cases were discovered in which the disease was undoubtedly contracted at two of the Board schools in the borough. This is evident from the fact that, during the first quarter of 1881, two-fifths of the cases either attended these schools, or had members of the same family doing so. Convinced of the importance of closing these places, Dr. Sykes made personal application to the authorities with this object, but unfortunately without success. Later on in the year, it was found that one of these schools was playing a still more important part in the spread of the epidemic, the sudden extension of the disease in its immediate neighborhood being attributed to cases in which the complaint had been caught at the school. Indeed, during the last quarter of the year, no fewer than seventy-five children had either attended there, or been infected by members of the same family. Another establishment was acting in a like manner, but the authority was now successful in obtaining the closure of the two schools for some weeks after the Christmas holidays (making together an interval of eight or nine weeks), with the effect of causing diphtheria to gradually, but certainly, disappear from the two neighborhoods. A marked diminution in the numbers of those attacked was also observed at the close of the summer holidays.

Vomiting of Pregnancy.

Professor Horwitz, of St. Petersburg, has recently issued a monograph on this subject, which has received a lengthy notice in the *Medical Press and Circular*, from which we take the following remarks on treatment: The legion of drugs recommended is the best proof of their worthlessness—alkalies, alkaline waters, bismuth, laudanum, cerii oxalas, sinapisms, blisters, chloroform or ether spray over epigastrium and back, ice-pills, iodide of potassium, bromide of potassium, nitrate of silver, electricity, etc. Besides this, they can only be employed in the early stages of the affection. Prof. Horwitz recommends absolute rest in the horizontal posture, and in a darkened room, the diet to be nourishing and carefully regulated. Nutrient enemata are counseled under the following regulations: 1. One or two hours before their

employment the colon should be washed out with warm water. 2. Only small quantities should be injected at once (about three ounces at a time). 3. Frequent repetitions of them should be avoided, in order that irritation may not be set up. 4. In case of great prostration, two or three spoonfuls of good wine (Sherry or Port) should be added. 5. In those cases in which enemata are not retained, a few drops of tincture of opium should be added. He considers the "gynæcological" treatment as of great importance. Should there be inflammation, depletion will be useful. Scarification is recommended rather than leeches. Nitrate of silver to the portio vaginalis he does not consider very useful, and on this point he differs from Prof. C. Braun, of Vienna. Mayer's method of repression, by means of laminaria, he recommends. He has twice employed Copeman's method without effect. He looks upon artificial abortion as the only resort in some cases, and speaks of it as follows: In a case of uncontrollable vomiting, in which all means of treatment have been employed in vain, while the disease grows gradually worse and threatens the life of the patient, then the only "chance" of saving her is the interruption of the pregnancy, *i. e.*, artificial abortion must be induced; and, indeed, naturally, in view of the clinical symptoms, and of the height of the danger, the timelier this is done the more rational is the doing of it. Artificial abortion is thus carried out: After preparation of the genital organs by carbolized injections and dilatation of the cervix, he separates the ovum from the uterine walls by means of the uterine sound. He only ruptures the membranes when the process of abortion is delayed. In eight cases in which he has practiced this method he has never seen portions of the placenta retained, while the loss of blood has been but slight, in fact, less than in spontaneous abortion. Transfusion he looks upon as an open question.

Splenic Hypertrophy.

Dr. Lucas reports the following case in the *Medical Times and Gazette:*—

An emaciated and mal-nourished subject, fifty years of age, a Hindoo by caste, and a native of Nassick, came under treatment at Ahmedabad, on account of long-continued ague and diarrhœa, with abdominal enlargement and pain. The abdominal enlargement was of a year's duration. The patient was also troubled with cough, more especially at night. Pulse small and feeble; skin feverish; bowels irregular; appetite poor. The abdomen measured thirty-five inches in circumference at the level of the umbilicus, and ten inches from the umbilicus to the top of the ensiform cartilage, which, in the emaciated condition of the patient, was a great deal. The spleen was enormously enlarged, and the lower end of it could be felt very low down; there was distinct fluctuation in the abdomen, and indeed the appearance of the abdomen left little doubt as to its being distended by fluid. In the front of the thorax, beyond a slight harshness of respiratory murmur at left apex, there seemed nothing abnormal; over both bases there was dulness of the percussion note, especially on the right side, where the lung sounds were inaudible, and vocal resonance was increased; on the left side these signs were were not so marked. The expectoration was frothy mucus streaked with blood. The lymphatics in the groin, axillæ, and neck, and a few subcutaneous ones over the abdomen, were enlarged. Percussion and palpation of the liver were obscured by the presence of fluid in the abdomen. The consent of the patient having been obtained, the belly was tapped, and ninety-four ounces of fluid removed, and the abdomen supported with strapping. A mixture containing large doses of the muriated tincture of iron and sulphate of cinchonidine in infusion of chiretta was ordered; and the compound camphor liniment as an embrocation for the chest. The diet was liberal, with alcoholic stimulant. He left greatly relieved by this treatment, after a time.

Remarks.—In such a case, where dropsy aggravates distressing symptoms by the fluid pressing on important organs, such as the stomach, liver, lungs, etc., preventing the assimilation of food, causing an increasing serous effusion by pressure on the portal vein, pressure on the bile duct impeding the secretion of bile, and pressure upward against the diaphragm producing pneumonia, etc., we believe it is always a wise plan to operate and remove the fluid, and, if need be, re-tap. No harm could possibly be done with ordinary precautions, and very often, as in this case, considerable relief is afforded, and life prolonged.

Syphilitic Ulceration of the Conjunctivæ in Infants.

Dr. A. W. Calhoun writes as follows to the *Southern Medical Record:*

In the adult we are accustomed to seeing syphilis, in some form or other, take hold of almost any and every part of the body; and even in the infant, it is not unusual that the disease manifests itself secondarily in various ways; but it is so seldom the case that syphilitic ulceration takes place upon the mucous membrane of the eyelid, that I am induced to report the following history:

It is now eight years since Mr. A. J. M. contracted primary syphilis. The disease progressed uninterruptedly till a portion of the upper jaw and a part of the bones of the nose were destroyed, without, however, much disfigurement. Upon the supposition that he had been cured, he married four years ago, and in due course of time a son was born, who was, at birth, and up to the present remains, a specimen of robust health.

One year ago another son was born, who, from birth, has been a typical specimen of hereditary syphilis.* Copper-colored blotches first appeared over the entire body, then eczema upon the scalp, with enlargement of the cervical glands, then ulceration of the right pre-auricular glands. Two months back phlyctenular corneitis began, the phlyctenules running together and breaking down into deep corneal ulcers in each eye, causing the pain and photophobia, and other distressful symptoms so often met with in children with so-called "scrofulous sore eyes."

The eye disease had been in existence two months when the child came under my observation, and in addition to the extensive ulceration of each cornea, the following condition of the lid

*No attempt will be made here to explain why the first child was free from syphilis, and the second had it. The mere fact is given.

appeared: The left upper lid was swollen and angry-looking, and extended downward over and covered the lower lid. Upon everting the lid, a very characteristic syphilitic ulcer was found to occupy the centre of the conjunctiva, being near the size of a three-cent silver coin. It had the ragged and undermined edges, the dirty surface, and other marked appearances, which so readily distinguish the specific ulcer from all other varieties. Aside from the father's history and the general condition of the child, the ulcer itself left no doubt as to the diagnosis.

The little patient was immediately put upon anti-syphilitic treatment. Iodide of potassium was given, in two-grain doses, and gradually pushed to fifteen grains three times daily, with the happiest result. The sulphide of calcium was also given, in one-sixth grain doses, mixed with a little sugar of milk, for its alterative effect. As local applications, the sulph. atropia (gr. j to ℥ j) was used upon the eyes, for its curative influence upon the corneal ulcers, and an ointment of the yellow oxide of mercury (gr. ½ to ℥ j) applied to the edges of the lids, which had become excoriated by the profuse lachrymation. The eyes were kept as free from matter as practicable, but throughout the treatment no application was made to the conjunctival ulcer. The child has now been under treatment one month, and the syphilitic ulceration of the lid and every external symptom of the disease has disappeared, though the phlyctenular inflammation of the cornea still remains to a slight degree.

The history of this case is recorded, not because of the rapid recovery under this particular treatment, but because of its infrequent occurrence. In so far the case is of special interest. I have met with a few similar cases among adult hospital patients, but neither in a very large hospital experience, nor in a private practice of a good number of years, and comprising many thousands of patients, have I ever before seen the disease upon the mucous membrane of the eyelid, in the infant.

Strangulation of the Bowel.

Dr. J. Fielden Howard reports the following case in the *British Medical Journal:*

Mrs. C., aged 56, had during the forenoon two evacuations from the bowels, and afterwards went out to take tea with friends. The next day she recognized distension of the belly. Upon the following day (the second) when I saw her, she was moving about and complaining of distension and colicky pains. The next day (the third) I was called to see her; she had now great pain and vomiting. Upon examination, I was enabled at once to diagnose obstruction of the bowels. At the first, the distension seemed to be confined to the smaller bowels; but afterwards the larger were enormously distended, and their vermicular action most marked and frequent. Three or four weeks before death, the sigmoid flexure was greatly distended, and sharply defined by its immobility. There was no evidence from physical examination, either external or by rectum or vagina, the uterus being very movable, of the seat or nature of the obstruction. There was an account of antecedent uneasiness in the rectum, manifested by diarrhœa (so-called), and accompanied by a feeling of inefficient evacuation; but not of any bloody or mucous discharge, and the fæces were described as being lumpy and not small in calibre. During the whole course of the disease, the pulse varied both in force and frequency. The temperature was first normal, and then below normal; and the urine was excreted in proper quantity.

The treatment consisted of the total exclusion of solid food, which was very carefully followed out; unirritating injections; and the hypodermic injection of morphia, night and morning. This drug admirably controlled the vomiting and pain.

At the *post mortem* examination, the bowels were very much congested. A little lymph had very recently been poured out. The bowels were quite free as far as the upper part of the rectum, where it becomes bound down to the wall of the pelvis. Here the bowel seemed suddenly to terminate. Upon removing and opening the gut, there was an annular ring of ulcerated scirrhus, so tight that it supported the weight of three gills of water without leakage.

The interest of the case centres in the fact of disease of this grave character having progressed to complete obstruction without professional aid having been obtained; the apparent suddenness of the attack; the very little light thrown upon the nature of the case by the previous history; and the complete negative evidence of most frequent examinations of the rectum, both by myself and other medical men. I may add, that she was a woman of remarkable placidity of temperament. One sister had died of cancer of an ovary; another of cancer of the breast. She declined all operative procedure.

Electrolysis in Partial Trichiasis.

Some method of getting rid of individual cilia, without displacement of those in their immediate neighborhood, has long been a desideratum. We often see several hairs growing in a wrong direction on the lid border, the remaining cilia being in a perfectly normal position.

Ophthalmic surgeons have had recourse to one of the following methods for the relief of the above condition: Epilation, which is, however, unsatisfactory, as the irritation of the young hairs will most certainly increase the irritation, which the epilation for a time relieved; the second, or classical method, is snaring of the hair and turning its direction of growth outwards instead of inwards; but the snared hairs are very liable, sooner or later, to resume their previous vicious direction.

Mr. Arthur Benson, *British Medical Journal*, December 16, 1882, finding these operations unsatisfactory, has adopted the following plan: "To the negative electrode I attach a rather fine gold electrolysis needle, and insert the point of this to a depth of about four or five millimetres along the hair to be destroyed, so that its point should reach well above the root. I then applied the positive electrode to the lid near the outer canthus; contact was conveniently made by wrapping some wet cotton wool round the end of the wire. In a few seconds, the tissues immediately around the needle (negative electrode) began to show white, and soon a distinct bubbling of hydro-

gen gas could be observed. Half a minute or so, according to the strength of the battery, usually sufficed to completely loosen the hair; I then withdrew the needle, and the positive electrode, and with the fingers or forceps removed the hair. It should come away without requiring the slightest drag, and bring with it a gelatinous-looking mass of dead tissue. If the hair be not sufficiently loose, the needle must be reapplied for a few seconds. The amount of inflammation of the lid resulting is usually not great."

In 120 cases so treated no untoward result was seen.

The advantages which the doctor claims for his method, over epilation, snaring, or the actual or potential cauteries, are these.

1. Any individual hair can be destroyed without injuring those beside it.

2. The hair can be got rid of at once and forever.

3. Hairs of any length, strength, or position, can be treated.

4. By its early use, it will render unnecessary many of the more formidable operations on the lids, besides saving the patient much misery.

If applicable for the ciliæ, electrolysis should be equally applicable for the destruction of hair-follicles elsewhere, in moles, or hairy-faced females.

A Cure for Intractable Chronic Cystitis, and Confirmed Prostatic Retention of Urine.

In *The British Medical Journal*, Dec. 9, 1882, Sir Henry Thompson says: "I have long been anxious to discover a means of affording some permanent relief to those who suffer with severe and long standing prostatic diseases. I refer to a condition in which the patient, having for several years relied entirely on the use of a catheter for the removal of all his urine, finds the bladder becoming so intolerant of its contents, that the act of catheterism, at first perhaps employed but three or four times in twenty-four hours, must now be repeated, under penalty of unendurable torture, at least every hour or hour and a half. His time is indeed chiefly spent, both by day and night, partly in suffering from retained urine, and partly from painful catheterism for the sake of the temporary relief which it affords."

It is in these cases that he recommends the suspension of all action on the part of the bladder for a few days only, and to prevent any accumulation of urine within the organ, and thus allay the constant and painful want to pass urine. Abolish catheterism altogether, with its irritating effect upon the urethra: we might then hope that the inflammation of the bladder will subside and its tolerance of urine considerably increase.

In order to do this, he has recourse to the following proceeding: "First, placing the patient in the lithotomy position, under ether, I pass a grooved median staff into the bladder, and make, from the raphe of the perineum, a small vertical incision just above the anus, large enough only to admit the index finger—the incision to terminate in the staff at the membranous portion of the urethra, which should be divided for half an inch at most, so as to admit the finger to traverse the canal to the neck of the bladder. Then, having withdrawn the staff, I insert a large vulcanized catheter or tube, say about No. 20 (English scale), with its extremity just within the bladder, fastening it there by a tape to a bandage round the waist; the tube to be retained as a channel for the urine, for several days at least." Sir Henry has now performed this operation in ten cases, and with very gratifying results; he attributes the benefit to a temporary suspension of function in both the bladder and the urethra; in the bladder as a containing viscus, in the urethra as a channel or transmitting one. By means of the tube the urine leaves the body almost direct from the ureters, while the bladder and the urethra, being in a state of perfect quiescence, cease almost immediately to be inflamed; all muco-pus disappears, and the urine is discharged in as healthy condition as it leaves the kidneys. He removes the catheter on the 10th to 12th day, and allows the wound to heal.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The Marine Hospital Service has published a "Preliminary Report on the Yellow Fever Epidemic of 1882 in the State of Texas." It is a pamphlet of sixty-three pages, containing a record of the correspondence, telegrams, etc., in connection with the subject.

REVIEW OF RECENT WORKS ON OTOLOGY.

The progress of Otology is upwards and onwards; for in all the medical centres, such as Vienna, Berlin, London, Philadelphia, Boston, and New York, the hospital patients with diseases of the ear are attended to by an aural surgeon, who is a member of the staff, and should be also a member of the medical school committee for the examination of students who are about to graduate. The profession (as well observed by an able London hospital surgeon) is on the eve of a new departure; for it is a growingly recognized fact, that such serious diseases as *pyæmia, abscess in the brain, some obscure forms of so-called rheumatic fever*, attended with *ulcerative endocarditis*, and many others—for the most part rapidly fatal disorders—have their starting-point in the ear.

Another Irish surgeon: states "Morbid conditions of the ear are closely allied with a variety of morbid states of other important organs, more frequently and especially the brain and nervous system. A correct understanding of these states must be in a sense dependent upon an accurate knowledge of aural therapeutical and pathological facts. Our powers of diagnosis in nervous and mental affections are largely increased and influenced by the correct appreciation of the etiology of the every-day occurring troubles in the ear.

Dr. T. Lauder Brunton of London, the well known able lecturer on materia medica and therapeutics of St. Bartholomew's Hospital, thus writes: "The serious results of neglected ear disease are now so generally recognized, that no one can feel himself thoroughly qualified to practice his profession without a knowledge of aural surgery."

The numerous published works on the ear and its diseases are an evidence that there is a demand for them by the regular members of the profession. We have now upon our table the following, published in 1881–82:

1. "Imperfect Hearing and the Hygiene of the Ear," L. Turnbull, M. D., third edition, Philadelphia, 1881 (as expressed by D. A. Hartman, of Berlin).

The author of this work has done much for the spread of otology in the United States.

2. "A Treatise on Aural Surgery," by H. M. Jones, M. D., Cork. Second edition, London, 1881.

This work has kept up the reputation of the Irish school of otology, and Dr. Jones is a worthy successor of the celebrated Sir Wm. Wilde, of Dublin.

3. "Die Krankheiten des Ohres und deren Behandlung," by Dr. Arthur Hartman, Kassel, 1881.

This is a valuable hand-book for beginners in otology, as well as for the use of the general practitioner.

4. "Lehrbuch der Ohrenheilkunde mit Einschluss der Anatomie des Ohres," von Dr. A. V. Tröllsch. Seventh edition.

The advent of this seventh edition of the work of the oldest and one of the most distinguished professors of the University of Würzburg, shows the importance attached to the study of this class of diseases in Germany; and no one has done so much to define the position of otology in the science of medicine. This work, published at Leipzig in 1881, compriseses 664 pages, corresponding to the ever-increasing development of otology.

5. Another work by this author has been recently translated by Dr. Green, of Boston, from the German ("Diseases of the Ear in Children," originally published as a part of "Gerhardt's Handbuch der Kinderkrankheiten"), published in New York, 1881, Wm. Wood & Co.

6. "Diseases of the Ear," by George P. Field. Third edition, London, 1882, enlarged, with colored plates.

A hand-book of a practical character.

7. "Lehrbuch der Ohrenheilkunde für Practische Arzte und Studirende," von Dr. Adam Politzer, K. K. A. O., Professor der Ohrenheilkunde in der Wiener Unversität Stuttgart. Verlag von Ferdinand Enke, 1878.

Politzer's text-book on the "Diseases of the Ear and Adjacent Organs," for students and practitioners. Translated at the request of Professor Politzer and edited by James Patterson Cassell, M. D., M. R. C. S., aural surgeon and lecturer on "Aural Surgery" at the Glasgow University. With 257 original illustrations. two volumes in one, 800 pages. Bailliere, Tindall and Cox, London; Philadelphia, H. C. Lea & Co., 1883.

Dr. Adam Politzer, a distinguished aural surgeon of Vienna, has done much for this department by his numerous scientific investigations of the physiology and pathology of the human ear. From 1862, in which year he published his first investigations and experiments with "Lucœ" or the origin of a certain crackly sound in the ear, and determined that it was not in the tendon of the tensor tympanic but in the eustachian tube, up to the present day, when he has issued his completed work, his labors have been most important, and the value of his work is best seen by the numerous extracts from his writings by every otologist who has written on the diseases of the ear. As evidence of the above, in a work on this subject published in New York in 1873, it has fifty quotations from his writings.

It is no wonder then that this work, in two volumes—the first issued in 1878, and the second in 1881—was looked for with much interest by the profession; and much satisfaction is felt that so able an aural surgeon as Dr. Cassell was willing to undertake the labor of translation, with his extensive practice. The work has been accomplished both to credit of the author in providing such a valuable text-book, and to the translator too much praise cannot be given for the manner in which he has performed his part and given us a work in flowing, readable English, and most careful wording of the authors methods and treatment, by one who has worked in the laboratory with his distinguished teacher.

A full review of this work would occupy too much space, and nothing less would do it justice; and we would simply state in conclusion that it is unnecessary to say anything more in regard to the reliability and efficiency of the author. He is an authority wherever the science of otology is known. Every physician should have this most valuable and interesting work.

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SHALL PHYSICIANS LEARN ANATOMY OR NOT?

For ages, in most countries, the position of the physician so far as regards his anatomical studies, may be said to have been between the devil and the deep sea.

On the one hand, the demands of the public and the law of the land hold him responsible for an intimate knowledge of the human body and its workings; on the other hand, all sorts of obstacles are thrown in the way of his acquiring that knowledge. Vivisection is discountenanced, and his supply of anatomical material is either wholly cut off, or so limited that he cannot by any legal means provide sufficient for his own instruction.

We pronounce openly and boldly against this injustice. We denounce as absurd and discreditable to civilization the superstition which refuses a free supply of anatomical subjects for dissecting purposes. We brand as infamous the laws which on the one side subject surgeons to heavy damages for malpractice, and on the other withhold from students of surgery the only means by which they can acquire their knowledge.

Such laws can only have one of two results—to produce ignorant charlatans, or to lead to the obtaining of subjects for anatomical study by irregular means.

Which is the worse of the two? From which would the community suffer the most?

Undoubtedly, from the former.

Superstitious veneration of corpses is absurd and degrading. Bentham was bold and enlightened enough to leave his by will to be dissected. What nobler use could it be put to? To be eaten by worms? To decay in a close coffin?

There is a sentiment about sepulture which is commendable. The right of property in a corpse, and the prevention of trespass on a burial lot, are points that should be recognized. But far wider latitude should be allowed in the obtaining and the shipping of bodies for anatomical purposes.

Under safeguards which could be easily arranged, the supply of subjects could readily be increased tenfold, and that would more than fill all the demand.

All violation of graves could be avoided by a

more liberal recognition of the purchase, sale, and transportation of bodies. The only reason why this liberality of action is not conceded, arises from superstition and prejudice. It is a survival of the time when men mummied and worshiped the dead bodies of their kings and ancestors. It is unchristian, it is unenlightened.

Christianity condemns and rejects this worship of the dead body. To the Christian the body is noble only as it is the house of the soul. The soul once gone, the corpse is as nothing; it is the exuviæ, the cast-off or worthless garment, of no honor, of no worth.

In view of circumstances which have recently happened in this city, in Richmond, in Montreal, and other American cities, we appeal to the profession and the community to maintain the ground of science, philanthropy, and Christianity, and not to be cowed by the clamor of the ignorant.

Graves have been opened, and bodies secretly carried off to the dissecting-room—so it is said. Be it so. The majesty of the law has been violated, the feelings of relatives wounded.

Grant all this. We deliberately reply that if by the increased knowledge thus obtained one single important life has been or will be saved, if one poor, suffering human being has been or will be spared the agonies of disease and released from the rack of pain to return to useful life, it is worth the digging up of a whole graveyard of corpses.

The law is majestic when it is enlightened, and when it favors knowledge and beneficent studies; not when it opposes them. Sentiments are contemptible when they stand in the way of relieving pain, or make one blind to its presence. "Madam," said Dr. Johnson to a lady once, who was entertaining him with her sentimental sorrows, "Madam, are you aware that it is estimated that there are on the average seven persons in London who are dying of starvation?"

The position that the profession has taken in this matter has not been brave, and that which the institutions interested have assumed has been little better than cowardly, if we are to take as true what the newspaper interviewers report of their talk with trustees and professors.

It is the duty of the profession to beat down this superstition about dead bodies, to discourage all foolish sentimentality, to uphold the importance and propriety of post-mortems, and to insist on the necessity of an abundance of anatomical material. A medical college which takes a student and does not furnish him an ample supply of dissecting material, is a fraudulent institution, and will prove an injury and a discredit to the whole chapter of colleges, and to the profession at large. To try to shift the responsibility on any one man is cowardly and contemptible. For the others to plead ignorance convicts them either of falsehood or neglect of duty.

We say, let the profession and the colleges insist on their right to the material indispensable to professional instruction, and insist upon laws that will concede it.

FILTH DISEASES.

It seems strange that it should be so difficult to impress the average man with the great influence that filth has in producing disease.

Every one who knows anything about sanitary science, realizes, or at least says he does, that cleanliness is truly next to godliness, that purity both of body and of surroundings is very conducive to health, while the opposite condition is productive of disease, of the most serious and fatal diseases with which poor human nature is afflicted.

Yet, while admitting this well-established fact, those who ought to know and do better, fail to put its significant teachings into practice.

Why this is so, we candidly confess we are unable to divine.

Why the thoroughfares of our large cities are allowed to remain so filthy, and why the average citizen is so sparing of soap and water and of general cleanliness in all his surroundings, is perfectly inconceivable.

It may be that those who devote themselves in an especial manner to matters of sanitation, view the question from a prejudiced standpoint, and feel that all should have the same feelings that they have.

But this (even granting that such a criticism is made) is not a reasonable one.

The value of cleanliness and the dangers of filth have been so repeatedly, so forcibly, and so practically placed before the public, that they cannot, in justice, argue ignorance of its value, or claim that they do not realize the danger of neglect, unless they admit that they are unthinking and unreasoning beings.

The expense of cleaning a city is no valid excuse. In Philadelphia we have now expended some $10,000,000 for the partial and uncompleted erection of buildings for the use of the officers of the city, whose duties could have been performed just as well, and probably better, in buildings costing only one-twentieth as much; yet when a competent party offers to take the contract for cleaning the city for five years at $500,000 per year, expending some $200,000 for new and approved machinery, but little interest is manifested in his offer.

The relative value of the two expenditures to the public and to the material wealth of the city cannot be compared; the one is so infinitely greater than the other, that they do not admit of comparison.

A few days ago, before a meeting of a committee of Councils, Dr. John M. Keating said that in his travels in China and India, he had noticed that the most offensive form of house drainage was exposed to the air, and was in Bombay collected every day and removed into the ocean. In these countries he had found that such diseases as diphtheria and typhoid fever were practically unknown.

Do let us sink our apathy in this all-important matter of personal and public health; let us cast aside our national and ridiculous egotism; let us remember that as a nation we are very young, inexperienced, and immature, great though we may be in natural resources; and so realizing, let us take example from older and more intelligent countries, where, having instructed the masses in hygiene, sanitarians have been able to demonstrate by facts—solid, indisputable facts—the powerful influence of hygiene and pre-eminently of cleanliness, in not only reducing the death-rate, but in actually increasing the personal and general wealth of the inhabitants and of the nation.

QUARANTINE AGAINST SYPHILIS.

Of all the contagious diseases, syphilis undoubtedly heads the list.

We have quarantine regulations against smallpox, yellow fever, and the like; but syphilis is left to regulate itself.

That this is wrong, every man who stops for a minute to reflect, will perceive.

We should have a system by which immigrants who exhibit decided evidences of what is by far the most serious and fatal disease known to our profession, might be secluded until the evidently active poisonous condition of their systems has been modified.

We realize the indefiniteness of our knowledge concerning syphilis; but we do know that it is an eminently contagious disease, as much so as any other, and that its source of contagion is not limited to impure sexual intercourse, but may be due to any contact of any abraded or absorptive surfaces.

So realizing, we must confess that this dread and terrible disease calls imperatively for the strictest quarantine regulations.

OUR DRINKING WATER.

At the present time we have a great deal of sickness in our city, and at the present time our Schuylkill water is an abomination to every sense—of smell, taste, and sight.

The Chief Engineer of the Water Department is having a wrangle with Councils, and the people are suffering. It is all very nice to talk about the influence of oxygen in purifying water, and to make the statement that water purifies itself; but we cannot help but believe that water that receives human refuse and mill waste and then flows for even three miles without further contamination, must be unfit for drinking purposes.

While it will be very difficult to work a radical change in our water supply, each individual has it in his power to do away with the injurious

effects of drinking impure water by a very simple and inexpensive device.

First *boil* and then *filter* all your drinking water, and you can laugh at disease from impure water.

SMALL-POX IN BALTIMORE.

We sounded the warning some time since that small-pox was approaching from the southwest; it has now reached Baltimore, in which city it is raging so severely as to seriously interfere with business. The people blame the health authorities for not having taken proper precautions, while in truth the people themselves are to blame for neglecting the only precaution of great practical value against small-pox, namely, vaccination. The city has appointed eighty additional health physicians, and the School Board twenty more. A law making vaccination compulsory has been passed. On New Year's Day over 300 prisoners were discharged from the city jail lest they might catch the disease. All this is very good, but it seems like locking the stable-door after the horse is gone. Let *us* take warning—advise all your patients and all your friends to be vaccinated at once, no matter how recently it may have been successfully performed. With pure material it is a trifling and harmless operation, and may be the means of averting a world of misery.

NOTES AND COMMENTS.

Gouty Tumor of Penis.

At a recent meeting of the Glasgow Medico-Chirurgical Society (Glasgow *Medical Journal*), Dr. H. C. Cameron related a case in which there was a hard little tumor situated between the dorsal and right lateral aspects of the penis, about an inch from the pubes. It caused no pain except during erection, when there was always severe pain in the part, and the penis became distorted and bent at a sharp angle. He had seen one other similar case.

Iodoform.

The *Medical Times and Gazette* says that Dr. Langsteiner reports a case of iodoform poisoning. The patient, an octogenarian, was operated on for submaxillary cancer, and about one drachm of iodoform was used as an antiseptic dressing. Death ensued in six days, the prominent symptoms being cerebral.

Dr. Benzan reports favorable results in six cases of diphtheria treated by local applications of finely-powdered iodoform by means of a small camel's-hair brush.

Function of the Bile.

Generally the opinion has been adopted, that the bile possesses an anti-fermentative action. Dr. F. Röhmann (Breslauer ärzsl. Zeitsch, 1882, No. 7) has specially investigated this subject. He had two dogs with a fistula of the gall-bladder; to both he gave for their food nothing besides meat, and he found the fæces grayish-white, dry, easily broken-up, and consisting mainly of inorganic substances. In the urine of neither could be noted any increase of ethereal sulphuric acids, a fact which undoubtedly could have been observed in the intestinal canal in case putrefaction had been augmented. A third dog with a fistula of the same kind continued in a normal condition when fed for a long time with toasted white bread; but as soon as he was put on an exclusive meat-diet, diarrhœa set in, which happened also when fat was added to his food. The fat under such circumstances is not absorbed, but is found again in the fæces, and mainly in the form of soap and free fatty acids.

Electricity as a Cardiac Stimulant.

Professor Von Ziemmsen has given us some valuable information on this subject. According to his researches, the induced current has no influence whatever on the force or frequency of the cardiac contractions, while the continuous or battery current distinctly affects them.

The Importance to be Attached to Karyokinesis.

In a similar manner as Killiker and Altmann, so also Dr. N. Uskoff (Arch. f. Mikrosk. Anat., xxi., p. 291) has made use of the presence of Karyokinetic figures in embryones to form deductions concerning the greater or smaller share the parts had on the general growth of the objects examined. Wherever there are no cells found with karyokinetic appearances, the tissue does not proliferate; and in case growth takes place notwithstanding, it can, according to U's view, only do so by increase of the volume of the single cells or by minute accretion to the intercellular substance, or lastly cells developed somewhere else, immigrated to the tissue. The younger the embryo, the more rapid that phases of karyokinesis runs its course, which is characterized by the rod-and barrel-shaped figure.

To judge from the investigations made so far, karyokinesis evidently plays an important role in the earliest growth of the component parts of an embryo, *i. e.*, while not influencing the type or the form of the tissue, which has to be traced to the nerve-cells, it evidently is necessary for the normal growth and further development of each tissue. The figures do not change with the nature of tissue involved but, seem to depend upon the earlier or later stage of development.

Chemistry of Acute Yellow Atrophy.

That we have known always so little of the chemical change taking place in the organs mainly affected in acute yellow atrophy of the liver, is due, we think, to the fact that the disease is really a rare one, and mostly observed in pregnant women only, and occasionally after nervous shocks or in syphilis. Prof. Lewin had recently in his clinic a case of this fatal malady, and Dr. E. Salkowski has taken the trouble to make a chemical examination of the liver, spleen and kidneys, to find out their percentage of pepton and hemi-albuminose (Centralbl. f. d. Med. Wissensch. 1882, 41). The percentage in these organs, twenty-four hours after death, was as follows.

	Pepton.	*Hemi-albuminose.*
Liver	2.51.	0.36.
Spleen	2.39.	0.48.
Kidneys	1.80.	0.20.

A few more similar investigations, and we shall soon know more of the actual pathology of this still rather obscure disease than we can boast of so far. The malady is usually so rapidly fatal that it is difficult to arrive at correct conclusions. For the details of the analysis, we refer to the original: Virchow's Arch. lxxxviii. p. 394.

Cirrhosis of the Liver.

If cirrhosis of the liver were solely due to great increase of areolar tissue starting from the branches of the portal vein or the interacinose capillaries, the central hepatic vein would have to be found invariably in the middle of the little islands of liver-cells. This, however, is usually not the case; on the contrary, the branches of the hepatic vein are generally met with in the middle of the new-formed areolar masses. While examining several recent cases of beginning cirrhosis, Dr. Ch. Sabourin (Du rôle, que joue le système sus hepatitique dans la topographie du cirrhose du foie. Revue de Med., 1882, p. 465) found that the development of areolar tissue started as much or even more from the neighborhood of the hepatic veins than from that of the portal branches; both systems of rapid morbid increase of intercellular tissue anastomose in manifold ways, and divide in this manner the liver-acini in fragments; these fragments of the hepatic acini form the hobnails" of cirrhosis, and we know now the cause why they do not contain a central vein.

We have, therefore, to assume that in cirrhosis of the liver in a large number of cases the morbid new growth of areolar tissue does not start alone from the neighborhood of the portal branches—inter-acinose—but also from that of the branches of the hepatic vein, therefore—intra-acinose (Cirrhose Cireineusse).

Acute Pneumonia an Infectious Disease.

We have during the last six months frequently taken occasion in the *Medical and Surgical Reporter* to mention every kind of evidence going to prove that acute lobar pneumonia is an infectious disease, which should be classed amongst the infectious fevers. To-day we again have the opportunity of doing so. A not less careful investigator than C. Friedländer (Virchow's Arch. lxxxvii. p. 319) examined the lungs of eight cases of fibrinous pneumonia, and found in all of them micrococci, having nearly the same size and shape in every case alike. They had a somewhat ellipsoid form, and were met with mainly in the fibrinous props of the bronchi and the alveoles; and also in the lymphatic paths.

Ligation of Common Carotid Artery.

A patient, age 30, was admitted into hospital with scarlet fever. The case progressed towards convalescence in the usual way, until on one day the patient complained of sore throat. The throat, particularly on the left side, became much swollen, accompanied by a feeling of suffocation. Soon after, the patient brought up a considerable quantity of blood, when the swelling and difficulty of breathing subsided. The alternate enlargement of the neck, hemorrhage and subsidence of the swelling, were repeated several times, until the patient's condition became critical, he having lost forty ounces of blood in all, and there was no sign of arrest of hemorrhage. There was considerable bulging of left side of pharynx, dyspnœa, and aphonia. Mr. A. J. Pepper (who reports the case in *The Medical Press and Circular*) tied the left common carotid artery at the upper border of the omo-hyoid muscle; carbolized catgut was used, and the operation performed antiseptically. For a time, respiration threatened to fail; but he rallied in three or four hours, and made an uninterrupted recovery.

Treatment of Fracture of the Patella.

In five cases Dr. J. English has found the following procedure most successful for the cure of fracture of the patella. He forms a Petit's boot by applying bandages of plaster of Paris and oakum, so that boot and extremity form one solid whole. The broken parts are approximated by a double-headed gutta-percha or flannel roller, so that both heads cross as well above as below in the bend of the knee. The fragments did not heal alone much sooner, but also more perfectly than he had ever seen by any other method. It is by all means rather remarkable, that nobody before should have made use of such an immovable bandage as that of gypsum for fracture of the patella, and English's procedure surely merits a thorough trial by our surgeons also. (*Wien. Med. Blätter*, No. 14.)

To Disguise the Odor of Iodoform.

We have had many queries as to how this may be best accomplished; we therefore give every reliable report on the subject. The following is from the *New York Medical Journal and Obstetrical Review:* "Having tried nearly all the devices that have been suggested for mitigating or disguising the odor of iodoform, and found them all of little or no avail, we have lately come nearer to the object by using oil of eucalyptus according to the following formula:

R. Pulv. iodoform,	℥ ss
Eucalypt.,	℥ ss
Vaselin,	℥ iv.

M. ft. ungent.

This ointment is not without odor, but the odor is not that of iodoform."

Local Therapeutics of Liver Diseases.

According to the experience of Dr. F. Mosler and his pupils (*Deutsche Med. Wochenschrift*, 1882, No. 16), the introduction of water into the bowel (by funnel and tube) caused a decided alteration in the secretion of the liver, by augmenting the percentage of water in the bile and reducing that of the solid constituents. Medicamental additions to the water, especially of salicylic acid and its salts as well as of iodide of potash, are excreted partially again by the bile. This manner of influencing the function of the liver, locally, does not recommend itself alone for icterus catarrhalis, for which it has mainly been made use of for some time already, but also in other diseases of the liver, as for instance in interstitial and suppurative hepatitis, and perhaps also in gall-stones, where, if early and frequently administered, these water injections, with or without the addition of appropriate remedies, may be able perhaps by augmenting the percentage of water in the bile and reducing that of its solid component parts, to dissolve them, or to keep the bile at least in such fluid state that the reformation of the stones would be prevented, and at last such a change produced in the chemical composition of the bile, that we might speak of a radical cure of gall-stones.

Correspondence.

Bovine vs. Humanized Virus.

Ed. Med. and Surg. Reporter:—

In the *Reporter* of Dec. 25, I notice in an article under the caption of "Bovine vs. Humanized Virus" the surprising (to me) statement that "Since the old mode of vaccination with the human crust has been supplanted by the bovine lymph, the difficulty of producing vaccinia has increased ten-fold!!" Now I think the new way a decided improvement over the old, and I cannot conceive how any one can fail habitually in primary cases, if a moderate degree only of care is exercised. In Jan. and Feb. of the present year, I vaccinated one hundred and ninety-three "primary" without a single failure. The material used was partly powdered crusts and partly the contents of lymph tubes procured from J. L. and L. F. Suesserott—the only implement a "vaccinating comb" with which the scarifications were made. I always scarified until about a drop of blood collected on the region to be operated on, then if crust was used, a minute portion was mixed with the blood and well rubbed into the wound with the reverse end of the comb.

I also had a number of cases like the following, (and who has not?) They had been vaccinated when children, since which time repeated and recent attempts had been made, but it would not "take." In this class of cases so far as heard from I did not have a single failure. I think the most usual cause of failure is in not scarifying deep enough, and too close attention to directions on packages of vaccine material, viz: "If a drop of blood flows, wait and wipe it off." In none of the cases coming under my observation was there any sloughing, erysipelas, convulsions, or a single case of "scrofula," or eczema. I think this old custom, like many others, is like old china, valuable only because of its age, but is unsuited to present use.

J. W. McCausland, M. D.

Bryan, Ohio, Dec. 26th, 1882.

Digital Assistance in Labor.

Ed. Med. and Surg. Reporter:—

I beg to add my testimony of the value of digital assistance during the first stage of labor, as described by Dr. Gillette in Gynæcological Society *Transactions*, and noticed by you in No. 19, page 520.

It was almost a secret among many of the older obstetricians practising in the country districts of England, and many a lady would say, "I prefer

Dr. A., he helps me so much, whereas Dr. B. sits and does nothing."

During the past thirty years I have attended over four thousand cases, and I know that it has shortened the labor and saved me the trouble of using the forceps in a majority of cases, and it will bring on uterine contractions when ergot will not. With a rigid, slow dilating os, the extract of belladonna, smeared on the fingers, will work like a charm.

The same can be said of the perineum. I have often succeeded by digital manipulation, and plenty of adeps, in dilating, when I know otherwise I should have had a ruptured perineum. I have yet to record the case where I have had to use sutures; little rents will occur, but with the above treatment very seldom.

JOHN UNDERHILL, M. D.

Hamilton, Ohio, Nov. 23d, 1882.

Turpeth Mineral and Calomel in Laryngitis—Iodide of Potassium.

ED. MED. AND SURG. REPORTER:—

There are many things worthy of remembrance which daily occur to us as practitioners, which we do not communicate to the journals because we suppose they may not be sufficiently new or remarkable; but which nevertheless may be instructive to many readers.

In your issue of Nov. 11th, I notice two articles in regard to the use of two important remedies, in both of which I have had corroborative experience. One relates to the use of Turpeth mineral in larynigitis. I have used this medicine in croup for near forty years, and consider it one of the most reliable remedies in that disease. It is the most prompt emetic I know of, and has the effect of producing a speedy and large secretion and expectoration of mucus, which often at once arrests the disease. If given early in attack, it is often all that is needed. If given later, it is often successful. But it is not to be relied on alone in cases where the disease is confirmed. In this case emetics can only occasionally be given—once in 3 or 4 or 5 hours. The strength must be husbanded, nutriments must be carefully administered and allowed to continue on the stomach. And now a slower process of relieving the congested lining of the larynx and trachea and separating the plastic exudation must be relied on. Above all the means which I have seen used, calomel is the most reliable—given with a minute portion of ipecac in doses of from a half to one grain every hour or so. A very little soda bicarb. may also be added to the powders. In addition to the above, the patient should constantly inhale warm vapor. The steam generator should be in constant operation at the side of the bed, and the head so hooded as to keep the vapor over the nose and mouth. With these means, Turpeth mineral, calomel and steam, and keeping up the patient's strength by nutriment and sometimes stimulants, I have saved a number who I think would otherwise have perished. Some have recovered after a week of anxious care. Of course the effect of the remedy on the mouth, bowels, etc., needs watching.

It has been known to many for a long time that some patients cannot take iodide of potassium. This is stated in the old editions of the "United States Dispensatory," and in Stillé; not so fully in the recent work of Wood. I had prescribed it for many years without noticing any unpleasant effects, when one day I ordered ʒj. of the salt to be added to ℥iv. of infusion of gum guaiac., to be taken in divided doses, by a rather nervous man who had a recent attack of lumbago. A few hours after I was sent for in great haste, and found my patient running about the house in great distress, his eyes weeping and red, with his hand to his throat, unable to speak but in a whisper, and saying that he felt as if he would choke to death. At the same time his nose was stopped, and he felt a distress as if he had been poisoned. He had not taken more than 8 or 10 grs. of the medicine, but thought that he felt worse at every dose. I gave him some morphine, applied a warm pack to his neck, and had him inhale warm vapor.

Finding my patient's symptoms to correspond so nearly with those noticed in the works I have referred to, I thought it very fair to attribute them to the iodide of potassium, and I would be much afraid to give the same person the medicine again. Since then I have met with asthmatic and bronchial cases where the same idiosyncrasy was manifested. It is therefore wisest to begin the administration of this most valuable remedy somewhat tentatively. A. W. ROGERS, M. D.

Paterson, N. J.

A Case of Cataract with Complications.

ED. MED. AND SURG. REPORTER:—

On October the 9th, while practising at Red Wing, Minnesota, I was called out to the Goodhue County Poor House, situated three miles outside the city, to examine Edward Bean, a tramp who had recently been admitted and who could or would give no clear account of himself. I found a stout, well built, dissipated-looking Irishman, who gave his age as fifty-six and occupation laborer. He complained of vague pains in all parts of the body, headache, dizziness, and ringing in the ears. I had received no intimation that the man was blind or nearly so, but my attention was immediately drawn to his right eye, the pupil of which was dilated to such an extent that only the narrowest rim of iris was visible, while in the left the opposite condition presented itself, the pupil being contracted to the size of a small pin-head. Closer inspection revealed opacity of both lenses, vision in the left eye being limited to the bare perception of a strong light, while with the right he could distinguish objects, but not their forms. The extreme dilatation of the pupil of the right eye was not caused by the use of atropia, as I first thought, nor would the iris of the left respond but feebly to this drug; for though I repeatedly instilled a four-grain solution and afterwards an eight-grain solution, the dilatation was slight, but perfectly even, showing there were no iritic adhesions. There was further (in the left eye), an enormous collection of aqueous humor, a real dropsy, so to speak, pressing the lens backwards and giving rise to extreme tension. This may have been partly the cause of the iritic sluggishness. Having decided to operate on the left eye, I at once put my patient on quinia, whisky, and a generous diet, and on the 15th I proceeded, assisted by Drs. Leininger and Mogstad, to extract

the lens. Dr. Mogstad, who examined his heart, having found that organ diseased, we decided to use ether in preference to chloroform; but he took it badly. For several minutes (at least so it appeared to us) there was cessation of breathing with opisthotonos, only the back of his head and his heels touching the table, while I could have crept under his back. I at once removed the ether, and under protestation of the other physicians, pushed chloroform, until his muscles relaxed and respiration returned. When completely anæsthetized. I found, after separating the eyelids, that the superior rectus was spasmodically contracted, drawing the eyeballs upwards and hiding the entire cornea under the upper lid. The proper thing to have done under these circumstances would undoubtedly have been to make the incision in the lower margin of the cornea and extract downwards; but becoming somewhat excited, I pulled the eyeball forcibly downward with a pair of forceps and held it there while I made my incision, as is customary with most operators, in the upper margin, excised a large piece of iris, ruptured the capsule, and pressed out the lens. There was, as far as I could observe, no escape of vitreous humor, bnt the removal of the lens, together with the excessive amount of aqueous humor, caused the eyeball to collapse and almost disappear in the orbital cavity. It was perhaps the most bungling operation which has ever terminated successfully. I hurriedly closed the eye, after having instilled a few drops of a saturated solution of boracic acid, and bandaged it firmly, giving orders that the patient must remain quiet on his back. Returning in five hours, I found that there had not only been no pain, but what was still more gratifying to me, the eyeball had regained its natural rotundity, and the patient could, by the aid of a three-inch lens, see my hand. The wound healed readily without any suppuration, and the cornea remained perfectly clear. The after-treatment consisted in the daily instillation of a saturated boracic acid solution. His blind eye is now useful, though vision is far from perfect, owing, I believe, to retinal disease.

I report this case, which may present nothing that is of any particular interest to the specialist, but certainly will prove instructive to the general practitioner or tyro in ophthalmic surgery like myself, if it only reminds him that, when there is spasm of the superior rectus, he does not repeat my mistake, but extracts downwards. This is my fourth cataract operation, with one failure.

JOHN C. SUNDBERG, M. D.

Seattle, W. T.

Hives.

ED. MED. AND SURG. REPORTER:—

Can any of your readers give me any information concerning *hives*? I have now a case under my care of a most aggravated nature, the swelling in some instances involving very large areas; the penis, scrotum, eyelid, and almost every portion of the body, has been in turn invaded. A history of dyspepsia or profound impression of the nervous system usually precedes the commencement of an attack. I have looked through the "*Reporter*" since 1858, and can find no reference to *Hives*. My patient has been under the care of many distinguished physicians, and has taken all kinds of drugs, without any benefit whatsoever, the *hives* always remaining until they were ready to go away of themselves. J. E. F., M. D.

New York.

Another Remarkable Family.

ED. MED. AND SURG. REPORTER:—

In your journal of November 25th, Dr. Morrison, of Maryville, Mo., gives an account of a family of nine children born within a space of eight years, and asks: Who can beat this?

A family recently lived in this place in which fourteen children were born within sixteen years. There were two pairs of twins: all the rest were single births. Eight of the children were born within seven years. W. H. HARWOOD, M. D.

South Malone, N. Y.

NEWS AND MISCELLANY.

Bogus Diplomas.

The editorial in the Boston *Medical and Surgical Journal* upon free trade in diplomas is rarely interesting, and shows that though the medical colleges may often turn out incompetent men, they are in many instances supported by defective State laws. The public are loud in their denunciations of doctors and medical schools; whereas, if microscopical examinations were made of facts, it would be ascertained that those quacks who are at the head of bogus colleges are frequently in collusion with our State Senators, Representatives and other leading men. To think, though, that Massachusetts should be guilty of such high-handed villainy, and that *Boston*, the "hub," the centre of "culchaw," refinement, intelligence and numerous other virtues, the place of all others, should foster such an institution, is almost too much for us benighted beings to believe. Yet this is all true, and the worst is that the rascals are at large—protected by the State.

The S. D. Gross Professorship.

At a recent general meeting of the resident Alumni of the Jefferson Medical College, held at the College of Physicians, Philadelphia, the following resolutions were unanimously adopted:

Resolved, That, in appreciation of the great services of Professor Samuel D. Gross to medical teaching in this country, a memorial professorship be founded, to be known by his name.

Resolved, That a Permanent Committee of five be appointed, with power to increase it to a number not exceeding nine.

Resolved, That an Auxiliary Committee be appointed by the Permanent Committee, subject to the approval of the Executive Committee, formed of non-resident alumni.

Resolved, That all vacancies in either committee shall be filled by the Permanent Committee, subject to the approval of the President of the Association.

Resolved, That the Executive Committee shall appoint as Trustees of the Fund for the S. D.

Gross Professorship of Pathological Anatomy, a reliable trust company in the city of Philadelphia. That when, in the opinion of the committee appointed by the Executive Committee of the Alumni Association, the sum be sufficient, a professorship shall be endowed on such terms as may be agreed upon by a sub-committee of equal numbers of the Executive Committee and of the Faculty of Jefferson Medical College, in such a manner as will best attain the objects proposed by these resolutions.

Not only the graduates of the Jefferson College, but all American surgeons, will recognize in this action a most fitting tribute to a distinguished colleague—to one who has contributed more to the glory of American surgery, and to the advancement of solid medical education in this country than any other living member of our profession.

The chairman of the committee is Dr. Richard J. Dunglison, who may be addressed P. O. Box 2386, Philadelphia.

Luxation of the Jaw.

The *Boston Journal of Chemistry* is responsible for the following: The late Professor Gibson used to tell a good anecdote in regard to luxation of the jaw: "An old and quite wealthy man came into the office of a surgeon, with a luxation of the jaw, and made motions to have it reduced. The jaw was reduced, and on being asked the fee the doctor mentioned an amount which the man regarded as entirely too much, and insisted on its being reduced one-half. The surgeon said no more about the fee, but began to talk, and pretty soon told a laughable story. The man began to laugh heartily, and out went the jaw. He again made signs to have it reduced, but the doctor said, 'When you pay down my fee, I will put in your jaw.'"

Watermelon Sugar.

A man in Georgia is experimenting with watermelons for the purpose of extracting sugar. His experiments so far, in a small way, induce him to believe that a fair lot of melons contain an average of seven per cent. of saccharine matter, or pure sugar. He estimates that on one acre of good land, suited to their growth, 34,500 pounds of melons would grow, and these would produce, at seven per cent. of saccharine matter, 2415 pounds of sugar, and worth, at ten cents, $241.50. If this calculation prove correct, our neighboring State of New Jersey, so well calculated for the growth of watermelons, would find the basis for an enormous industry.

The Digestibility of Oysters.

We take the following from *The Proceedings of the Medical Society of the County of Kings.* "Why oysters should be eaten raw is explained by Dr. William Roberts in his lecture on "Digestion." He says that the general practice of eating the oyster raw is evidence that the popular judgment upon matters of diet is usually trustworthy. The fawn-colored mass, which is the delicious portion of the fish, is its liver, and is simply a mass of glycogen. Associated with the glycogen, but withheld from actual contact with it during life, is its appropriate digestive ferment—the hepatic diastase. The mere crushing of the oyster between the teeth brings these two bodies together, and the glycogen is at once digested without any other help than the diastase. The raw, or merely warmed, oyster is self-digestive. But the advantage of this provision is wholly lost by cooking; for the heat immediately destroys the associated ferment, and a cooked oyster has to be digested, like any other food, by the eater's own digestive powers.

"My dear sir, do you want to ruin your digestion?" asked Professor Houghton, of Trinity College, one day of a friend who had ordered brandy and water with his oysters in a Dublin restaurant.

Then he sent for a glass of brandy and a glass of Guinness's XX, and put an oyster in each. In a very short time there lay in the bottom of the glass of brandy, a tough, leathery substance resembling the finger of a kid glove, while in the porter there was hardly a trace of the oyster to be found.

National Association for the Protection of the Insane.

The National Association for the Protection of the insane and the Prevention of Insanity will meet on January 25th, at the Hall of the College of Physicians, at Thirteenth and Locust streets, in this city.

New York Post-Graduate School.

The New York Post-Graduate Medical School has thus far met with gratifying success. The second term opened January 8th, 1883, and continues until April 28th without intermission. It is hoped that, with its enlarged accommodations, improved facilities for instruction, and increased corps of teachers, it will meet with still greater success.

Smallpox on River Boats.

The steamboats on the western rivers have been in many instances centres of smallpox contagion. To guard against this, the United States Marine Hospital Service has published a circular requesting masters of steamboats to cause their crews to be vaccinated, which will be done by the officers of the service without expense. Directions are also given for fumigating and purifying the vessels.

The Philadelphia Polyclinic.

The Philadelphia Polyclinic and College for Graduates in Medicine presents the following faculty of specialists in medicine and surgery; Dr. R. J. Levis, operative and clinical surgery; Dr. T. G. Morton, orthopædic and general surgery; Dr. J. S. Cohen, diseases of the throat; Dr. J. C. Wilson, disease of the chest; Dr. William Thomson, diseases of the eye; Dr. J. B. Roberts, surgical anatomy; Dr. C. H. Burnett, diseases of the ear; Dr. M. Longstreth, pathology; Dr. C. K. Mills, nervous diseases; Dr. H. Leffmann, chemistry; Dr. A. Van Harlingen, diseases of skin; Dr. E. L. Duer, diseases of women and children. A clinic will be shortly organized for the gratuitous treatment of the sick poor, and also to afford physicians facilities for advanced instruction in the special departments of medicine.

Statistics Relating to Consumption.

Dr. Playter, of Toronto, has sent a circular letter to a very large number of physicians, asking information on certain points in the histories of the cases of consumption under their care. He received replies from 250 gentlemen, from which he deduces the following statistics: The average age of the patients was 27 years; 46 per cent. were males, and 54 per cent. females; only 28 per cent. were married. The circumference of the chest was in every case much below the average of vigorous persons of the same height, being only 31½ inches; the average height being 5 feet 5½ inches. Persons of such stature should have a chest circumference of about 37 inches. About 55 per cent. had light blue eyes and light hair, and the nervous temperament largely prevailed. Two-thirds of the patients had been engaged in indoor, sedentary occupation, and spent but little time in the open air. Much the greater part of them had slept in small unventilated bed-rooms, two in a bed, had not usually worn flannel next the skin, nor used habitually any form of bath, and nearly all had been small or very moderate eaters, and used but very little fatty food except butter. The general habits of nearly all had been good, and but very few had used alcoholic spirits to excess. In only 36 per cent. of the cases had ancestors died of the disease, while nearly three-fourths had resided in a locality favoring a humid, cool atmosphere.

Dr. Playter draws some important deductions: Marriage in certain conditions and certain stages of the disease is probably unfavorable to the development and progress of consumption. Heredity is not of such constancy and importance as a cause as appears to have been commonly believed, further than in so far as configuration and structure of the body, the relation and the relative size and vigor of the different organs to each other, are influenced by parentage—*i. e.*, in a want of general stamina from defective construction. With the small lungs and consequent imperfect respiratory capacity, the individuals could not consume enough oxygen to utilize the digested products of a generous or full diet, especially that containing much carbonaceous matter; while there would be in all probability accumulations in the body of unused and waste substances which should have been thrown off through the lungs. The one means which will best tend to prevent the development of the disease in those thus predisposed to it is apparent enough; it is that of increasing in early life by judicious physical exercise the size and capacity of the respiratory organs. The doctor draws attention to the desirability of taking into consideration the respiratory capacity of patients suffering from tubercular phthisis before prescribing a full or too carbonaceous diet.

The Philadelphia County Medical Society.

The Philadelphia County Medical Society's officers for the new year are: President, William M. Welch; Vice Presidents, William R. D. Blackwood and Addinell Hewson; Recording and Reporting Secretary, Henry Leffman; Corresponding Secretary, H. A. Wilson; Assistant Secretary, James S. Neff; Treasurer, L. K. Baldwin; Librarian, C. M. Seltzer.

Hunt—Esmarch—Garfield.

On Monday evening, January 8th, before a well-attended meeting of the Academy of Surgery, in the Hall of the College of Physicians, Dr. William Hunt delivered an address in which he severely reviewed the criticism of the management of the case of the late President Garfield, so unadvisedly made by Professor Esmarch. With a great deal of humor, he showed how little the distinguished professor knew what he was criticising, and challenged him to substantiate a case of recovery, after a perforating gunshot wound of the body of a vertebra. He paid a high tribute to Professor Agnew, and satisfied his hearers that from a rational and unprejudiced stand-point, our late President had been treated with the greatest judgment and care.

Koch's bacillus views were reviewed and Formad's opinion of them endorsed.

In the library a large number of microscopes were placed, under which were specimens of Koch's Bacilli, Bacteria of putrefaction, minute fat crystals (which Schmidt of New Orleans claims are the Bacilli of tuberculosis), miliary tubercles, and molecular motion of particles of carbon suspened in water, the so-called Brownian movement. Dr. E. O. Shakespeare exhibited a section of Guiteau's brain, in which the ganglionic cells and neuroglia were well shown. Most of the preparations came from the pathological laboratory of the University of Pennsylvania, and had been mounted by Dr. Formad. A beautiful section of the larynx of a child, showing tubercles, was exhibited by Dr. Carl Seiler.

OBITUARY NOTICES.

DR. A. SHELLER.

Dr. Adam Sheller died at his residence in Mt. Joy, on the 29th ult., after suffering from rheumatism for upward of two years. He was born at the Big Chiques, 1808.

He commenced the practice of medicine in Hummelstown, Pa., from whence he removed to Mt. Joy in 1833. He took a very active part in the Lancaster City and County Medical Society, and labored hard for its advancement, always adhering strictly to the code of ethics.

He was honored and beloved by all who knew him, and his loss is deeply felt by the entire community. He leaves a widow and three children to mourn his loss.

DR. DICKSON.

The death is announced of Dr. Dickson, President of the College of Physicians and Surgeons of Kingston, Ontario. Dr. Dickson began his professional studies at Belfast and Glasgow. He was the first President of the Medical Council of Ontario.

SIR THOMAS WATSON.

This distinguished English physician passed away recently at a very advanced age. From the various notices of his death, we gather that he was not only a celebrated and learned member of the medical profession, but was a *most perfect man.* Half a century ago he wrote his famous "*Lectures on the Principles and Practice of Physic,*" which are still looked upon with admiration. He has been

universally accorded the position of leader of the English profession.

PROFESSOR VON BISCHOFF.

The celebrated anatomist, Dr. Theodore Von Bischoff, died in Munich, December 5th, at the age of seventy-six. He has been chiefly famous for his researches on the development of Mammalia. He was the author of several valuable volumes.

HENRY K. SILLIMAN, M. D.

Dr. Henry K. Silliman, who was appointed assistant surgeon of the United States army in 1861, and served in that capacity during the war, died in this city on Monday, January 1st, 1883. He was retired from his office in May, 1867, for disability, resulting from long and faithful service.

Personals.

—The weight of Gambetta's brain was found to be 1100 grammes (38 $\frac{4}{5}$ ounces).

—Mrs. Elizabeth Covington, aged 112 years, died last week at Rockingham, N. C.

—The composer Verdi is to found an hospital at Busseto for the poor of his native State.

—Dr. B. S. Thompson, of Salisbury, Conn., committed suicide at a Cincinnati (O.) hotel by swallowing morphine. Domestic trouble is assigned as the cause.

—Pasteur, the French scientist, is a man of low stature and powerful frame—spare, angular and weatherbeaten. He is a man of few words, abrupt but clear in speech, and of quick, impetuous gestures. Although his fame rests upon minute material research, he is a steadfast believer in spiritualism, and takes no interest in evolution theories or positivist doctrines.

—John G. Whittier, on his 75th birthday, paid a graceful compliment to the poet-physician, Dr. Oliver Wendell Holmes. He said: "There is no man who ought to write much after he is 70, unless, perhaps, it may be Dr. Holmes. He ought to write from now until he is 100. He is charming in everything he writes, and there is such a wonderful variety in his work that it seems a pity he should ever stop."

Items.

—Oscar Wilde is going home to write a book. It will be entitled "American Donkeys with English Ears."

—Hippocrates asserted that "accurate observation of facts, and correct generalizations from them, form the only rational basis of medicine:" and so we are taught to-day.

—During the quarter ended June last, among the deaths registered in Ireland, there were nine reported as those of centenarians. Of this number three were alleged to be 100; one 101; one 103; two 104; one 105; and one 106 years, respectively.

—Another "cure by prayer" is reported from Troy, N. Y. The patient was a young lady, and the disease aphasia and paralysis—clearly a hysterical case.

—Over 140,000 plants are known to botanists, and yet out of the lot the chemists can't make a mixture that will undo in ten minutes the work a hornet has done in two seconds. Does man amonnt to much?—*Boston Post.*

—The evening primrose and the mistletoe share alike with horsemint and bear's foot the honor of having been recently transferred to the dispensatory as cures for something or adjuvants for something. Even iron-wood has not been able to withstand the knife of the herbalist, while the wild bergamot, sundew and helianthelia have bowed to the fate which places them among the already appalling list of new remedies.

—Chloroform was used by burglars in Wyoming, Del., last week, and a whole family stupefied.

—The Episcopal Hospital, of this city, reports the admission of 1,239 patients during the year 1882.

—Advices from Capetown state that during the past two months 9,000 people at that port have been affected with small-pox, of which number 2,400 died. The further statement is made that all efforts to suppress the ravages of the disease have proved unavailing, which fact is largely due to the objection of the negroes to vaccination.

—A new clinic hall to the Woman's Hospital in this city has been opened.

—The public charitable hospitals of the city of New York contain a total of 5,108 beds, the largest being the Emigrant Hospital with 1,200 beds, the Charity Hospital coming next with 990 beds. The various private hospitals have a capacity of 2,302, and the lunatic hospitals of about 3,000.

—An "emplastrum impermeabile russicum" is being introduced upon the Continent, which is said to be likely to throw English plaster into the shade.

—At a medical examination, a young aspirant for a physician's diploma was asked, "When does mortification ensue?" "When you propose and are rejected," was the reply.

QUERIES AND REPLIES.

A correspondent desires a *safe* and *efficient* remedy for the removal of hairs from the face, and would like to know if any of our readers have ever tried sulphohydrate of sulphuret of calcium for this purpose.

Dr. B., St. Louis. Dr. H. Clay Whiteford, of Darlington, Md., recommends an infusion of mustard, one teaspoonful to four ounces of boiling water, as a remedy for hiccough. He also suggests a tourniquet over the epigastrium.

MARRIAGES.

GIBBS—MURRAY.—At Howard City, Mich., Jan. 1, 1883, at the residence of the bride's parents, Robert Morris Gibbs, M. D., F. A. A. A. S., of Howard City, Mich., and Miss Mae Murray, of Howard City.

Dr. Gibbs in his first two courses attended the Michigan University at Ann Arbor, Mich. He graduated at Rush Medical College in 1879, after a two years' course at that institution, and in connection with Cook county hospital.

ALVIS—BRIGHT.—Married at the residence of the bride's father, Col. Geo. G. Perkins, in Alma, Ark., December 20, 1882, by Rev. F. A. Jeffett, of Fort Smith, R. H. Alvis, M. D., to Mrs. Belle Bright, late of Jackson, Tenn.

THE

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ORIGINAL DEPARTMENT.

LECTURE.

THE INFLUENCE OF CONSTITUTIONAL DIATHESIS ON THE DEVELOPMENT OF DISEASE-GERMS.

BY M. VERNEUIL,

Prof. of Surgery of the Paris Faculty.

Gentlemen: It seemed to be the general belief at one period, that it was but necessary for the microbe or morbid germ to enter the organism in order to become multiplied ad infinitum.

The presence of the parasitic germ and effraction of the tissues were regarded as the two conditions necessary but always sufficient to determine infection and constitute the disease.

According to this accommodating theory, no matter what the constitutional condition of the individual, if the malignant charbon bacteride (bacillus) comes in contact with any point where the epidermis is excoriated, malignant pustule will of necessity be developed.

Many observations serve to show that this opinion is not well founded. The organism, in many cases, does not permit the entrance of the virus into the system, and the morbid germ languishes and perishes on sterile ground. Proofs of this assertion are not wanting; of those bitten by a rabid dog, all do not contract hydrophobia; certain individuals escape diphtheria, measles, variola and scarlatina, when exposed to the infection. There are some who do not contract gonorrhœa or syphilis from persons who have communicated the disease to others. I have among my patients a young lady, twenty-three years of age, who has been vaccinated nineteen times ineffectually. Such subjects are said to be refractory vis-à-vis certain diseases.

On the other hand there are individuals who fall an easy prey to germs, septic or otherwise; if the infections spores penetrate their tissues, disease is sure to follow. We have just mentioned malignant charbon; the flocks in the pastures of Normandy are hardly ever affected, while its ravages among animals in the neighboring provinces are well known. Finally, one or two successful vaccinations are generally considered sufficient; yet a physician in one of our hospitals contracted small-pox within less than a year after a successful inoculation.

It is evident that but a very slight change in the composition of the solids and fluids of the organism, is necessary to render the system refractory or not to the penetration of germs. What modifications do syphilis, variola, scarlatina, measles, and charbon, provoke in our tissues?

Chemistry cannot furnish a satisfactory reply; and yet, after a first attack, the organism has become improper for the nourishment a second time of the germs of these maladies, which attack but very exceptionally the same individual twice. There are no longer in the economy the same elements or the same quantity of these elements; the constituent principles are so altered that an organism, where certain germs formerly multiplied, no longer receives them.

A laboratory experience, reported by Duclaux in his remarkable work, demonstrates very strikingly the fragility of germs, their nutritive exigencies, and their extreme sensitiveness.

A culture liquid (liquide de culture) contains one fifty millionth part of zinc; one or two gen-

erations of aspergillus will completely absorb the metal, so as to render the existence of a new generation stunted or impossible. "In such a liquid a new planting, I was about to say a new inoculation, will remain without effect."

"If we add," continues M. Duclaux, "a sixteen-hundred-millionth part of nitrate of silver to the liquid of culture, vegetation is suddenly arrested. It will not even begin in a silver vase, although chemical investigation cannot demonstrate the presence of any part of the matter of the vase dissolved in the liquid of culture. If we suppose that the aspergillus were a human parasite, capable of living and undergoing development in the organism and invading it in all its parts, the quantity of nitrate of silver necessary to eradicate it from the body of a man weighing 60 kilograms would be 40 milligrams. If it attacked only the blood, five milligrams would suffice to arrest the development of so sensitive an organism. It is true that other species may live where the aspergillus perishes. Each ferment has a special liquid which favors its development, whence the formula: "Any one soil is not proper for all forms of culture; and a fertile spot is very soon worn out."

The passing or permanent modifications of the organism have then a direct influence on the evolution of the microbic disease. It is evident that certain conditions of the liquids, blood, lymph, etc., facilitate fermentations and cultures; and as the chemical composition of the liquid constituents of the organism vary from one malady to another, it may be advanced, that each constitutional disease, specific or not, renders the organism more apt to contract certain other maladies.

In other terms, the morbid germs find in the liquids of an organism, affected by a constitutional diathesis, a soil either propitious, indifferent, or refractory to their development.

Prof. Bouchard makes a similar declaration in his recent lectures: "Among the agents of infection, there are certain species which prosper in the human organism, no matter whether it be in a state of health or diseased. There are other germs which respect the human subject when in a condition of health, and do not find in the solids or liquids of the organism a soil favorable for their development except under certain morbid conditions, which have induced a deterioration of the economy, in cases where alteration of nutrition has provoked chemical changes in the solids or liquids."

Such an affirmation is perhaps too general and sweeping, but we will seek to determine the conditions of the organism favorable to the development of certain germs, and obnoxious to others.

The humors or liquids of rheumatic, gouty, and diabetic subjects, charged with uric acid, the urates, or sugar (to mention only recognized chemical products), are very favorable to the development of the microbe of furuncle and anthrax; so much so that the appearance of these local affections should cause the observer to suspect the existence of the arthritic diathesis. It has long been known that anthrax is one of the most common complications of diabetes; but its frequency in gouty and rheumatic subjects and in those suffering from maladies due to defective nutrition (ralentissement de la nutrition) has not attracted sufficient attention.

On the contrary, the humors of scrofulous patients are so improper for the development of the furuncle germ, that a case of anthrax in a subject presenting scrofulous manifestations is yet to be reported.

This remarkble antagonism merits confirmation, and furnishes a very interesting subject for study. It must be observed, however, that the infecundity of scrofulous blood as regards furuncle germs is not absolute. Recently we observed a young girl, evidently consumptive, who presented around one knee an eruption of twenty-five furuncles. It is true that both the father and mother of this patient were subject to rheumatic attacks, and she had herself, from time to time, suffered from erratic pains in the joints; so that this case does not form an exception to the general law we have laid down.

M. Bouchard furnishes an example of two other parasites which do not prosper in the human subject, except in individuals affected with certain constitutional diseases, and under the influence of certain well-determined morbid conditions. "The microsporon furfur of ptyriasis versicolor has a marked predilection for phthisical and arthritic patients." As regards the oidium albicans, it is not developed, as is well known, except in debilitated subjects: during infancy in athrepsic children, in old age in worn out and feeble individuals, and at other periods of existence in patients worn out by a grave malady of long duration. Under such conditions, the morbid product appears on surfaces bathed in acid mucus.

Veterinary medicine offers an analogous fact as regards scabies. Delafond and Bourguignon have demonstrated that healthy sheep, properly cared for, resist absolutely colonization by acari scabiei, while if these same sheep are poorly fed and be-

come debilitated, they contract the disease very easily. If they are then again brought back to good condition, the disease disappears of itself. Could not we assimilate to these parasites those of gonorrhœa, described by Hallier in 1872, and later by Salisbury, Neisser, Bouchard, and Capitan? This disease would seem to be developed equally well in all subjects; but Ricord, when he gave his famous recipe for taking gonorrhœa, was perhaps wrong in accumulating all the external conditions which might aid in the development of the disease.

The condition of the individual about to be infected is of great consequence. Do we not observe cases where gonorrhœa first comes on with but slight cause, and, finding a fertile soil, becomes chronic and defies all the efforts of the physician? The flow may be arrested, but not completely disappear, and the patient is subject to a new attack on any change of diet, or after any form of excess.

Or, it is by no means an affair of chance, that certain individuals contract such grave and persistent forms of this disease; we are of opinion that the arthritic diathesis is the favorite soil for such luxuriant culture of infectious germs. We have observed many cases of interminable gonorrhœa, developed in individuals who presented all the signs of retarded or defective nutrition, and in such subjects exclusively. Attention to hygienic conditions, appropriate food, hydrotherapy and out-door exercise in the country, often alone sufficed to cure a gleet which had persisted for long periods, in spite of every form of injection and medication.

There is another microbe which has exactly the opposite tendency: I refer to the germ of tuberculosis, the existence of which appears to be fully demonstrated since Villemin proved the inoculability of the tuberculous granulation. This germ does not prosper or spread in the arthritic organism, while it invades and destroys with extreme energy the scrofulous subject. I had long been a unicist, believing in the identity of the scrofulous and tuberculous diathesis. I considered tubercle as forming the most advanced anatomical manifestation of the strumous diathesis, holding the same relation to scrofula as gumma to syphilis, or cancer to arthritism. But many objections to this view presented themselves, such as the coincidence of tuberculosis with cancer, the appearance, rare, it is true, of tuberculosis in subjects who had never presented the slightest trace of scrofula, and finally, the hereditary transmission of scrofula and the evident contagious nature of tuberculosis.

To-day I am of opinion that scrofula and tuberculosis are two distinct morbid conditions; the first due to some defect of nutrition, the second to parasitic invasion. Substituting for the notion of identity that of extreme affinity, the apparent contradictions between the results of clinical observation and those of experimentation, are almost entirely effaced.

It was formerly admitted that a certain degrèe of antagonism existed between malaria and tuberculosis; to-day opinions on the subject are divided. It is evident there is some fault in the way researches on the subject have been hitherto conducted.

A malarial subject, being considered as a soil for the culture of germs, we should seek whether his organism is favorable or not to the proliferation of the tuberculous microbe; in other words, we should try to determine whether a subject exempt from other disease than malarial poisoning, resists better infection by the tuberculous germ, or becomes more easily its prey. Reciprocally, a tuberculous patient being taken as soil of culture, it will be necessary to determine, in a malarial region, what is his receptivity for the germ of malaria.

It may be, perhaps, at a future day possible to demonstrate: 1st. That soil already sown with paludism (malaria) is not proper for the development of the tuberculous granule, which would prove the correctness of Boudin's opinion; 2d. That on the contrary, the phthisical subject attacked by intermittent fever presents a graver form of the malady and a greater predisposition to pernicious attacks.

As we cannot actually sow and cultivate the microbe in the human subject, the field of experimentation on animals has been largely extended; it is, however, necessary to properly choose soil, favorable or unfavorable, for the culture of the different morbid germs.

These different soils are furnished by the diverse species of animals which sometimes represent with more or less fidelity the principal diatheses of the human species. In order to study, for instance, the points relative to the microbe of gangrenous affections, neither the dog nor cat should be chosen, but the sheep or cow. To cultivate the tuberculous germ, there is no organism prepared by scrofula, but the monkey or calf should be taken in preference to the horse or pig.

Like individuals in a cachectic condition, who are almost without defense against most parasitic diseases, there are certain animals, rabbits, for instance, who receive and permit the development

of all germs, from those of septicæmia to those of tuberculosis, as also the bacterides of malignant charbon. And just as there are certain individuals, who inhabit most unhealthy localities and are exposed to the most fatal epidemics without contracting any disease, even the most contagious, in like manner there are certain animals, the pig, for instance, who remain refractory to all forms of inoculation.

COMMUNICATIONS.

PLACENTA PRÆVIA WITH TWIN PREGNANCY.

BY EUGENE P. BERNARDY, M. D.,
of Philadelphia.

On the morning of June 27, 1882, I was requested to see a case of placenta prævia. The patient, wife of a policeman, was of the blonde order, frail-looking. The history obtained was as follows: This was her fifth confinement; never had any trouble in her previous pregnancies; when about five months had advanced, or about six weeks previous to the above date, she was seized with a severe hemorrhage of short duration; this hemorrhage was easily arrested; she remained free from any hemorrhagic discharge up to the morning of June 27, when symptoms of labor set in, followed by a hemorrhage, which, according to her physician's account, was fearful. The surroundings amply confirmed his words; the bed was one mass of clotted blood; the mattress was perfectly saturated, the blood dripping through to the floor; the patient blanched; lips perfectly white, pulse weak and thready. Stimulants were at once ordered and the head lowered. On examination, I found that the attending physician had partially detached the placenta from its connection with the os, a portion being still attached to the right side of the uterus, from which the detached portion was hanging into the vagina. The condition of things showed plainly that the case was one of complete placental presentation (placenta centralis). The head of the child presented in the left anterior position, filling the cavity, and pressing on the placenta prevented any further flow of blood. Ergot having been given in the early stage of labor, was now acting strongly, and in a short time a child was born. On pushing my examination to discover the site of the attachment of the remaining portion of the placenta, I discovered another bag of waters, which I ruptured; the child presenting by the feet, I made traction, and soon delivered the patient of a female child, dead, the first being a male child, also dead. The second child was larger and *healthier* than the first, and seemed to have died during the labor, while the first child was very small and looked younger than its mate.

I supposed at first that there was a common placenta, but on extracting the presenting placenta, I found that there was a second placenta situated in the upper right fundus of the uterus, thus giving to each child its own placenta and amniotic pouch.

In publishing the above, I do so on account of the occurrence of this complication, and in searching for recorded cases, I have not been able to discover any.

CALX SULPHURATA.

BY JOSEPH MIXSELL, M. D.,
Of Philadelphia.

This new officinal of the United States Pharmacopœia of '80 has been accorded a place among the better known lime compounds rather in deference to its adopted title than through any therapeutic relationship.

Although but lately known to some of the profession, it has since 1874 been extensively employed by those of us to whom "Ringer's Handbook" is a guide. As is usual with all novelties, its earlier advocates in America claimed extravagant results from their employment of it, and in due time were followed by a host of imitators, who, encouraged by its praises in the journals, placed it upon trial in their own hands, and finding fewer or no results of a curative character, condemned it as useless. This disagreement led to its careful study by the members of the Therapeutic Society of New York City, whose report (*N. Y. Med. Journal,*) is somewhat meagre and unsatisfactory. That much of the uncertainty attending the use of this remedy was due to the varying quality of the drug itself, and methods of its administration, there can be but little doubt.

Upon its first introduction, under the chaperonage of Sidney Ringer, no rules were laid down for its preparation; hence prescribers who desired to administer the substance were obliged to depend upon the dispensing chemist's idea of what compound of sulphur and lime was proper. Manufacturers of gelatine-coated pills speedily placed before the trade an agreeable form of this bad-smelling substance; no one, however, was found ingenious enough to devise an "elixir."

It will be found upon careful examination—and the writer's experience confirms the assertion—that nearly all who have administered this drug with success have obtained their results from its

original form of artificial preparation, viz: as a "trituration" of the freshly-prepared combination of "*finely-powdered clean oyster shell and quite pure flowers of sulphur, heated together to a white heat for ten minutes in a crucible hermetically closed.*" (Hughes' Pharmacodynamics, London, 1876.)

There is every reason to believe that the result of this combustion would present a much more complex series of chemical decompositions and recombinations than the simpler formula of the present Pharmacopœia; and in view of the disparity of results obtained by its "provers," it might be well to follow rigidly in the footsteps of those whose success was evident enough to provoke imitation.

That the preparation is one of a most unstable character is a chemical fact of common knowledge, and this most speedily so when the access of moisture is allowed; the presence of water originating chemical reactions which after a time reduce this loose combination of sulphur and lime into an inodorous and insoluble mixture of gypsum and calcic carbonate.

It is also to be remembered that in its natural and most familiar mode of administration—that of the sulphur waters—the amount taken into the system at each dose is comparatively inconsiderable: the curative dose of the artificial preparation is likewise limited, Ringer and Hughes agreeing in the maximum dose to be employed—1 to 5 grains of the 1st Dec. triturition (equal in proportion to the solitary officinal Triturition of the U. S. Pharm., that of Elaterin). This preparation favors the more speedy absorption of its active ingredient, and renders its administration less loathsome; the empty capsules now found in all reputable pharmacies may be utilized in protecting the lips and mouth from immediate contact at the time of its administration, but with an active preparation the eructations are unavoidable.

Many writers of experience claim equally prompt results from the employment of considerably more extensive dilutions of this medicine; this field of investigation is a most interesting one, and deserves more extensive following.

While the therapeutic applications of this remedy at the hands of our own school of medicine have been almost exclusively restricted to its apparent power of either promoting or discussing suppurative action, according to the stage to which inflammation has progressed when its administration is begun, its scope of activity, if the records may be given credence, is much wider—cures of chronic engorgement of the liver, hemorrhoids, skin affections of the *suppurative* or *ulcerative* type, in scabies, as an adjunct to its use in solution, locally, in affections of the respiratory mucous membrane from croup, to the suppurative stage of pneumonia in blepharophthalmia where the Mebomian glands are involved, ulceration of the cornea and purulent deposits in the anterior chamber of the eye, and in suppurative inflammation of the external auditory canal and middle ear, being claimed as resulting from its use.

As a remedy for common spasmodic or inflammatory croup it is used in its most "attenuated" state—and its administration preceded by the employment of aconite.

EXCISION OF RIGHT OVARY, SUBJECT TO FIBROID DEGENERATION, FOLLOWED BY SUDDEN DEATH ON ELEVENTH DAY.

BY F. HINKLE, M. D.,
Columbia, Pa.

The subject of this operation, Mrs. J. S., aet. 51, widow about ten years, was the mother of three children, all living: youngest nineteen years of age. She enjoyed excellent health all her life, with great regularity of functions, until within the past year. Her labors were all natural, with good recoveries. For about a year her menses had been irregular, and, when present, too free; lasting a week or ten days. She first complained to me of bearing-down pain upon motion, with vaginal prolapse, while I was attending her son in a continued fever, in early part of October, 1882. This I treated with pessaries without affording relief. She said that in going up and down stairs "the womb rolled around like a child's head."

An examination revealed dullness and fluctuation in right iliac region. Bimanual examination by vagina and abdomen showed tumor in same locality, movable, but heavy; womb but slightly movable, and high up. Sound entered somewhat over 3½ inches. Diagnosis: fibro-cyst of right ovary.

The abdomen enlarged rapidly until circumference reached 42 inches. Patient was unable to move about. Urine became scanty until reduced to scarcely more than half-pint each day. There was some œdema of right leg. Resolving to lose no time, I prepared patient mentally and physically for an operation.

On November 27, 1882, assisted by J. Aug. Ehler, M. D., of Lancaster, Pa., F. W. Hinkle, M. D., and Mr. J. A. Meyers, of Columbia, I operated under carbolic spray, and with other customary antiseptic precautions. The patient

came to the table calm and resigned, as was her conduct and bearing throughout the case. When thoroughly under ether, I opened peritoneal sac by median incision about three inches in length. Upon dividing peritoneum on grooved director, about two large bucketsful of ascitic fluid escaped with considerable force. I then found tumor as large as a child's head lying in right iliac fossa, attached by pedicle to right broad ligament. No adhesions; upon puncture with trocar no fluid escaped. To extract it required a slight enlargement of abdominal incision. After securing pedicle with double ligature of Chinese silk, and temporarily with Wells' clamp-forceps, I separated tumor with scalpel. It weighed about four pounds. Previous to extracting tumor I dammed up intestines with seven carbolized sponges. Very little hemorrhage attended the abdominal incision, and none the removal of the tumor. The left ovary I found to be normal. Having carefully removed blood, sponges and foreign matter, and finding no oozing, I returned pedicle to peritoneal cavity, after cutting ligatures short, and removing clamp-forceps. Abdominal incision was closed with seven silk sutures so as to leave a straight, firmly-approximated wound. The dressing consisted of a pad of salicylated cotton, covered with several layers of cotton-batting retained by strips of Mead's adhesive plaster, over which was applied a flannel binder. Operation lasted from 11.45 a. m. to 1 p. m.

Patient reacted promptly, and with little sickness from anæsthesia. That evening her mind was clear; skin moist; pulse 73, soft and full; temperature 100.4. Next morning temperature 99.6; pulse 88; respiration 18. Slept 4½ hours during night. Suffered somewhat from pain and flatulence; relieved by 15-drop doses deodorized laudanum every hour, and a hypodermic injection of ¼ gr. morph. sulph. and $\frac{1}{80}$ gr. atrop. sulph. After this night temperature did not again rise above 100. It gradually sank until by Dec. 1st—fifth day—it was about normal, and remained so. The pulse, however, grew more rapid and weak. The kidneys secreted freely the day after operation, and continued to do so. She was allowed ice freely, and milk in small quantities.

Third day.—Found patient weak; pulse 108. Ordered beef tea, milk and brandy. That night patient suffered from colicky pains. Relieved by hypodermic of ¼ gr. morph. sulph.

Next three days patient rested comfortably and took nourishment as directed. Small doses of deodorized laudanum were given every 3 or 4 hours.

Seventh day.—This morning nurse allowed patient to sleep six hours without nourishment. She awoke weakened. In attempting to stimulate and nourish her again, stomach rebelled. That evening she suffered from nausea and flatulence, relieved by enema of lac. assafœtidæ, castor oil, and chloral. This caused expulsion of large volume of gas with feculent matter. Her stomach sickened whenever food was taken by mouth. Ordered nourishing enemata every four hours, of egg, beef tea, brandy, and quiniæ sulph., with opiates as needed. During progress of case she did not receive more than six or seven grains of opium.

Eighth day.—Patient cheerful, and rested quietly. Still nourished by enemata. Pulse 120. Bowels moved during night. Examined incision under spray. Found it united firmly except a small portion at lower part. No suppuration apparent. Reapplied dressings as at first.

Ninth day.—Gradually resumed feeding by the mouth in small quantities every two hours; milk, part of soft-boiled egg, milk toast, beef-tea, according to patient's wish. Pulse still remained about 112 and weak, but there was no marked prostration; extremities warm, appearance cheerful. The bowels moved several times on ninth and tenth days, apparently provoked thereto by the enemata. When rejected, these were repeated until retained.

Eleventh day.—I had intended to remove the sutures on the afternoon of this day. At 9:00 a. m., found patient cheerful, and resting comfortably. Two hours afterwards found her speechless, with cold hands, covered with profuse perspiration. Her feet remained warm, and lips were not markedly blanched. Breathing rapid, 32–36, and irregular. Pulse 120, weak. In spite of active stimulation with heat, brandy, ammonia, and digitalis, she died at 2:20 p. m. Circumstances made a post-mortem examination unadvisable. The incision was firmly united in its entire length. Abdomen flat and natural in appearance.

Patient's death was a great surprise to me. There were no signs of inflammation or of secondary hemorrhage. She at no time manifested signs of weakness that alarmed me. Death may have been due to heart-clot, or to a general failure of nervous system under the magnitude of the operation, remote shock.

I should be pleased to have the opinion or experience of others in similar accidents, or any information to throw more light upon this unfortunate termination of an otherwise well-progressing case.

FRACTURE OF THE THYROID CARTILAGE.*

BY CHAS. E. SAJOUS, M. D.,
Of Philadelphia.

In the July number of the *Archives of Laryngology*, I reported two cases of fracture of the thyroid cartilage. Since then, strange to say, I have again met with a case in which fracture of the left wing had taken place several years before, and which had remained undetected by the treating physician.

The first of these cases was A. H., æt. 43, carpenter, who was brought into the surgical outdoor department of Jefferson College Hospital, in a comatose condition. A deep cut under the chin was the only visible injury, and this giving rise to profuse hemorrhage, hæmostatics were applied and the edges of the wound united by stitches. As soon as able to speak the patient complained of great pain in the throat, and expressed astonishment at the character of his voice, which had completely changed; it had become very low in pitch, and any attempt to raise this would greatly increase the pain. Dr. Joseph Hearn, chief of the clinic, upon examining the throat externally, detected distinct crepitation in the left wing of the thyroid cartilage, applied adhesive strips, and referred the case to my department.

While walking on a row of large dry-goods boxes in a dark cellar, Mr. H. had not noticed that one of these was missing, and upon falling into the open space, struck his chin against the edge of the box before him. He felt as if the front of his neck had received a violent stretch, and after that lost his senses. He was found in this condition and brought to the hospital.

A few hours later the patient became completely aphonic; the jaws could only be separated with great difficulty; the act of swallowing produced intense pain. By this time, also, the neck had become swollen to a marked degree, although no particular line of tenderness indicated that the neck proper had struck against the box. Pulse 94, temperature 101½°.

During the evening, breathing became difficult, sufficiently so to induce me to prepare for tracheotomy. It was impossible to introduce a mirror to examine the larynx. The pulse by this time had risen to 106, and the temperature to 102¾°. I ordered mustard foot-baths, and applied a blister on each side of the neck, expecting by derivative action to decrease the congestion or œdema in the parts. Noticing a slight improvement, I ordered a drastic purgative (elaterium), which caused four liquid stools.

The next morning the patient was much better; the dyspnœa was but slight, and the pulse had decreased to 90; temperature 100°. The swelling had somewhat declined, but the pain was as severe. Crepitation was easily felt in the left wing of the thyroid cartilage, the line of fracture following, as far as I could judge, that existing between the insertions of the sterno-thyroid and thyro-hyoid muscles. My treatment merely consisted in maintaining the parts in proper apposition, and anodynes internally. It was not, however, before two weeks that the patient was able to make his voice audible, or to open his mouth sufficiently to enable me to introduce a mirror. I found the larynx somewhat congested, but otherwise normal.

I saw him four months later and found the crepitation as marked as immediately after receiving the injury. The voice had remained rather weak, but was natural in tone.

The second was C. P., æt. 31, contractor, who came to the throat clinic suffering from subacute laryngitis. In examining his throat externally I felt distinct crepitation in the left wing of the thyroid cartilage, just below the base of the superior cornu. Upon asking him if he knew anything about the origin of this condition, he told me that, two years before, in a spell of violent coughing lasting three hours, he felt as if something had broken in his throat with a snapping noise, followed by severe pain and swelling of the neck. This continued for a week, then gradually subsided, leaving a sensation as if a foreign body were in the larynx. Laryngoscopic examination revealed nothing, and the fracture did not seem to interfere with any of the functions of the larynx.

The third case was that of a man aged 33, who had come to the clinic to be treated for chronic laryngitis. While palpating in the region of the larynx, externally, I detected distinct crepitation in the left wing of the thyroid cartilage. Upon investigating its origin, the patient told me that he had received a kick from a horse, the tip of the shoe striking the chin. This caused a fracture of the lower maxillary bone, and a deep incised wound, the cicatrix of which was plainly visible. He stated also that "breathing had been rather difficult" during the first week after the accident, but that this symptom had been ascribed to the general inflammation which involved the whole buccal cavity.

Injuries of this kind are of extreme danger to life, in consequence of the respiration being obstructed, either immediately after the injury from displacement of the ends of the fracture, or

*Read before the Philadelphia Laryngological Society.

subsequently from very extensive local or general emphysema, or from inflammation and œdema of the lining membrane of the larynx. In 62 cases collected by Hénogue and Durham, 50 died and 12 recovered. Of 27 cases analyzed by Dr. Wm. Hunt, of this city, including one observed by himself, 17 died.

In the three cases described above, close examination developed the fact that the fracture in each case was incomplete, and that the want of serious symptoms was due to that fact.

The lower margins of the cartilage could be felt distinctly, and their resistance to pressure indicated their normal condition. The cricoids were of course uninjured.

These cases, added to those collected by Hénogne, Guerlt, Nelaton, Durham, and Hunt, lead me to think that a fracture of the thyroid cartilage can occur without giving rise to serious symptoms, when that fracture is *simple* and *incomplete*, and that the prognosis and indications for treatment are in accordance with the extent and location of the fracture. This deduction leads me to differ with Hüter, who says that "as soon as fracture of the larynx has been diagnosed, tracheotomy should be performed, and that even in cases where the diagnosis is not quite certain, the operation should nevertheless be carried out." I would then suggest that when the fracture does not involve the lower margin, then tracheotomy should be deferred until alarming symptoms should supervene; but that when it involves the lower margin or the cricoid, it should be performed at once.

Hospital Reports.

UNIVERSITY HOSPITAL.

CLINIC OF JOHN ASHHURST, JR., M. D.,

Professor of Clinical Surgery in the University of Pennsylvania.

Reported by LOUIS J. LAUTENBACH, M. D.

Case 1.—Moist grangrene of leg.
Case 2.—Fracture of thigh bone.
Case 3.—Intro-external hemorrhoids: Operation by ligature.

Case 1. Moist Gangrene of Left Leg.

Our first case this morning is a very interesting one. The man came to our hospital last Wednesday with the history of an injury received by the fall of a pile of lumber two or three weeks before. For some time after the injury he was treated at home by Dr. Rowland, of Media, and at first did well. He was treated by irrigation, which is an excellent application in cases of severe contusion. In a few days, however, despite the treatment, the limb began to swell and then dark spots began to appear, until the condition was produced which is now present, and which we recognize as gangrene. There is no positive evidence of fracture here, although, on account of the condition of the soft parts, we have not been able to make such a thorough examination as to render it certain that there is no fracture.

There are different forms of gangrene, the most important division being into the dry and the moist varieties. In the *dry* form of gangrene, which occurs usually in the aged, and is then called senile gangrene, there is a diminution of, and then an arrest in, the arterial supply, while the blood in the veins returns to the general circulation. In old people this is caused by the fact that the arterial tissues at that time of life frequently have undergone a greater or less degree of calcification or of atheromatous change.

If the stoppage of the circulation occurs quickly, then it gives rise to *moist* gangrene. Venous obstruction almost invariably gives rise to this form of gangrene; of course with the venous obstruction there may be arterial obstruction as well.

Numerous large openings have been made in different parts of the limb, to relieve pressure and thus prevent the spread of the gangrene. Certain portions of the leg appear to have been thus preserved, and are apparently healthy. Washing the limb, we notice one of the characteristics of gangrene, the separation of the cuticle; this, in doubtful cases, may serve to distinguish threatening gangrene from ecchymosis due to simple contusion.

We now see a line between the dead and living tissues, which, however, is not the line of *separation*, though we hope that it will prove to be the line of *demarcation*. The line of separation, at a later period, replaces the line of demarcation; it is a line of granulation. It is a mistake to suppose that the dead and living parts are separated by the process of ulceration. The separation in gangrene is effected by the same process as the separation of the sequestrum in cases of necrosis; the dead tissue is pushed off from the living parts by underlying granulations.

When the line of separation forms, that is the time at which we feel that an operation is justifiable. In the large majority of cases of gangrene. it is not justifiable to operate before this line forms. There are however cases where it is not only justifiable, but where we are compelled to operate at an earlier period. When you see a case of what is called *true traumatic or spreading gangrene*, which occurs most frequently as a result of compound fracture or of a severe lacerated wound, immediate amputation may afford the only chance of recovery. The worst case of this kind which I have ever seen was in a man who had been torn by a lion's claws, and in whom gangrene set in almost immediately, spreading rapidly to the trunk, and causing death in less than 48 hours.

When our patient was brought here Wednesday evening, he told us that the gangrene had existed for several days, with great swelling above the knee, which had somewhat subsided. There being no urgent need for an operation, we concluded to wait and observe the case, and thus found that the gangrene was not disposed to spread beyond its existing limits. Had we operated immediately on the patient entering the hospital, we should not have known at what point to amputate, and the additional injury necessarily inflicted by the

operation itself would have probably increased the tendency to gangrene and have led to the sloughing of the flaps. If, however, while watching the case we had found the gangrene spreading rapidly above the knee, then we should have operated immediately, as no line of demarcation would have been likely to form, and we should have known that as soon as the gangrenous process had involved the trunk a fatal issue would follow almost immediately. Under such circumstances an operation high up in the thigh would have been imperatively demanded. We have lately had a patient in the house who sustained a severe contusion of the arm with fracture of one of the condyles of the humerus, and who was treated by irrigation with a very favorable result. When he was almost convalescent, he was suddenly attacked with violent pain in the limb, with great swelling and high fever, and large patches of gangrene showed themselves around and above the elbow. So suddenly did these symptoms occur, and so rapidly did the gangrenous process spread, that although in the afternoon very long and free incisions were made, amputation was imperatively required the same night, and was promptly performed by Dr. Wharton. Undoubtedly this timely performance of the operation saved the man's life; had amputation been postponed, the patient would probably have died before morning. In all cases of this rapidly-spreading form of gangrene, it is your duty to operate at once.

Other forms of gangrene are of interest. There is a form of gangrene which is met with rather in military surgery than in civil, where a ball passes through the thigh, high up, injuring the femoral artery. In these cases the rule of Guthrie is a sound one. Guthrie says that while the gangrenous process is limited to the foot, below the ankle, you should wait; you are justified in waiting till the process has extended above the ankle. If however, it has extended above the ankle, experience shows that the process does not commonly stop until just below the knee. Under these circumstances amputation is to be performed at the "point of election," a short distance below the tubercle of the tibia. By this means we can give the patient a good stump, and save a great deal of time and suffering.

In senile gangrene, which is a result of atheromatous or calcareous degeneration of the arteries in the old, you had better not operate at all. If amputation is performed above the apparent limit of gangrene, it is almost certainly followed by a recurrence, of sloughing in the flaps, and death eventually ensues. It is much better to use simply deodorants and antiseptics locally, when the dead part, if small in extent, may occasionally be spontaneously separated. The late Mr. James, of Exeter, England, advised that in cases of senile gangrene amputation should at once be performed high up, at the upper third of the thigh; but it is evident that while we cannot say that such an operation is absolutely necessary, it exposes the patient to very great risk; it is a very dangerous operation, especially in old people, and in the large majority of cases the result is fatal. The best thing to do, therefore, in these cases, is to wait, when, if the part separates, the bone can be resected so as to give a better stump without performing a regular amputation.

For deodorizing a gangrenous limb, nothing is better than charcoal, which mechanically absorbs gases. This can be used simply in the form of powder, or in connection with ordinary poultices, or with the fermenting poultice, made either with yeast or with porter.

[This patient was again brought before the class a week subsequently, when, the line of separation being fully formed, the limb was amputated above the knee. The patient bore the operation well, but some days afterwards began to fail, and although the greater part of the stump healed by adhesion, death from exhaustion followed ten days after the amputation.]

Case 2. Fracture of Thigh.

This man, beyond middle age, was brought here with a fracture of the shaft of the left thigh bone. On his admission we found the limb to be from ¾ to 1 inch shorter than the other, with decided eversion of the knee and foot, and with well marked crepitus. He has been under treatment for ten days, and everything has been going on well. There is now less than a ½ inch shortening, with the bones in good position, and the limb quite straight. We have had here but very slight effusion into the knee joint, much less than is usually present in injuries of this kind. Effusion into the joint makes the patella float: by pressure it can be pushed down, but when the pressure is removed it rises. This symptom is almost universally present in fractures of the shaft of the thigh bone. The correct explanation of this symptom has been given by the French surgeon Gosselin. The blood which is poured out in the neighborhood of the fracture gradually finds its way to the outer side of the synovial membrane, causing by irritation a subacute synovitis and consequent effusion into the joint. This effusion usually occurs some hours or even days after the injury, and lasts one or two weeks. It is important that you should know that this effusion is dependent on the fracture of the femur, and is not an evidence of injury of the joint itself, as otherwise, when the knee begins to swell, you may be blamed for having overlooked a lesion which it will be thought you ought to have discovered.

The swelling of the knee is of no consequence, except as influencing the mode of dressing. Some surgeons in applying the extending bands in cases of fractured thigh, carry them up to the seat of fracture, and secure the ends by a circular band above the knee; then, if swelling of the knee occurs, some pain is caused. This is one of the reasons why I do not carry the extending bands above the knee. I have no faith in the doctrine that extension thus applied stretches the ligaments of the knee joint. The extending bands pull evenly upon the skin and all the tissues of the limb, and there is no reason why the extension should be specially transmitted to the ligaments.

These cases, as you know, are almost invariably treated by extension; the weight or amount of the extending force varies much in the hands of different surgeons. You will generally find that two or at most three bricks are sufficient; a brick weighs about four and a half pounds, so that from nine to fourteen pounds is about the weight usually required. We should begin by using one brick,

causing slight extension, keeping the leg in position and decreasing the tendency to muscular spasm, afterward adding a second brick, and perhaps a third. Some surgeons use very heavy weights, ranging from twenty to thirty or even forty pounds. This I do not think at all necessary, and the use of such powerful extension is liable to cause delayed union, or even non-union. With regard to the occurence of shortening after fracture of the thigh, I may say that as far as my experience goes, shortening occurs after all fractures in adults. The union or healing of the two ends of a broken bone has been not inaptly compared to the mending of a broken piece of sealing wax; before the broken ends can be united, they must be melted, and in the process of melting a certain amount of length is lost. The extremities of the broken bone are softened in the formation of granulation tissue, which then goes through the different stages of callus, and finally is replaced by new bone. In adults, a certain amount of shortening is, I believe, unavoidable, though it may be very slight. In children, instead of a diminution of length we may have even an increase; the transmitted irritation develops to an exceptional degree the bone-producing power of the epiphyseal cartilages, and there is thus a positive hypertrophy as regards length; while, as far as the fracture itself is concerned, there is shortening. This hypertrophy we do not have in adults, as the bones have in them already attained their proper growth.

In order to maintain the limb in its proper position, we require to fix the adjacent joints. When a joint is involved, one of the objects of treatment is to fix the bones above and below the articulation. In this case we want to fix both the knee and hip joints, and to accomplish this I like a long splint—either a Liston or Desault splint, with the foot-piece left off. This is then simply a long piece of board extending from the axilla to just below the foot, with another shorter piece reaching from the scrotum to the inner malleolus. These are either padded or simply wrapped in a splint-cloth, long bags filled with bran, called junk bags, being placed between the splint and the limb. To explain why these bags are called junk-bags, several explanations have been offered; one of them is that the name is derived from the French word "*jonc*," meaning a reed, a rush; the idea being that the early surgeons used in their treatment splints made of reeds; another explanation is that the word "junk" is a corruption of the bags being used to assist the "junction"—joining of the bones. I prefer the long splint and junk-bags to sand bags, when the fracture involves the shaft of the bone. In these cases, there is always a tendency to bowing outward of the limb, to prevent which requires firmer lateral support than can be given by the sand-bags alone. In fractures of the neck of the bone, however, where lateral support is not so necessary, the sand bags answer every purpose. We need under the tendo-Achillis a little padding to keep the heel off the bed, after which, the junk-bags being pressed in position by the splints, strips of bandage are fastened across to keep these together. We generally use five of these strips; three for the limb—one at the uppermost part of thigh, one at the knee, and one at the ankle; and two for the body, one around the thorax, and the other around the pelvis. We are in this case obliged to dispense with the pelvic band, as the patient has such a huge belly that we cannot adjust it properly. The extension should be so arranged as to keep the limb somewhat abducted from the line of the body.

Case 3. Intero-external Hemorrhoids: Operation.

Our next patient is a man who has had hemorrhoids for a number of years and at one time lost considerable blood from them. Though there has not been much hemorrhage lately, yet he is very pale and anæmic. Examination of the rectum leaves no doubt that he is suffering from piles, and there is no evidence of visceral disease or other contra-indication to an operation.

The needle which I usually employ for the ligation of hemorrhoids is that known as Bushe's, by which the pile can be transfixed from above downward; but as that instrument is not at hand, I will use instead an ordinary nævus-needle.

Hemorrhoids, or piles, are of several kinds. The most important division is into external and internal hemorrhoids, or, as they are also called, sub-cutaneous and sub-mucous.

The sub-mucous or internal piles are found within the sphincter, while the purely sub-cutaneous are outside the sphincter. In many cases, hemorrhoids are neither exclusively internal nor external, but partake of both characters; and are then called intero-external, being covered partly by skin and partly by mucous membrane.

The treatment differs somewhat according to the nature of the hemorrhoids. The purely external piles it is perfectly safe to cut off with scissors, and usually we have no hemorrhage. If hemorrhage should occur, it can be arrested by an ordinary ligature. Purely internal hemorrhoids it is safer to tie, and not to cut. If the hemorrhoids are half internal and half external, which seems to be their nature in this case, then it is safe to tie them and cut away the protruding portions. The hemorrhoids are tied by transfixing them with a needle carrying a double ligature, which is then cut in two, so that the pile may be strangulated in two portions. Before tightening the knots, a groove is cut through the skin, so that the patient may suffer less pain after the operation. Having tied both ligatures, the projection is cut away.

Before the patient gets from under the influence of ether, an opium suppository will be inserted into the rectum, and the only dressing required will be a simple piece of wet lint. The ligatures will come away in from seven to ten days, leaving small ulcers, which will readily heal; the healing may be hastened by touching them with the stick of nitrate of silver. A frequent sequel of this operation is retention of urine. In order to prevent this to a certain extent, I always thoroughly stretch the sphincter either before or after applying the ligatures.

BELLEVUE MEDICAL COLLEGE, NEW YORK.

CLINIC OF DR. LEWIS A. SAYRE.

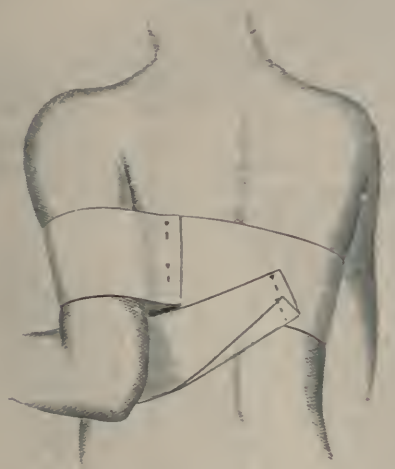
Fracture of the Clavicle in its Outer Third.

GENTLEMEN: I here present to you a case which is of considerable interest (the patient was now placed before the class and his upper garments

removed), although it hardly comes under the chair of orthopedic surgery, unless considered as a prevention of deformity.

This young man informs me that a few days ago he fell from a wagon, striking upon his shoulder, and which, you perceive, has resulted in a fracture at the outer third of the clavicle; you note how my finger drops into the depression at this point, and how extensive the discoloration of the tissues. Now, in these cases the shoulder drops downward, forward and inward, the pectoralis

Fig. 1.

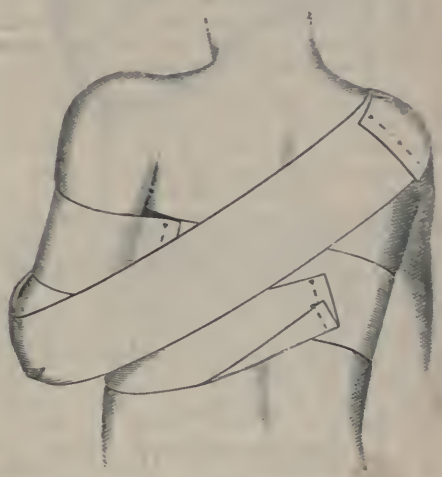


major drawing it downward and forward, while the sterno-mastoid, drawing the sternal end of the clavicle upwards, results in the deformity which you see here. I suppose there have been more instruments devised for treating fracture of this little bone than all the instruments for other fractures put together. I cannot take time to enumerate them; but two or three years ago Dr. Frank Hamilton occupied three consecutive lectures in applying these various methods (before the class) upon the patients admitted to the hospital for fracture of the clavicle, and then concluded his exhibition by informing the class that all of those methods were of no avail, and he would not advise their use, but stated that the patient should be placed in bed with a pillow between the shoulders so as to bring them well back, the patient to remain perfectly quiet; this treatment he considered all that was necessary, and termed it postural treatment. If a man can lie absolutely still for six weeks, a union might be effected in this manner; but the deltoid muscle and muscles of the shoulders would probably move and prevent union of the bone.

My plan of treatment is simply this: I take two strips of adhesive plaster two and a half inches wide, then passing one strip of adhesive plaster around the arm at the junction of the middle and lower third, I make a loop, leaving an open space at the posterior part of the arm, as you see: this prevents strangulation. Then drawing the arm back, I bring the pectoralis major upon the stretch, but the acromial end of the clavicle still rides under the sternal fragment; I now secure the arm back by passing the strip of adhesive plaster around the body, bringing it under the arm of the opposite side, across the thorax, and fasten it to itself on the back.

Care must be taken not to draw the arm too far back, but just sufficient to put the pectoralis major upon the stretch. I now take this other strip of adhesive plaster, and make a slight longitudinal cut in the centre to admit the point of the elbow; you now flex the arm at an acute angle over the chest, drawing it upward, forward, and inward, and in this manner you reduce your fracture, as you can see that I have done in this case. Bringing both fragments of the bone into a perfect line, you now secure the arm in this position by passing the strip of adhesive plaster over the elbow across the back diagonally to the opposite shoulder, then bring the anterior end of the strip up along the arm and hand over the chest, and fasten it to itself at the shoulder.

Fig. 2.



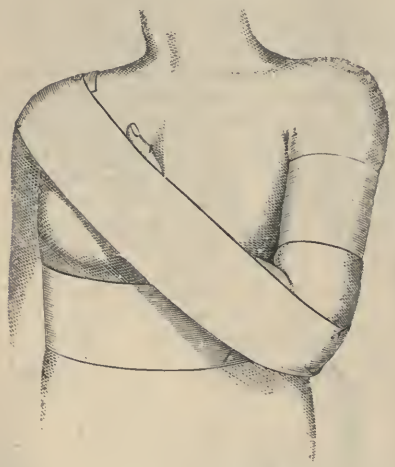
I desire you to note this carefully, as it is the most simple method of treating fracture of the clavicle that I have ever seen, and is the only plan of treatment which will yield a perfect result without deformity.

One advantage of this plan of treatment is this; it is absolutely impossible to dress a fracture of the clavicle in a child with any complex bandage satisfactorily, whereas in this your bandage is perfectly secure, and there is no possibility of it becoming displaced. Never use an axillary pad, as the pressure by this means often stops the circulation of the arm and the pain following this occurrence is something terrible.

It is impossible now to displace those fragments as I have dressed this man's injury, and he can go to work with his other hand; if you were to dress that fracture in such a manner as to render that man unable to use his other hand to earn his living, you ought to be compelled to pay for the loss of time which would follow such treatment. I have treated numbers of fractures in this manner with the most perfect results, and I defy any one to detect the point of fracture when cured; I say

that a fractured clavicle can be cured without deformity. Excuse me for my warmth upon this subject, but I have been censured so recently by our own surgeons on this point, that I feel compelled to reiterate my statement somewhat forcibly, and will demonstrate the fact before you in the case now before us, as I intend that you shall see this man when he is cured.

Fig. 2.



[The following week the man appeared before the class; the bandage was found to be in the same position as when applied, the fracture was immovable, and the line of the clavicle perfect.

Two weeks later the bandage was removed, perfect union having been secured; nor was there any deformity perceptible, the fragments having united in perfect line.]

Medical Societies.

College of Physicians, of Philadelphia.

A Resume of Twenty-five Cases of Abdominal Section.

BY J. EWING MEARS, M. D.,

Surgeon to St. Mark's Hospital, Demonstrator of Surgery in Jefferson Medical College, and Gynecologist to Jefferson Medical College Hospital.

[Read December 6, 1882.]

With a view of placing on record the results in a number of cases of abdominal section, and with the hope of contributing to the information possessed already with regard to these operations, I beg to submit the following *résumé* of the cases which have come under my care:

I have endeavored to present the points which were regarded of interest in a concise manner, for this purpose grouping them under different headings.

Of the twenty-five cases of abdominal section, twenty-two were performed for the removal of tumors of the ovary; one was made in a case of encysted dropsy of the peritoneum (reported in the *Transactions* of this college, 3d series, vol. I.); one in a case of abdominal dropsy, in which the diagnosis was obscure, and an operation of exploration was made; and one for removal of the child in extra-uterine fœtation.

As the case of encysted dropsy has been reported to the college, and as I propose, at a future time, to report the one of extra-uterine pregnancy, I shall present on this occasion a *résumé* of the ovarian cases.

Age of Patients.—In the twenty-two cases the age varied from the youngest, sixteen, to the oldest, sixty-five years.

Nationality.—Sixteen patients were natives of the United States, and six of Ireland.

Social Condition.—Five were single, one was a widow, and sixteen were married.

Duration of Growth.—The duration of growth varied from three months to seven years, counting from the time at which the tumor was recognized first by the patient.

Aspiration, or Previous Tapping.—Aspiration, for the purpose of obtaining a specimen of fluid for examination, was performed in eight cases; tapping, to relieve abdominal distension, in four. In one case, in which the cyst was very fully distended by fluid, and the abdominal wall was very tense, leakage followed aspiration, and persisted for some hours, despite the efforts made to control it by pressure. In none of the cases in which aspiration or tapping was performed did any serious results occur, nor were there any evidences, in the operations which followed, of complications due to the previous aspiration, or tapping. In all cases, proper precautions were taken, the patient being required to rest in bed from three to four days subsequent to the operation.

Condition of the Patients at the Time of Operation.—With the exception of two, who were the subjects of malignant disease of the ovary, the condition of the patients was good. All were placed upon preparatory treatment, extending over periods varying from two weeks to two months.

Line of Incision.—In all cases the abdominal cavity was opened by incision in the linea alba, midway between the umbilicus and pubes, the length of the incision varying according to the nature of the tumor and the presence or absence of adhesions. A simple, mono-cystic, non-adherent growth was extracted easily through an opening one and a half inches in length; whilst other tumors, polycystic in character, with numerous and strong adhesions, required incisions from four to six inches in length in order that the hand could be introduced into the abdominal cavity, so as to sweep over the external surface of the tumor for the purpose of detaching adhesions, and also into the interior of the growth to disintegrate its contents, and thus reduce its size. The incisions were invariably closed by the introduction of metallic sutures—iron or silver wire—the needle being carried so as to include the peritoneum.

Adhesions.—In eighteen cases adhesions, either parietal, omental, or visceral, existed—differing greatly as to extent and character. In some instances they were so slight as to be separated readily with the finger; in others, they were very extensive and very firm, requiring some force to effect their detachment, and exposing denuded, bleeding surfaces. In one of the fatal cases, the adhesions were universal, and so firm as to require

a minute dissection to be made, in order to effect removal of the cyst.

In a second case, a portion of the parietal surface of the peritoneum as large as the palm of the hand, and embracing the sub-peritoneal fascia, was detached, leaving a broad band of attachment. This was included in three animal ligatures, and the detached portion removed. During the period of recovery, which was not retarded, the patient referred to the position of the exposed surface as a sensitive point. In still another case, an adhesion, in the form of a cord at least two inches in thickness, and from four to five inches in length, fastened the tumor to the parietes. It was drawn down and a double animal ligature applied before the section was made. Hemorrhage caused by the separation of adhesions has been controlled by the application of carbolized silk and animal ligatures, both ends being cut short, and the ligatures permitted to remain "*in situ*." In some instances, torsion of the vessels has been sufficient to restrain the bleeding.

Character of the Cysts.—Four cysts were uniocular, sixteen were multilocular, and in two, malignant disease existed. In one of the latter, medullary cancer involved both ovaries, and in the other colloid disease was present.

Double Ovariotomy was performed in two cases.

Primary or Secondary Operation.—In one case the operation was secondary, ovariotomy having been performed thirteen years previously. In this instance the incision was made to the side of the cicatrix of the primary operation, so as to avoid wounding the pedicle of the tumor removed, which was found to exist as a small cord attached to the inner surface of the abdominal wall, and to be of such length as to permit the uterus to occupy a normal position. Elongation and shrinkage of the pedicle has been observed in *post-mortem* examinations made, in cases in which death occurred some years after ovariotomy.

Treatment of the Pedicle.—In all but one case the pedicle was secured by the application of the clamp; in the case excepted, a carbolized catgut ligature was applied, both ends cut short, and the pedicle was returned to the abdominal cavity. In cases of very short pedicles I have been able always to secure them with the clamp, and in no case was it observed that that traction made to accomplish this produced any harm. In one instance of an extremely short pedicle, where, in fact, the wall of the cyst was separated not more than a half inch from the uterus, a double animal ligature was applied, which failed to control the hemorrhage. The clamp was then applied over the ligature, bringing the uterus well up between the edges of the incision. Although the patient had a tedious convalescence, the ligature and clamp came away in good time, and the abdominal incision healed kindly. Beneath the cicatrix the uterus could be distinctly outlined, and after the return of the patient to her usual duties no complaint was made of pain caused by traction upon the organ. In one case only was there noticed a slight tendency to the occurrence of ventral hernia, and this in a young patient who slipped and fell on the icy pavement a short time after recovery from the operation. A good deal of tension of the abdominal walls was felt in the act of falling, and it was thought a slight detachment of the pedicle had occurred. Rest in bed for a few days, with pressure over the cicatrix, relieved the condition.

In nearly all of the cases in which the clamp was applied, it was observed that it could be removed safely at about the same time with the last of the sutures, and, therefore, the healing of the abdominal incision was not materially delayed. In one or two cases both sutures and clamp were permitted to remain longer than usual. In favorable cases the first of the sutures was usually removed on the sixth day, and the clamp on the eighth or tenth.

In three cases menstruation has occurred by the pedicle. In all of the cases it took place but once, and did not produce any serious inconvenience. It occurred in one of the cases in which double ovariotomy was performed, two clamps having been applied to the pedicles without difficulty.

Strangulation of the intestine has been noted as being due to the use of the clamp. In my observation of the cases of others, and in my own, I have not met with an accident of this nature. As it has followed likewise the use of the ligature, it cannot be ascribed alone to the employment of the clamp.

The support afforded to the uterus by the attachment of the pedicle to the abdominal walls has seemed, in some of the cases, to have been of benefit, overcoming displacements which were productive of much previous discomfort.

In one of the three fatal cases which occurred, the ligature was applied and the pedicle returned to the abdominal cavity; death resulted on the third day from septicæmia, and the autopsy showed the stump of the pedicle softened and covered by a grayish slough. This condition of the pedicle was, I think, not a primary condition, but was a part of the general inflammation which pervaded the abdominal cavity, occurring in a case in which the cyst was adherent in every part to the parietes and viscera, and which required minute dissection to effect its separation.

While the tendency of the present day is to return to the use of the ligature as an exclusive method of treating the pedicle, I think it unwise to discard entirely the clamp. The imbedding of the ligature and its subsequent absorption demand a degree of reparative power, which some much debilitated patients do not possess; in such cases it would appear proper to employ the clamp.

Drainage.—In one case it was thought desirable to secure drainage of the abdominal cavity after operation. For this purpose a large perforated rubber tube was introduced and allowed to remain in position for three days. During this period no fluid escaped, and the symptoms presented by the patient gave no indication of the collection of septic fluids. Of the great value of drainage after ovariotomy there can be no question. Its use is especially indicated in cases in which adhesions of some extent have existed.

Antiseptic Precautions.—In fourteen cases the antiseptic methods were employed in full detail at the time of operation, and partially during the conduct of the after-treatment, the spray being then omitted. The successful results which have attended some of the cases were undoubtedly due to its use. The condition of the patients during

the after-treatment was favorably influenced, and convalescence was promoted. Of three fatal cases, one occurred after operation under the system. The tendency of most operators at the present time is to employ a modified form of the system, owing to the fear of constitutional impressions made by agents employed. The constitutional effect of the carbolic acid has been observed in two or three cases in the condition of the urine; other than this no symptoms were noted.

It has been stated above that menstruation by the pedicle occurred in three cases. In one a marked impression was made upon the temperature, and the elevation occurring as it did without being accompanied by a corresponding increase of the pulse-rate, attracted attention. On the day preceding the appearance of the flow the pulse was 84 and the temperature normal, 98½°. On the day of its appearance the temperature rose to 100°, and on the third day reached 100⅘°, then declined to 99⅘°–99°, and on the day of the cessation of the flow returned to the normal, 98½—the pulse-rate in the meanwhile remained unchanged. As the elevation of the temperature occurred after convalescence had been fully declared and the patient was within two days of the period when she would have been permitted to sit up, some anxiety as to the cause existed, which was not relieved until its relation to the presence of the menstrual flux was considered.

In two of the cases pregnancy occurred and terminated safely in connection with the development and growth of the cysts. In both, the cysts had attained large size, and notwithstanding the pressure exerted during parturition, rupture did not occur. In one, puerperal peritonitis supervened, causing the formation of extensive adhesions; in the other, slight but firm adhesions were found.

In cases under my care recently, quinine has been administered in large doses in the twenty-four hours preceding the operation, with a view to obviate shock, and in this respect its use has been attended with success. Thirty to sixty grains, in divided doses, have been given, and in each case so treated shock has been absent. In the preliminary and after-treatment it has also been given in tonic doses.

The duration of the operation has varied from thirty minutes to two hours; in the former time, mono-cystic non-adherent tumors have been removed and the wound closed. The latter period of time has been required to remove polycystic growths, with extensive and firm adhesions and many bleeding points to control. Serious complications during the operation and after-treatment have occurred in but two cases. In one already alluded to, the adhesions were so extensive as to complicate seriously the operation, and to render the result fatal. In the other, the slipping of the ligature and the persistence of hemorrhage for some hours after the closure of the wound complicated the operation. The patient's recovery was slow, two months and a half elapsing before she was able to leave her bed, in which period there occurred in order the following complications—obstinate, uncontrollable diarrhœa, suppuration of hemorrhoids, formation of a large bed-sore over the region of the sacrum, with destruction of the sacro-coccygeal articulation and a condition of blood-poisoning with swelling of the left parotid gland. Recovery finally took place, and the patient has been able to maintain herself by her work as a seamstress.

The size of the tumors varied greatly, and the weight from three to sixty pounds.

With one exception, all of the operations have been performed either in private houses or in a private hospital. One was operated upon in a private room of a general hospital, and in this a fatal result ensued—death, however, could not be attributed to this fact, but rather to the complications which existed in the case. In all cases careful attention was given to the preparation of the apartments, so that the patients should be placed under the most favorable hygienic conditions.

In the cases in which the progress was favorable, the patients, as a rule, sat up in bed on the twelfth day, and on the fourteenth were permitted to get out and occupy the lounge or an easy chair. At the end of the third week gentle exercise about the house, and in favorable weather in the open air, was allowed. This exercise was continued daily so as to prepare the patient, if living out of the city, for the journey home, which was undertaken between the fourth and fifth weeks after operation.

For twenty-four hours after the operation no food was given—at the end of this time, one ounce of milk, with lime-water, if vomiting had occurred or if there was nausea, was given every three or four hours. In two or three days the amount of milk was increased to two ounces every three hours, alternating with a teaspoonful of beef-juice in three tablespoonfuls of water. In some cases the beef-juice was administered instead of the milk from the first. As convalescence advanced additions were made cautiously to the diet, no solid food being given until the sutures and clamp had been removed, and the bowels moved freely by enemata.

Usually enemata of soap, water and olive oil were administered on the eighth day, and on alternate days subsequently, until evacuations occurred naturally. The catheter was used every six or eight hours for five days, and then efforts at evacuation of the bladder were permitted to be made by the patient.

When possible to avoid it, opiates were not administered. When required to relieve pain or secure rest, morphia in one-sixth to one-quarter of a grain was given hypodermically.

In the twenty-five abdominal sections death occurred in four cases—three after operation for the removal of ovarian cysts, and one after operation for the removal of the child in extra-uterine fœtation. Septicæmia was the cause of death in two of the ovarian operations, and in the case of extra-uterine pregnancy. Shock and hemorrhage produced a fatal termination in the case of malignant disease of both ovaries in which double ovariotomy was performed.

—Cockroaches, says a correspondent of *Land and Water*, who has lived with them in all the five quarters of the globe, will not touch bookbinding varnish with a mixture of 1 part copal varnish and 2 parts oil of turpentine. With a large brush paint this over the cloth binding, and let the book stand to dry. Unfortunately, it cannot be applied to the edges.

EDITORIAL DEPARTMENT.

PERISCOPE.

Antiseptics.

In the *New York Medical Journal*, Dr. Willard Parker, speaking of carbolic acid in the treatment of wounds, says he singles it out for the reason that it is better known by the profession, and more closely bound up, so to speak, with what we know as Listerism, than the other drugs that are used for like purposes. It is his decided conviction that the use of carbolic acid is a valuable adjuvant in surgical practice. As a mere disinfectant, it is perhaps in no way superior to a number of other agents; probably inferior to some. But as an antiseptic and detergent, it is not surpassed by any other substance. Its efficiency in averting inflammatory complications is mainly due to its germicidal properties. It is valuable also as a topical stimulant to ill-conditioned suppurating surfaces, such as the walls of cold abscesses and the like. It is especially needed when wounds have to be dressed in a vitiated atmosphere.

Dr. Robert F. Weir, after an individual experience of nearly six years in the wards of the Roosevelt, New York, and Bellevue Hospitals, depends in the main on carbolic acid as a germicide. Yet it has the disadvantage of occasionally acting toxically on patients. Next to carbolic acid, he regards iodoform and bichloride of mercury as the most secure germicides. He uses iodoform by insufflation upon the wounds, also iodoformized gauze, which is made by impregnating the gauze, previously washed with 50 parts iodoform, 250 parts ether, and 750 parts alcohol. This gives a ten per cent. gauze. In the employment of bichloride of mercury as an antiseptic, about six grains to the pint are used, or a solution of similar strength is irrigated over the wound. Sponges and compresses are also used in this solution. Gauze also is dipped in a solution of forty grains of corrosive sublimate to a pint of alcohol, to which is added one and a half ounces of glycerine. Under such dressings, within a short time, an amputation at the hip joint has passed satisfactorily towards complete recovery. The additional advantages of the sublimate dressing are its freedom from odor, its slight effect upon the hands, its cheapness and easy preparation. With these three antiseptics all wounds under his care are now being treated, preference being given to carbolic acid. Volkmann reiterates his remark, that no suppuration will take place if septic infection is prevented. Esmarch and Nussbaum pronounce a surgeon criminal in neglecting antiseptic measures.

Dr. William Bull, surgeon to St. Luke's and to Chambers Street Hospitals, London, does not think the antiseptic treatment generally enough adopted by practitioners as desirable. It is admitted to be indispensable for all important operations and wounds, and in wards where many patients are congregated, but is thought unnecessary or of less value in the minor wounds which occur in everyday practice. Now it is a fact that these minor wounds may be the starting-point of the most serious inflammations, and it is hence most important so to treat them as to prevent such inflammations. It is to wounds of the scalp and hands, and small wounds in the vicinity of larger joints or overlying the pleural or peritoneal cavity, that he directs its use.

Removal of a Colossal Tumor.

Dr. Bruntzel, of Breslau, has successfully removed the left kidney, with a colossal fibroma of its capsule. The fact is worth recording as another triumph of abdominal surgery, for the growth weighed thirty-seven pounds and a quarter. The patient was a female, thirty-three years of age. The tumor was first noticed five years before, and had gradually increased in size; it was painless. When seen by Spiegelberg and Bruntzel in 1879, it was thought to be probably connected with the uterus; menstruation was natural, and had been so since the age of fourteen. An exploratory puncture revealed nothing. In June, 1882, there was much emaciation, but no genuine cachexia; the swelling reached from the ensiform cartilage to the pubic symphysis, and distended the abdomen uniformly in all directions; there were no physical signs of disease in any other organ. Abdominal section was performed in July, with strict antiseptic precautions; the incision extended from the xiphoid process to the symphysis pubis. The tumor was found to be retro-peritoneal in situation. The descending colon was felt in front of it at a hand's breadth from the mesial line. Punctures were made into the fluctuating growth without success, but by perseverance the enormous tumor and kidney were got out; the vascular pedicle was secured, the wound closed and drained in the manner of an ovariotomy, and compression and orthodox Listerism were adopted as dressings. There were marked signs of collapse on the removal of the fibroma, which were combated by hypodermic injections of ether and the performance of artificial respiration. The tumor was found to be a gigantic fibroma, which had originated in the left renal capsule, and was composed of a number of lobes, of sizes varying from a child's to a man's head. In this dense fibrous structure there were some areas of a loose, fatty nature, and in the centre was a reddish-yellow area of softening, with a thrombosed vessel in its neighborhood. The left kidney was seated in a hilus, and its structure was quite normal. The sensation of fluctuation that had been felt was probably due to the presence of the intermingled fat. The operation lasted two hours and a half. After the operation the pulse was very frequent, the temperature varied a little, the belly remained quite flaccid, and the discharge sweet. Vomiting never occurred, but some discomfort was felt from the loaded state of the tongue and mouth. The quantity of urine was very small for the first six days,

but after that it attained to the normal, and so remained. A loose stool was passed on the eighth day. The superficial sutures were removed on the seventh day. The drainage-tube was done away with on the ninth day. On the tenth day something sudden happened, for the temperature rose, and the patient became unconscious and collapsed. This accident was attributed with justice to the descending colon having been ulcerated through, and the escape of a little fæces from the small sinus yet remaining. The fistula healed, after being cauterized, in the beginning of August. A fresh escape of fæces began at the end of the same month, and, although very small in amount, lasted. Another accident of a very interesting nature happened immediately after the operation, namely, paralysis of both *upper* extremities. Bruntzel speculates on this being a reflex mechanism. It lasted in the right hand almost six weeks, and longer in the left. For treatment faradization was used. We should like to know more of the distribution and electrical reaction of this paralysis. Notwithstanding these unfortunate occurrences, the patient did so well as to get up at the fourth week, and her weight was seventy-five pounds (just as much again as the tumor weighed). Further improvement of the general health took place, but menstruation had not returned.

Perisplenic Abscesses.

The *Medical Times and Gazette*, December 16, 1882, says that M. C. Zuber (*Revue de Médecine*, November, 1882, No. 11) has written a thoughtful and suggestive essay on this subject, based on an attentive study of two patients who had come under his own observation. Both were adults; both had been exposed to malarious influences; in neither was the condition suspected during life; in both the spleen was found to be normal as regards its substance, though there were in each case patches of thickening in the capsule. He gives a brief abstract of some dozen cases which he has been able to find recorded, and then discusses their causes and mode of origin, summing up his results much as follows: 1. In the upper part of the abdomen we meet with purulent collections which are called perisplenic, though they may only touch the spleen at one point of its surface, and are by no means confined to a subserous cellular area around the spleen; by preference they occupy an irregular space bounded by the stomach, spleen, colon, and diaphragm. These collections are the termination of a circumscribed peritonitis, usually due to lesions of the spleen or alimentary canal. The infectious inflammations of the spleen (including thereby the effects of malaria) and the circular ulcer of the stomach, play the principal part in the production of these intra-abdominal abscesses. 2. Purulent collections arising in connexion with the alimentary canal contain air, and this admixture betrays itself by a group of symptoms remarkably constant, which may be summed up as a more or less complete resemblance to pyo-pneumothorax, the more so when they are only separated from the pleura by the much-arched diaphragm. The nature of this false pneumothorax will be recognized at first by the existence of grave symptoms referable to the alimentary canal; later on by the variability, the exaggeration, or the insufficiency of the physical signs observed. Collections which take their origin from the spleen have hardly any characters beyond the tumefaction and pain in the hypochondrium; and the general signs of latent suppuration—tumors more or less marked or fluctuating—are rare. The diagnosis almost entirely rests on the process of exclusion. 3. Whatever may be the origin, depth, or extent of these perisplenic collections, they are not beyond the resources of modern surgery. This, then, is the essential practical point: we must spare no effort to arrive at determining, first, the existence, and next, the nature of these abscesses, and not be unnecessarily timid about making deep and repeated punctures. Performed methodically and with prudence, such explorations make our patient incur but little risk (recent works on abscess of the liver afford ample proof of this); and, on the other hand, they alone can form the starting-point of a truly rational and useful mode of treatment.

A Somewhat Unique Case of Opium Addiction.

Dr. J. B. Mattison, of Brooklyn, N. Y., writes:

"It is now nearly ten years since we began giving attention to the study and treatment of opium addiction. In all cases coming under our care, and they number not a few, there has not been an exception, save a single instance, to our assertion made some years ago in this and other journals, that the vast majority of opium *habitués* become such *not* from *choice*, not from merely vicious indulgence—an idea mistakenly held by many both in and out of the profession—but from a *physical necessity*, having, ordinarily, its genesis in some painful ailment demanding the use of opium, which, when its legitimate need was fulfilled, had forged around its unsuspecting victim a chain so powerful that self, unaided, was powerless to break it. Of this fact, to our mind, there is no question, for among those under observation have been men from various walks of professional life, mainly, much as it may cause surprise, from our own fraternity: men ordinarily of iron will; men who have faced death upon battle-field and in prison-pen; men of strong mental parts, notably among them one filling a leading seat in the higher council-hall of the nation, whose brilliant intellectual accomplishments surpassed those of any public man whose acquaintance we have had the honor to enjoy; and the personal testimony supported by the clinical history of them all has proven beyond dispute that their opium-taking was an *absolute necessity*, before which the will resistlessly went down. We well know that many maintain an opposite opinion, and are disposed to extend censure rather than charity to these unfortunates; but we have no hesitation in expressing the profound conviction, based upon years of observation, that this is a most mistaken view of the subject, and that opium *habitués*, as a class, instead of being maligned and misrepresented, as so often is done, deserve commiseration and the same measure of sympathy as we would desire had this 'horror of deep darkness' fallen on us. The exceptional case to which allusion has been made, came under my care during the past year, and presents a factor in its etiology somewhat unique,

and of special interest to any professional gentleman whose zeal in the pursuit of therapeutical knowledge may tend to outrun his discretion. Dr. A. B——, was attacked by facial neuralgia, so severe as to compel his taking one-quarter of a grain of morphia hypodermically, at bedtime, to secure ease and sleep. This amount was increased to one-half a grain per diem during the following month, when, the neurotic disorder having subsided, the opiate was abandoned with little or no inconvenience. Some time after this, a gentleman addicted to the use of morphia placed himself under his care. Then Dr. B——, as he asserts, without the least desire for opium, but solely from a wish to discover, if possible, some antidotal drug to aid him in the cure of his patient, began experimenting on himself with hypodermic morphia, with the result of falling a victim to its seductive influence; and yet, though he failed to make the wished-for discovery, managed the case of his patient so well that success crowned his effort, while he, despite every endeavor, was unable to extricate himself from the pit into which he had unwittingly fallen, and was obliged to seek aid for his relief. The moral of this story is obvious. Experimenting on one's self with morphia, especially hypodermically, is dangerous; and if any of our readers are thus tampering with the drug, the best advice we can offer is, *quit*. It may be of interest to note, in closing, that Dr. B—— made a very gratifying recovery, leaving for home at the expiration of seventeen days—had circumstances demanded, he could have done so a week earlier—and later tidings reported him doing well."

Carcinoma of Breast.

The *Medical Times and Gazette*, Dec. 16, 1882, says that Dr. Otto Sprengel has collected all the cases of cancer of the breast treated in Volkmann's clinic from 1874 to 1878—altogether 131 cases. We collect the principal conclusions from an abstract in the *Deutsche Med. Zeit.*, No. 42. Three etiological questions were inquired into:—(1) Marriage: A great number of children appear to exercise an unfavorable influence, as does also irregular lactation (four women were able only to nurse on one side; carcinoma developed later on in the other breast). Puerperal inflammation showed itself as the most frequent cause. (2) Traumatism: No certain information was made out in this direction, but the possibility must generally be granted, that, in consequence of long-continued irritation, carcinoma of the breast may develop. (3) Heredity was traced only thirteen times out of 109 cases. Sprengel does not believe in a cancerous cachexia, because the general condition of the patients was not bad (except, we presume, the fatal cases). It is a matter of common remark how well and hearty carcinoma of the breast, in the early stage, finds its victims. Carcinoma was as frequent in the left mamma as in the right. Growth more frequently invades the skin than the muscles, and affection of the skin was found to be especially associated with enlargement of the axillary glands. The development of secondary growths (metastasis) may be expected in about two years. The treatment in cases suitable for operation is extirpation only. In other cases, scraping, the actual cautery, dressing with tannin, and compression with wadding, are the best modes of treatment. There were ten deaths in about 200 (including cases of recurrence) operations. In fifty-four cases recurrence took place, on the average in eight to six months, most frequently in the course of the first six months. Recurrences were dependent on extension of the disease, and happened most frequently in the axilla; hence the necessity of clearing out disease thoroughly from this space. Fifteen times out of 131 cases there was no relapse after the expiration of three years, and these were regarded as cured. In other cases, in which the wound did not heal, no doubt life was prolonged. Finally, the author advises operation at the earliest possible date. It will thus be seen that the result of statistics made in Germany is quite in accordance with the practice of most British surgeons—early and complete removal of the whole of the diseased breast, and of the lymphatics, disease of which, as Professor Lister remarked at the last meeting, but one, of the Clinical Society, is as much a local disease as the tumor.

The Distribution and Germ Origin of Cancer.

Dr. R. S. Gutteridge writes on this subject to the *Lancet*, December 2, 1882: In the year 1875 attention was afresh directed to the geographical distribution of disease by the lectures of Haviland. Turning to one of the maps by which they were illustrated, that on cancer, we find that each bank of the Tweed about Berwick, of the Tyne at Newcastle, of the Swale, the Ouse, and the Humber in Yorkshire, the Trent about Nottingham, and the whole of our beautiful lake districts, are most fertile beds of cancer. Wales is nearly free except about the Conway and the Dovey; so are the manufacturing districts; whilst Chester, Shrewsbury, Derby, Newark, and Lincoln are bad, as are also parts of Birmingham, the towns of Nuneaton and Lutterworth, and Huntingdonshire, Norwich, Stamford, and Peterborough. Cornwall is comparatively free, except in the neighborhoods of Falmouth and Bodmin. A belt of liability runs across Devonshire from Barnstaple to Exeter and Exmouth. Plymouth and the vicinity, with Totnes, is above the average; as also are Taunton, Axminster, and Bridport, Wells, Warminster, Blandford, and Poole in Dorsetshire. Bath stands high for mortality from cancer; so do Tetbury, Marlborough, Devizes, Shaftesbury, and Lymington. The Isle of Wight is all but free from cancer; and so is likewise the New Forest. Brighton and its district are bad; so are Hastings, Romney, Marsh, Folkestone, Dover, Deal, Ramsgate, and Margate. Coming nearer to the metropolis, we find that in Chertsey, Guildford, Dorking, Epsom, Reigate, and East Grimstead cancer is pretty equally prevalent. The huge London district, with the exception of Uxbridge and Hendon, if we extend it to Oxford and Aylesbury, with St. Albans on the one side, to Ware, Epping, Ongar, and Shoeburyness on the other, constitutes one appalling cancer field. In London proper, strangely enough, the parish of St. Luke's, the swarming neighborhood of Bishopsgate, crowded Bethnal Green, far away Old Ford, Bow, Poplar, the Isle of Dogs, savory Rotherhithe, and fragrant Bermondsey, are almost entirely exempt.

The west, the north, the south as far as Wandsworth and Clapham, have a second degree of mortality; the parts about the Marylebone-road, Regent's-park, and Primrose-hill are exceptionally bad. The returns for London go to show what is demonstrable in another way—that density of population, hard living, and laborious toil, have very little to do in favoring the appearance and growth of cancer. Liverpool, like London, is situated on the banks of a large tidal river; it has a teeming and not over-sober population; its deaths in 1878 from all causes, out-numbered by a thousand the total of its births; and yet it, with this heavy general mortality, has an enviably small percentage of deaths from cancer; the reason being that it is surrounded by a district not liable to cancer—one, in fact, affording the lowest mortality from this cause. On the contrary, London is a huge cancer-bed in itself, and at every conceivable point the country for many miles round is almost equally bad. From these facts Haviland deduces the following conclusions: All places and districts with a high mortality from cancer present common characteristics. They have rivers or streams taking their rise in soft, crumbling rocks; the volume of water is liable to overflow after violent rains or sudden thaws, submerging the country to a greater or less extent on either side. The subsidence of these floods is very much more gradual than the rapidity with which they spread. Hence a complete saturation of the soil to a considerable depth, and from the surface a constant exhalation of decaying vegetable and organic matter. The land having never time to purge itself from the poisonous malaria thus engendered, has a store constantly in hand with which to welcome the next deadly overflow. Hence, I would submit, that it follows incontestably that cancer beds, once formed in this fashion, must go on in an ever-increasing ratio in the manufacture, propagation, and dissemination of germs which are the sole efficient cause of cancer.

If this theory, which I contend the logic of facts establishes, be correct, it throws much light on the increase of cancer, its apparent hereditary nature, its liability to return, and preponderating influence amongst females, whilst it affords some hope of successful treatment.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Two English diaries, the "Chemist's and Druggist's Diary," and the "Sanitary and Medical Records Diary," are publications of convenient office use, and contain a quantity of interesting tables and memoranda.

——The genesis of tumors has lately been the subject of close study in the laboratory of the University of Pennsylvania. Dr. H. F. Formad maintains the propsition that all primary tumors are direct products of the inflammatory process. Dr. Henry Wile has made many experiments in relation to the pathogenesis of secondary tumors, resulting in establishing the fact that metastatic malignant tumors develop in exactly the same manner as particles of normal tissue. The reprints setting forth these results may be obtained of the authors.

——Dr. Edward Borch, of St. Louis (1225 Washington avenue), will send any of the following reprints of his various articles to those interested in the subjects: "Fracture of the Femur" (with cuts), "Ovarian Tumors," "Reflections upon the History and Progress of Wounds and Inflammations," "Simple Methods to Staunch Accidental Hemorrhage" (with cuts), "Observation on Surgery in Children," "Compound Dislocation of the Wrist" (with cuts).

——In a reprint from the "Medico-Chirurgical Transactions," vol. lxv., Mr. Reginald Harrison describes an interesting case of lithotomy, where a tumor of the prostate was successfully enucleated.

——The Biennial Report of the Alabama Insane Hospital, Dr. P. Bryce, Superintendent, has some points of interest. Out of 1835 patients the alleged exciting causes of insanity were: Religious excitement, 91; masturbation, 42; and the use of tobacco is charged with 25 cases. One interesting point of discipline is mentioned which deserves to be brought to general notice. The Superintendent writes:

Speaking of the value of a proper discipline of the nurses and employees about an establishment of this kind, I would state that the system established here twenty years ago, of imposing a small fine in money for every careless or wilful neglect of duty, is still in vigorous operation. This system, so far as I know, is peculiar to this hospital; and besides effecting a saving to the institution in money, it enforces an attention to duty which I am satisfied no other method can so easily and pleasantly effect. It serves, too, I am further convinced, to secure us a more reliable and efficient corps of nurses and employees, since the insubordinate and worthless characters, who are always on the lookout for easy places, seldom apply to us for employment.

——A new Homœopathic Pharmacopœia, published by Boericke & Tafel, of this city, has been suppressed under the copyright laws, and the entire edition destroyed. About 1,500 copies were printed, and the publishers will lose $2,500 on the venture. A large portion of the book, it is alleged, was copied from the United States and National Dispensatories. It is open to question how far scientific facts should be considered controlled by such laws.

THE

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DISTRICT PHYSICIANS.

As a class, the medical profession is notoriously and culpably negligent of its temporal interests.

There are, of course, certain individuals among us who have the bump of money-making well developed, and who turn every move, every action, almost every word, into cash; but they do so only for themselves. individually, and seem perfectly indifferent concerning the pecuniary welfare of their brethren.

We have our associations, our societies, it is true, wherein doctor meets doctor; but they meet, not to devise plans for causing a more substantial recognition of the physician's services, but rather to compare experiences in the progress of our science.

This, it is true, is a much more æsthetic aim than is the pursuit of "filthy lucre," but it will not buy bread and butter and clothing.

The old-established practitioners seem to forget that they were once struggling, half-starving aspirants for the positions they now so greedily and persistently hold on to; and so forgetting, neglect to use their influence to remove from the paths of the young men of to-day the obstacles against which they repeatedly stumbled in the days of "Auld Lang Syne."

Possibly they consider that adversity is an excellent teacher, and that each obstacle met and surmounted without extraneous aid gives that much greater force of character and determination to the young man.

In this, to a great extent, they are right. The leaders of our profession to-day walked any but rosy paths thirty years ago, and they no doubt feel that much of their success is to be attributed to the very difficulties they have encountered.

But when we reflect for a minute, can we not each of us recall some instance where a bright and promising young man has been literally forced out of the profession, and his talents and years of labor lost to science, because it became absolutely necessary for him to make in some trade or business that livelihood which his profession failed to afford him.

We have had occasion more than once in these columns to advocate the establishment of certain positions suitable to be filled by medical men, such as Sanitary Inspectors, Police Surgeons, etc., which, if properly considered, would be recognized as absolutely essential to the higher form of collective human life, or to speak more plainly, of good government. The medical profession and the leaders of it, those whose age, reputation, and acquaintanceship give them influence with legislation, are the ones to take this matter in hand.

Organize and persistently labor, until you have succeeded in securing from the proper authorities the establishment of positions calculated to preserve the health and lives of the people, and then see to it that these positions are filled by worthy young men.

Force a liberal (but not extravagant) remuneration, so that the young physician may live on his salary, and give his labors to science, while waiting for private practice.

You, old men, are the ones to do this, and it is a duty you owe to your youthful confreres.

You have not fulfilled the measure of your obligations when you perform your duty to yourselves and to your patients; you must have a watchful care over the young men, preparing to carry on your grand and noble work when you leave off, when called to your reward; and you are as much bound, morally, to fulfill this duty, as is the bishop to look after the welfare of his clergymen.

We wish in an especial manner to speak about the remuneration of "district physicians" in this city. They are very hard worked as a class, visit many patients, do an immensity of good to the poor, and receive, we believe, one hundred and twenty dollars a year. The injustice of this remuneration will be apparent to any one who gives the matter a trifle of investigation; who notes what large areas are covered by the various "districts," and how many visits are made.

In the city of Washington, the city physicians (there are fourteen of them) receive each $600 per year. So should it be here; this is a fair figure, and would prove a godsend to many a worthy, ambitious, but poor young man.

You old wiseacres, take heed of what we say; scratch your gray heads, and evolve some charity therefrom for your young brethren; help them along—it wont hurt you *here*, and may help you *hereafter*.

RAG-SORTING AND SMALL-POX.

The recent outbreak of small-pox among rag-sorters in mills, points a hygienic moral that should not be neglected.

That the poisonous agency of contagious diseases may retain its activity for a long time is well known.

That the rags taken into the mills are collected from all sources and are not overly clean, is equally well known.

That epidemics (and violent ones) of small-pox have frequently arisen in this way, is also well recognized.

That they *ought* not to, is a fact exceedingly familiar to every sanitarian.

The remedy! We find it in two words; *vaccination, disinfection.* So much has been recently written about vaccination, that we will refrain from further infliction of our readers on the subject.

But for disinfection of these reeking, filthy rags, we must make a strong demand.

We should have legislation forcing manufacturers to thoroughly disinfect these rags before any human being is allowed to handle or assort them, and by so doing stir into the atmosphere the disease-germs lurking in them.

We cannot conceive of a greater source of disease than this, and we should compel our rich mill operators to give some thought to the health of those whose labor makes their wealth.

REPORT ALL YOUR VALUABLE CASES.

Within a few days, in conversation with a physician, he made the remark, "Dr. So-and-So has, to a great extent, made his exalted reputation because he fails to report his unsuccessful cases."

That this is true of the majority of physicians,

we will all admit, until the accusation is brought home to ourselves.

That it is wrong, and that it tends to hinder the upward progress of our science, is equally true.

We realize that it is against the instincts of nature and the doctrines of self-preservation for a man to acknowledge voluntarily his failures, and it would seem too Utopian to hope that such a consummation can ever be achieved; yet must it seem clear to every thinking man, that conclusions or statistics based upon such partial and one-sided reports can serve only to mislead those whom they are supposed to guide.

Can we not rise above this petty selfishness, and in our medical societies and our professional journals, admit our failures as well as our successes?

The *capable, intelligent* physician *never fails through his own fault;* his lack of success is invariably due to circumstances beyond human control.

Should such a man, then, report a failure, and explain, as far as possible, the causes that led to failure, and demonstrate the fact that every possible precaution to insure success was resorted to, he will receive from his *capable and intelligent* hearers, a universal commendation of his honest, manly, *scientific* course; while the professional snarlers will do him no more real injury than does the barking cur to the legs of the noble stallion.

Statistics will then be reliable, and we will have made a great step in our march to exactitude.

CAN THERE BE TRUE SPECIALISTS?

The question has been raised by a very prominent physician—an *old-timer*, a solid, substantial member of our profession, who, while an ardent admirer of progress, yet deprecates the present divisional system of medicine—whether there can be a *true specialist*, and he tells the following story:

A wealthy man was *sick;* he consulted his physician in this country; *kidney disease* was the verdict; he went to France; you have *heart disease*, said the Frenchman; he went to Germany; your *brain* is affected, was the conclusion of the German.

In each instance the gentleman consulted was a so-called specialist on the disease with which he pronounced his patient afflicted. Finally, the man died, and it was found that all were right. The man had kidney disease, he had heart disease, and he had chronic congestion of the brain. But, said our story-teller, the kidney affection was the result of the heart affection, or the heart disease was the natural outcome of the kidney disease, and the brain trouble was the necessary consequence of imperfect action of both these important systems.

Therefore, he says, can a man really devote himself to any one special set of organs? He thinks not, and we agree with him,

The human body is too much of an entity for any one system to be exclusively deranged, while the others remain healthy.

Action and reaction are the two great rules of organic life; one diseased organ will react injuriously on a healthy organ, and so on throughout the whole human system.

Mechanically, we may have *specialists;* a certain man may have particular adeptness (acquired by constant practice) in examining and operating upon the eye or the ear, the nose or the throat; but then he verges on the province of surgery.

We fear and hope that specialism, carried to the extent it now is, will soon prove one of the *schisms* with which our profession has been, from time immemorial, afflicted, and will live its day, to give place again to the two regular and legitimate divisions, viz; *medicine and surgery.*

Surgery really is a special branch of medicine, and a justifiable one. When a physician recognizes the necessity for the *mechanical* treatment, he can and will recommend the surgeon; but for a man who realizes the interdependence of all the parts of the human body to advocate the special significance of any one single system, seems very impracticable, to say the least.

Asthma Cigarettes.

Impregnate well-nitred tobacco with an alcoholic fluid extract of grindelia; let dry and use in cigarettes. Owing to the nitre, they will continue to glow and to develop smoke. So says the *Boston Journal of Chemistry.*

Notes and Comments.

Haematemesis Due to Visceral Syphilis.

A butcher, aet. 39, had become very anæmic in consequence of vomiting blood and loss of blood by the bowels. Dr. A. Hiller (Monatschr. f. Prakt, Dermat, July, 1882), who attended the case, made the following diagnosis: There was a history of syphilitic infection, sixteen years ago; many characteristic and partly recent cicatrices were found on the gums, a characteristic ulcer on the septum of the nose; further, there was present a mild icterus, enlargement and sensitiveness of the liver, hypertrophy of the spleen without ascites, no fever, absence of any symptoms or signs denoting a gastric lesion; basing his opinion upon these, he came to the conclusion that it was a case of syphilitic disease of the liver, probably in the form of a syphilitic cicatricial constriction, and in consequence of the latter, an obstruction to the circulation of the portal system, but not of sufficient degree to cause watery effusion. The blood evidently came from peripheral branches of the portal vein in the stomach and the beginning of the small intestines, and probably caused immediately by bodily overstrain and overfilling of the stomach.

The patient was first placed upon styptics, and then an anti-syphilitic treatment instituted. The success of the latter was so remarkable that before the lapse of a month the patient had lost all symptoms and signs of his former malady, was strong, stout, and even plethoric, and felt so well that he could not be induced to await a perfect cure in the hospital, but left.

The Straight-Bodied Position in Labor.

In the *British Medical Journal* for December 2, 1882, Dr. A. Drummond McDonald appears in an article entitled "The Straight-bodied Position in Labor." He desires to corroborate an observation made by Dr. G. Hurt, of this country, that a sharply-flexed and abducted position of the thighs conduces to perineal injury, although he does not believe, with Dr. Hurt, that this position relaxes the perineum, but only that no artificial pressure is put upon it. "In every case where the presenting mass has almost reached the perineum," he says. "the patient should be placed in the straight-bodied position; that is, with the lower extremities adducted, and in the same straight line with the body. The effect of this position is to retain the natural obtuseness of the angle of inclination of the perineal plane; it straightens the vaginal parts of the passages and prevents the sacral segment of the floor being converted into a valvular lid for the pelvic box in its coccygeo-pubic plane. Hence, a demonstrable source of speedier labor." He cites 18 cases—19 children, there being one twin labor. There were ten primiparae, three secundiparae and five multiparae. Eleven mothers were delivered by forceps. The results are as follows: Fourteen cases afforded positive proof in favor of the straight-bodied position; two gave negative proof in its favor, and two tended to prove that straight-body *plus* support exercises only a slight beneficial influence, where there is genuine rigidity of the perineum, though it is probable that the flexed thigh position *plus* support would have produced a worse result. He believes that the other methods for acceleration of delivery and prevention of laceration find a valuable adjunct in the straight-bodied, or, as he proposes to call it, the *orthoclematic position.*

Nephrectomy.

The operation of nephrectomy, so popular of late in New York, has not been resorted to as enthusiastically as it was before the recent removal of the kidney from a patient in one of the city hospitals. No urine was passed after the operation, and the woman died in two days. It was found that there had been but one kidney—that removed by the surgeon. It is unnecessary to offer any comments upon this case, as "he who runs may read."—*Medical News, December 23, 1882.*

Treatment of Croup.

In the classification of diphtheria and croup, Prof. Dujardin-Beaumetz considers them the same (*Medical Record*), and states that the medical methods of treatment should be the same. In entering on the description of croup, he says: "In France we are agreed that pseudo-membranous croup is the extension of diphtheria to the larynx, and we reject altogether the possibility of an inflammatory 'catarrhal' croup, a notion which has been supported in Germany."

In regard to the use of emetics, he seems to be inclined to the use of apomorphia; the dose in adults $\frac{1}{6}$ of a grain, for young subjects $\frac{1}{12}$, and for children of a still younger age $\frac{1}{30}$ of a grain, the medicine to be given hypodermically.

Mesenteric Cysts and Tumors.

Mr. T. Spencer Wells says, in the *British Medical Journal*, Dec. 9, 1882, that until last summer he had not met with any cases of mesenteric cysts or solid tumors. (In the *American Journal of Obstetrics*, Dec. 1882, a case of extirpation of

a cyst of the mesentery is reported. Werth, whose case it was, thinks that it was a mesenteric gland transformed into a cyst.)

In Mr. Wells' first case he did not attempt to remove the cyst, only removing the fluid contents. On June 20, 1882, he removed a solid tumor, whose origin was clearly in the cellular tissue, at the root of the mesentery proper, near the lumbar vertebrae. All its blood supply was derived from the mesenteric vessels.

The uterus and both ovaries were healthy.

Mr. Wells concludes thus: "The removal of a solid mesenteric tumor may still be regarded as a surgical curiosity."

Tracheotomy.

The article upon tracheotomy and its discussion in the Society for Medical Observation reported in the *Boston Medical and Surgical Journal*, is most interesting and instructive, and especially can be appreciated by those who have been called upon to perform the operation. Points of election are different, and each seems to have its advantages. Too much stress cannot be laid upon the importance of performing the operation early, before the patient is too exhausted to recover under favorable circumstances, and the proper use of stimulants afterward. There is great inclination on the part of friends and many physicians to postpone operating until the last moment, hoping it may not be necessary; in this way many lives are lost through best intention. Stimulants pushed to the maximum endurance are indicated, particularly when the patient has been at all asphyxiated. The use of anæsthetics seems to be dangerous, from the liability to spasm of the glottis: and asphyxia contraindicates them always. The plan of placing a moistened sponge on the anterior portion of the neck is a valuable suggestion, for the patient must naturally be weakened by the sweating that follows a prolonged stay in a thoroughly heated atmosphere. In spasmodic croup, or laryngismus stridulus, the use of a drop or two of nitrite of amyl, on a piece of cloth and inhaled, is highly extolled by Dr. Cornelius Kollock, of South Carolina.

Elementary Composition of Starch.

So far the original formula of starch ($C_5H_{10}O_5$) has generally been accepted as correct, but frequently been disputed. Näyell says that the composition of amylum was $C_{36}H_{62}O_{30}$; Tolleur and Pfeiffer are undecided between $C_{24}H_{40}O_{20}$ and $C_{24}H_{12}O_{21}$. Dr. F. Salomon has recently made the subject a special study (I. f. Prakt. Chemie. xxv, p. 348), and basing his decision upon experiments, by which the starch was changed to glucose and this by polarization, then again by the specific gravity of the solution, he arrived at the conclusion, that the old formula $C_6H_{10}O_5$ was the only correct one, and the only one which by the aid of polarization could be proven to be invariably the same.

Idiopathic Spasm of the Glottis.

This affection has been first accurately described by Fleury. Dr. O. Berger now reports two cases of this kind which came under his charge. (Neurol. Cbl., 1882–3.) One was the case of a lady, æt. 28, not hysterical. She for several years had occasionally, and while otherwise in perfect health, suddenly the sensation of tension in the upper part of the throat, and her tongue appeared swollen to her. One to two minutes later the organ was seized by violent rhythmic contractions, 50–60 in a minute. The tongue was thrown forcibly against the front teeth. Nowhere could anything abnormal be detected. Cure was established by the long-continued sojourn at Landeck (spring containing iron). In the second case, a man æt. 42, the tongue was thrown forcibly out of the mouth. This had happened several times daily for over two years. A tonic treatment was here also successful.

Dr. Berger describes besides a spasm of the cremaster muscle, a complaint which he had opportunity to observe in two men (one 44 and the other 56 years old). In both cases the spasm occurred on the left side, lasted 2–3 minutes, and recurred several times daily. In the one case a long course of Kissingen and Carlsbad water brought about remissions of several months duration. The second patient received decided benefit from the subcutaneous application of atropia and of galvanization (anode in the lumbar region over the spine, cathode over the scrotum).

Dislocation of Astragalus.

In *The British Medical Journal*, Dec. 2, 1882, Mr. W. Hunt reports a case of forward dislocation of the astragalus, which he succeeded in relieving, without the aid of an anæsthetic, by making extension on the foot, and counter-extension by the arms, and pressure on the dislocated bone. The result is the more gratifying when we remember that the reduction is difficult and often impossible, without previous division of the tendo Achillis. If all attempts fail, it brings up the vexed question as to the advisability of removing the bone, especially if torsion or version exist.

Correspondence.

A Case in Practice, Presenting Some Peculiar Features.

Ed. Med. and Surg. Reporter:—

I was called on the morning of June 13, 1882, to attend Mrs. Z. in her second confinement, her previous one having occurred in 1878, when a remarkably healthy child was born, who is still living. This time she was delivered of a child in the seventh month of her pregnancy. The child had the wrinkled, weazened appearance of children born at that time, weighed three pounds, and lived four weeks. After the placenta had been removed, and I was in the act of adjusting the bandage, I discovered that the abdomen had not sunk, as is usual, and therefore I made an examination to satisfy myself that there was not another child in the uterus, but found nothing.

On my return the next day—14th—I found the abdomen still distended, a temperature of 103° F, pulse 100, and respiration 27. For about six weeks previous to this time, she had had the severest rasping cough I ever observed, which she said came from her stomach, and for which expectorants did her no good. As an epidemic of typhoid fever was prevailing at the time—her husband having had it within the year—I diagnosed it to be an attack of that disease, and believed it had brought on the premature delivery. During the next nineteen days her evening temperature averaged 103⅘; minimum, 103; maximum, 105; her morning temperature 101¼; minimum, 98½; on the seventeenth day, after fifteen grains of quinine the previous evening, maximum 102½, respiration 24. The lochia was normal in quantity and quality, and milk was secreted in the mammæ. Some difficulty in urination, of which she complained the first week, had subsided. On the twentieth, twenty-first and twenty-second days her morning temperature was 98½°, 99½° and 98½° respectively, and I believed convalescence established. She rested better, and her cough, which had been incessant, had gradually decreased to a half-hour paroxysm every evening or night. She had had no diarrhœa, but the bowels were easily moved with castor oil; took nourishment, and the tongue was kept in fair condition by mild alteratives. Did not complain of abdominal tenderness either on light or deep pressure, except over the region of the liver, which could be felt beneath the ribs.

It now being three weeks since the onset, and all the symptoms having almost subsided—except one—we concluded that there could be no mistake in our diagnosis. The unrelieved symptom was tympanites; and as this had been the initiatory, so it was the constant and unintermittent one to the end. After the twenty-second day the fever again arose to daily exacerbations of 103, 104, and 105, and remissions of 101 to 102—the maximum occurring from one to four a. m., and the minimum about the same hours p. m.

It would often rise three degrees in three hours or less, and fall as rapidly, sometimes with profuse sweating. The pulse rose from 140 to 160, and the breathing to 45 to 55 per minute. Delirium supervened; the urine and feces were passed in the bed, and she gradually failed in strength, although taking considerable aliment until the 12th of August, 1882, when she died, sixty days after confinement.

At the autopsy we found the heart and lungs in a normal condition. The liver was about double the ordinary size, but its substance was healthy; but it was adherent to the abdominal parietes and to everything bounding it, either by close adhesions or by fibrous bands from a quarter of an inch to an inch in length. The omentum was firmly adherent to the parietal and visceral peritoneum, and the bowels were glued together to the extent that nothing could be separated except by close dissection. Peyer's patches, while partaking of the general glutinative condition, gave no positive typhoid evidence. The uterus had undergone perfect involution, and all the pelvic viscera were in a normal condition.

The points of query in this case are:

1st. The severe cough without any thoracic trouble, it being almost without intermission day or night for six weeks before confinement, and gradually abating from that time until death.

2d. The rapid rise and fall of temperature, and at such uncommon hours.

3d. The extensive adhesions without pain or tenderness; and

4th. Suggestions are solicited as to the correct diagnosis of the case.

J. A. Kimmel, M. D.

Findlay, Ohio.

Aconite and Belladonna in Erysipelas.

Ed. Med. and Surg. Reporter:—

In your issue of Nov. 25, 1882, the treatment of erysipelas was spoken of. I wish to say a few words in regard to the treatment of that disease. For the last three years I have been treating it with aconite and belladonna, and with much better resuls than with other methods of treatment, either locally or constitutionally. I have found it superior to iron and quinine, or any treatment that I have used or seen used. The inflammation will begin to subside in from twelve to twenty-four hours, patient will feel more comfortable, and will go on to a speedy recovery. I have used it in cases of all ages, running from fifteen months to fifty years, and with like results in all. I generally give one drop of tinct. aconite root, and two drops of fl. ex. belladonna every hour, according to age. I very often direct a mixture of acid carbol., tinct iodinæ and glycerinæ to be used locally. This is unnecessary as to cure, but it adds to the comfort of the patient. I have also found belladonna a very useful drug in the treatment of various skin diseases. I very frequently combine the fl. ex. and liq. pot., arsenit., and cure cases that have resisted other treatment.

J. E. Rigg. M. D.,

Stoner, Pa.

Treatment of Diphtheria and Pseudo-Membranous Croup.

Ed. Med. and Surg. Reporter:—

I would respectfully reply to the request of "W. I. H.," M. D., Ohio, and refer him to the Medical and Surgical Reporter of March 24, 1877, p. 265, where he will find what may be safely considered the most satisfactory treatment of diphtheria and pseudo-membranous croup. In the use of the lime

inhalations, I would urge that the air of the chamber be kept constantly moderately saturated with the vapor, and when paroxysms incident to the disease threaten, the inhalations be taken as freely as possible. To secure the best results from their use the vapor should be allowed to generate under a blanket suspended over and surrounding the vessel containing the lime and water, and the patient given access to the vapor by admitting the head and shoulders under the canopy at one corner of the covering. The space occupied by the vessel containing the slaking lime should be as large as it can be conveniently made. Lime inhalations, thoroughly administered, are efficacious in soothing the patient. They will prolong life and rescue from death. THOMAS HAY, M. D.

1127 *Arch Street, Philadelphia.*

Foreign Bodies Swallowed.

ED. MED. AND SURG. REPORTER:—

In your journal of the 16th of December an article on "Foreign Bodies Swallowed" reminds me of a large peach-pit that was swallowed by a stout young laborer. It had reached the colon at its attachment to the sacrum, lying horizontally; the bowel contracted below it as though tied with a thread; only the rough side of the stone the size of a pea could be reached by the finger. A dose of oil was directed. A week later the oil had not passed; the pressing down was terrible. He was placed on his back, knees elevated, the index finger oiled and pressed up so as to touch the stone. A probe-pointed bistoury passed flatwise on the finger through the opening, which could only be just reached. The cutting edge was then turned toward the spine, when the stone was immediately shot across the room, followed by a copious deluge. He went to work without an unpleasant symptom afterward.

In your journal of September 20, 1873, may be seen an account of 21 pins, crooked and straight, having passed a babe one year old in two days.

EDW. VANDERPOEL, M. D.

New York.

NEWS AND MISCELLANY.

Porro's Operation.

The patient on whom Dr. Clement Godson, of England, recently performed Porro's operation on account of contracted pelvis, has progressed steadily towards recovery, and but little doubt is now felt in her ultimate complete restoration. The child also is healthy and doing well.

Pasteur's Researches.

M. Pasteur has gone to the valley of the Rhone to investigate a disease among pigs which has recently been fatal to 20,000. The disease is called "le rouge des porcs," and M. Pasteur announces that he has discovered its cause to be a very minute organism, which, in point of size, resembles that of chicken cholera. It differs, however, in its physiological properties, since it has no action on fowls, but it is fatal to rabbits and pigs, especially to white pigs. M. Pasteur has convinced himself, by experiments, that one attack affords protection against another; and he has succeeded in inoculating pigs with organisms which have been weakened by culture, and in thus rendering these animals insusceptible.

Doctors of Medical Science.

The French Minister of Public Instruction has recently issued a circular to the doctors of the medical faculties and schools, requesting them to seek the advice of their various councils as to whether it would be desirable to create a new degree superior to that of Doctor of Medicine, to be termed Docteur dès Sciences Médicales. While leaving the discussion on the subject free and open to the profession and academic councils, and desiring their opinion on the matter, the Minister observes that there are three points to be especially considered: 1. The utility of having above the doctorate of medicine, which is especially a professional degree, a superior degree indicating more complete and more scientific acquisitions, and more personal and more original studies. 2. What exigencies should be imposed on the candidates for the new doctorate beyond those already required for the doctorate of medicine? 3. In what way are the tests of the qualifications of the candidates to be settled?

Female Doctors.

An Austrian lady, who has graduated as a doctor of medicine at Zürich, has been refused permission to practice by the Cultus Minister of Austria. He holds that the diplomas of foreign universities can only confer rights on those who would be eligible for degrees at Austrian universities; and as these do not admit women as students, his decision debars all women, however well qualified, from all those professions for which a university degree is required. It is expected an appeal will be made to the law courts.

Competitive Examination in China.

An exchange says—"The yearly provincial examinations were held this autumn in Hongchow, the streets of which city are described as having literally swarmed with students of every age, from fifteen to eighty, and of all conditions, from the poor bank drudge to the sleek millionaire. The examination 'hall' was an enclosure of some eight acres, containing 10,000 cells for the students, each cell being about three feet wide, five feet deep, and seven feet high, and furnished with two boards—one for seat and bed, the other for desk and table. The candidates went in on the 8th day of the 8th moon, and remained in till the 10th—two nights and one day. They then came out, and returned on the 11th, when they went through precisely the same ordeal, which was repeated on the 14th, and they finally left their cells on the 16th. It is no unusual thing, we are told, for a candidate to be found dead in his cell."

A Centenarian.

From *The Lancet* we learn that Miss Sarah Apted, residing at Fern Villa, Garlands-road, Redhill, attained on the 29th of November the great age of 100 years, she having been born at

Reigate, on December 2, 1782. There is no doubt about the authenticity of her age, as the entry of her birth and the date may be found in the books of Reigate parish church. She enjoys very fair health, gets up and dresses herself every day, has a good appetite, and occasionally takes and enjoys a glass of port. She has only one useful eye, having lost the other, as she says, "from inflammation, in the month," meaning in the first month of her life.

Measles in Ohio.

A Georgetown correspondent writes that measles are prevailing in the vicinity of Georgetown, Ohio, as an epidemic, but as yet few deaths have occurred, although it is measles in town, measles around town, measles in the adjoining towns, and all you can hear is measles, measles, measles.

The Volta Prize.

We learn from the *Electrician* that a prize of 50,000 francs offered by the French Government, will be awarded in 1887 to the author of the discovery which shall be adjudged to have best increased the facility of applying electricity as the source of light, heat, power, chemical action, or as a transmitter of messages, or in the treatment of diseases. June 30th, 1887, is the last day for receiving claims, and the prize is open to scientists of all nations.

Solidified Tea.

From the *Scientific American* we learn the following process. One hundred grammes of ground sugar and 10 grammes starch sugar are boiled with the quantity of water required for solution, until the mass becomes tenacious, but yet remains transparent. After cooling, 50 grammes of tea, previously mixed with 50 grammes of dry sugar, are added. The plastic mass is pressed into moulds, and when solidified forms the preserved tea.

Domesticity as a Cause of Insanity.

The following, which we take from the *Boston Journal of Chemistry*, will afford food for much reflection. "Mrs. M——, aged forty-four, mother of eight children, acute mania. The husband, when asked if he could suggest any cause for her illness, exclaimed, with much animation, that he could not conceive any reason. 'She is a most domestic woman; is always doing something for her children; is *always* at work for us all; *never* goes out of the house, even to church on Sunday; never goes gadding about at the neighbors' houses, or talking from one to another; has been one of the best of wives and mothers, and was *always* at home.'" The superintendent, in commenting on this case, says, "This appreciative husband could hardly have furnished a more graphic delineation of the causes of his wife's insanity, had he understood them never so thoroughly."

Women Doctors in Spain.

La Tribuna, of Madrid, has a long account of the granting by the medical faculty of that city of a degree of medicine on Señorita Martina Casells y Bellaspi. She is the first Spanish woman who has ever studied medicine and taken her degree. The paper speaks in warm terms of her as a lady who, in spite of much opposition and national prejudice, has won high honors. Another Spanish lady is following in Señorita Casells' footsteps. Finding the Valencian School of Medicine had closed its doors against her, she is now studying in Madrid, where she has met with a more friendly reception.

Chest Development by Exercise.

Dr. Cathcart, Lecturer on Anatomy in the Edinburgh School of Medicine, in a lecture delivered at the Edinburgh Health Society a short time since, gave, as to the effects of exercise in expanding the chest, some striking facts which related to a school where physical exercises had been systematically carried out. The effect of regular exercise was shown as follows: New boys, aged fourteen, average chest measurement, 29·3; at fifteen, 30·16; at sixteen, 32·0; at seventeen, 32·6; and at eighteen, 32·5; while former boys measured respectively 30·6, 32·1, 34·2, 35·8, and 36·8.

To Hasten the Action of Quinine.

Dr. Starke, in *Berliner Klin. Wochenschrift*, advises that before swallowing powder or pills of quinine, a weak tartaric acid lemonade be taken. This procedure not only greatly accelerates the solution and absorption of the quinine, rendering its physiological action much more prompt, but also obviates that unpleasant gastric irritation so common after the administration of large doses of this drug.

Hydrophobic Meat.

At Reading, Pa., lately, the authorities arrested two country butchers, charged with selling the meat of three hogs which were bitten by mad dogs and died of rabies. It is alleged that a number of persons became sick after eating the pork. Similar instances have been reported where the flesh of sheep bitten by rabid dogs have brought on severe symptoms. All such animals should be slain and buried or burned.

Professor Bergmann.

The Berlin correspondent of the *Medical Record* furnishes the following pen-picture of the successor to Prof. Von Langenbeck: Prof. Bergmann, of Würzburg, is a middle-aged man of forty-five (he was born December 14, 1836), and is the son-in-law of the well-known Russian State Councillor, Dr. Adelmann, of St. Petersburg. Only a few weeks since he was distinguished by the appointment as Surgeon-General à la suite, in the German army, and, together with Gerhard and Kölliker, forms the principal attraction of the Würzburg Medical Faculty. After the completion of his medical studies, he connected himself with the Russo-Prussian University at Dorpat, where he was at first adjunct, and later regular professor of surgery.

In the surgical world, Von Bergmann has become known through his exact and interesting studies of the septic properties of wound-secretions, and his experimental investigations into the pressure-symptoms sequent upon injuries of the

cranium. Further, he has published studies on different operative procedures and their technical improvement—the result, in part, of his experience on the field during the Franco-German war. In his practice, he is a firm advocate of Listerism. In the year 1871, he received a call to Königsberg as regular professor of surgery, and was preparing to accept the position when Dr. Schönborn was elected in his stead.

But in 1875, on the death of Professor Von Linhart, of Würzburg, Von Bergmann was appointed as his successor, and since that time he has occupied the chair of surgery, and has been director of the surgical division of the old and famous Julius Hospital in that town.

Treatment of the Wounded in Egypt.

During the recent war in Egypt the antiseptics used on the wounds were iodoform, and a solution of chloride of zinc, forty grains to the ounce. Sometimes one part of this zinc solution was added to three parts of one in twenty carbolic acid solution, with excellent results.

Hunt's Satire.

In the course of his recent interesting address on Lumarch's criticism of the Garfield case, Dr. Hunt read E.'s criticism that "no antiseptic precautions were used to purify his hands by the physician who arrived first at the depot, before introducing his fingers into the wound." Dr. H. then said, "I would like to inform the distinguished professor that it is not customary in American railway stations to keep 40 per cent. solutions of carbolic acid on draught for such emergencies." The whole address was pointed and made doubly interesting by brilliant paragraphs of wit and satire.

A Good Thing in Vaccination.

The *Scientific American*, November 18th, 1882, is authority for the statement that the New York express train on the Erie railroad, passing eastward, was held at Elmira, November 9th, till physicians could vaccinate all the passengers not already protected. The cause was that a passenger afflicted with symptoms of smallpox was taken from the train at Hornellsville.

St. Louis Obstetrical and Gynecological Society.

At the annual meeting of the St. Louis Obstetrical and Gynecological Society, held November 16th, the following officers were elected for the ensuing year:

T. L. Papin, President: W. H. Ford, Vice-President; Walter Coles, Recording Secretary; M. Yarnall, Corresponding Secretary; T. F. Prewitt, Treasurer.

State and National Boards of Health.

The ill feeling that has always existed between the Board of Health of Louisiana and the National Board of Health has not diminished, to judge from a circular recently issued by the former. This document closes with these words:

"Whilst the National Board of Health was conducting an expensive system of detection and espionage during a period of perfect freedom from yellow fever within the bounds of Louisiana, against her legally constituted Board of Health, pestilence had invaded Brownsville on the west and Pensacola on the east. The opinion was expressed that the members and employees of the National Board of Health could find a better field for the exertion of their energies and for the execution of the will of the representatives of the American people, in combatting pestilence and in assisting the plague-stricken citizens of Texas and Florida, than in expending the public funds and moneys exacted from the railroad companies, in the conduct of a so-called inspection service in the healthy city of New Orleans."

Such a feeling of opposition is, we believe; unnecessary, and should not exist between two bodies each deeply concerned in beneficent work. We cannot enter into the mutual grounds of complaint in this case, but we believe that it is possible and desirable to have both National and State Boards of Health, and that they could and should work in harmony.

A Dangerous Charlatan.

The Illinois authorities have notified the profession of a man who pretends to be a physician, and who shows a diploma issued to H. A. Luders by the University of Göttingen in 1866. The diploma is genuine, but the notice sent us states that the Illinois authorities have evidence that it is a case of personation, the real Dr. Luders having died in 1878.

The Prevention of Blindness.

We have received a circular containing the following facts from Dr. Haltenhof, of Geneva, Switzerland (to whom manuscripts and letters desiring further particulars should be addressed):

The Fifth International Congress of Hygiene, which will meet at The Hague, Holland, in 1884, will award the prize of two thousand francs (£80 sterling) offered by the London Society for the Prevention of Blindness to the author of the best essay written in English, French, German, or Italian, on "The Causes of Blindness and the Practical Means for Preventing It." Besides this prize, the International Society for the Improvement of the Condition of the Blind reserves to itself the right to award a second prize of one thousand francs (£40 sterling), or two prizes of five hundred francs (£20 sterling) each, and a silver gilt medal with a diploma, should it see fit, to such of the essays as should, in the opinion of the international jury for the principal prize, be deserving of it; the last-mentioned prizes will be distributed at the centenary festival of the first blind institution founded by Haüy, which will take place in Paris in 1884.

The Fourth International Congress of Hygiene, which met at Geneva in September, 1882, has adopted for this competition the following programme, as prepared by the London Society for the Prevention of Blindness:

I. THE STUDY OF THE CAUSES OF BLINDNESS:

a. Hereditary causes. Diseases of parents, consanguineous intermarriages.

b. Infantile eye diseases. Various inflammations of the eyes.

c. School period and time of apprenticeship. Progressive shortsightedness, etc.

d. General Diseases. Diatheses, various fevers, chronic poisoning, etc.

e. Trade Influences. Wounds and accidents, etc., sympathetic ophthalmia.

f. Social and climacteric influences, contagious ophthalmias, unhealthy habitations, defective lighting, etc.

g. Neglect of treatment and bad treatment of eye affections.

II. THE STUDY OF PRACTICAL PREVENTIVE MEANS.

a. Legislative means.

b. Hygienic and professional means.

c. Educational means.

d. Medical and philanthropic means.

Items.

—Dr. Flaminio Tassi, of Siena, has published a report of four cases of erysipelas, which rapidly yielded to a saturated aqueous solution of picric acid, applied morning and evening with a camel-hair brush.

—The *Union Médicale* reports the case of a woman who was delivered of three girls and a boy. The four children together weighed six kilograms and a quarter. Three were born dead and the fourth was very feeble.

—Dr. John Burdon-Sanderson, F. R. C. P. Lond., F. R. S., Jodrell Professor of Physiology in University College, London, has been elected Waynflete Professor of Physiology in the University of Oxford.

—The Municipal Laboratory, in Paris, for the analysis of the solid and liquid food sold in Paris, is issuing a series of reports, from which it is seen that, in fact, nearly every article of consumption is more or less adulterated. Coffee and chocolate are rarely sold pure.

—Dr. Morrell McKenzie, of London, believes in the identity of croup and diphtheria, but thinks the question of whether or not diphtheria is caused by certain germs or not is still *sub judice*.

—Dr. Wetherill, of Philadelphia, writes to the *American Journal of Pharmacy*, that cinchona deposits may be readily cleaned from bottles by using aqua ammoniæ.

—The Senate of Toronto University has abolished the statute which requires candidates for the degree of M. D. to write a thesis.

—The county societies of the state of New York continue to instruct their delegates to repudiate the new code.

—An appropriation of $100,000 has been made by the Government for the erection of an army and navy hospital at Hot Springs, Arkansas.

—Dr. S. Waterman reports in the *Medical Record* two cases of diabetes, in which, though an abundance of sugar was found, the specific gravity was as low as 1.002.

—Dr. Robert C. Smedley died at West Chester, Pa., January 2. He was a homeopathic physician of prominence, and at the time of his death was engaged on a history of the underground railroad system.

—Trouble has arisen in McGill University, at Montreal, between the students and Dr. Wright, instructor, and 147 students demand his resignation, and threaten to leave if refused.

—The annual meeting of the contributors to the Preston Retreat, Philadelphia, was held last week. The report of Dr. Goodell was read, and showed that during the past year 138 patients were under treatment, and since the opening of the institution in 1866 the total number of admissions has been 1874.

—Dr. Isaac A. Doran was arrested recently at Olney, Ill., charged with forging Government drafts.

—Dr. S. M. Ballard, a prominent physician and land-owner, was robbed of $2,700 in cash at his isolated farm in Audubon county, Ia., recently.

—The smallpox is so severe at Salem, Va., that the public schools have been closed.

—The latest cure for alcoholism is the "Kala nut." It is said to implant an utter aversion to all forms of alcoholic beverages in those who eat it—*Credat Judæus.*

—Dr. E. M. Snow, of Providence, justly remarks: "On account of the weekly variation, both in the total mortality and in the items of it, weekly reports of mortality in any small city are misleading and deceptive, if used as a standard for the true rate of mortality, or for comparison with the mortality of other places."

QUERIES AND REPLIES.

W. H. K., Ill., asks for the experience of our readers in treating Ascaris, or Oxyuris Vermicularis.

F., of Ala. May a physician accept from a county, by the year, the medical treatment of its poor-house inmates at a stipend, appropriated and tendered by the commissioners' court, without violation of medical ethics?

Ans.—Yes.

MARRIAGES.

EASTMAN—DAVIS.—In Newbury, N. H., December 14, by Rev. S. L. Eastman, Oliver D. Eastman, M. D., of Piermont, N. H., and Addie D. Davis, of East Haverhill, N. H.

MATHER—EATON.—In Chester Depot, Vt., December 13, by Rev. A. R. Wilson, Dr. F. P. Mather and Mrs. M. K. Eaton, both of Chester.

PEASE—HEDDEN.—On December 25, 1882, at the residence of the bride's parents, Orange Valley, N. J., by Rev. Joseph A. Ely, Dr. Charles E. Pease to Mary A., daughter of Morris and Martha L. Hedden.

POLLARD—GOODRICH.—In Cavendish, Vt., December 31, by Rev. Foster Henry, Julian A. Pollard, M. D., of Springfield, and Lizzie M., only daughter of Christopher W. Goodrich, Esq., of Cavendish.

SHAFFER—DAVIS.—At Cream Ridge, N. J., Thursday, December 7, 1882, by the Rev. E. E. Moran, George W. Shaffer, M. D., of Philadelphia, and Lizzie H. Davis, of Cream Ridge.

LOCKWOOD—LITTLEFIELD.—In Woodstock, Vt., December 27, by Rev. Francis W. Smith, Dr. Edward B. Lockwood, of Portland, Me., and Luna E. Littlefield, of Woodstock.

GAY—McRITCHIE.—At the residence of Mrs. Howel, on January 10, 1883, by the Rev. Jas. Stacy, D. D., W. Fred Gay, M. D., to Miss Maggie McRitchie, all of Newnan, Ga.

DEATH.

STETLER.—In this city, on December 20, 1882, John G Stetler, M. D., in the 60th year of his age.

THE

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

WAS IT GLANDERS?

BY G. LAW, M. D.,
Greeley, Colorado.

W. B. W., aged 33, occupation livery-stable keeper and proprietor, doing much of his own work. Was born in Illinois, and lived there until seven or eight years ago, since which time his home has been in Greeley, Colorado. During his residence in Illinois, he had suffered occasionally from intermittent fevers, but not enough to produce any obvious cachexia, or to render him in any sense an invalid. He supposed himself to be in sound health—was, certainly, of a vivacious and lively temperament.

In September, 1880, he came down from Leadville, in this State, where he had been temporarily doing business, to Greeley (his home), suffering from a moderately severe attack of inflammatory or muscular rheumatism. This illness was of short duration, as my books show that only three visits were made.

He had no further medical treatment until May 19, 1882, when he called at my office and stated that he had a chill on the previous day (18th), followed by fever and sweating. Prescribed quinine and a laxative.

From May 22 to May 27, I made him four visits at his home.

Symptoms.—Illness ushered in with a decided chill, followed by fever and sweating, accompanied by costive bowels, some headache, moderately furred tongue, a general sense of pain in the back and limbs, and followed by a daily remission. This train of symptoms repeated itself up to and including the 26th, but with daily diminishing intensity.

On the 30th of May he was well enough to be and was in the stable attending to his business.

June 3. I prescribed for him in my office—a chill and fever having occurred on the previous day.

On the 5th of June the chill, etc., recurred.

His case was treated from May 19 until October 7 as an obscure and anomalous form of intermittent, and believed to be such because of the symptoms, and that the free use of quinine only seemed to manifest any control over it.

On the 5th of June, by my advice, he bought a bottle of quinine, and took fifteen to twenty grains of that drug once a week until October 7, with the effect of so far controlling the malady that he was constantly able to attend to his business, and did not further consult me, or any other physician, until that date, when he came into my office complaining of a cough and some pain in his chest. A careful stethoscopic examination of the chest revealed nothing of any consequence in that cavity. Prescribed for a common cold (catarrh).

October 13. Consulted me again in my office. Was now free from cough and pain in the chest. Has had no chills since some time previous to the consultation of October 7. Is now suffering from severe pain distinctly localized in the right leg, on the inner aspect and one inch below the knee joint. Said his urine had a "queer," cloudy look in the vessel on that morning. There was no swelling whatever at the point complained of as being painful; neither soreness to digital pressure. I had him leave me a sample of his urine,

which I examined by heat and nitric acid for albumen; result negative, and with like results for glucose by both Trommer's and Fehling's tests. The urine was loaded with phosphates. I concluded, upon the whole, that the pain now complained of must be rheumatic, and that it might be expected at any time to put in an appearance in a more decided form in other localities. So salicylate of soda was prescribed.

On the 14th, 8 p. m., I was called to his house and found him in bed suffering agonies of pain in the right leg just below the knee joint. He had also a chill at 4 p. m., and at the time of my visit a temperature of 104°. Morphia, hypodermically, brom. potass., grs. xxx per orem, to alleviate the severe congestive headache. To continue the salicylate.

15th, 8 a. m. Passed the latter part of the last night quite comfortably. Temperature 100°; almost free from pain. Moved the affected limb quite freely to show how much better it was. Not the slightest swelling. 8 p. m., 15th. Chill came again at 4 p. m. Temperature now 104°, and the leg pain as severe as ever, but says his head does not ache; morphia hypodermically.

16th, 8 a. m. He sweated freely two hours after my visit last night, and soon became quite easy, and passed in the main a comfortable night. Temperature 100°. Scarcely any pain in the leg, can move it about quite freely; no appreciable swelling. Urinates quite freely. I took a sample away with me and examined as before, with negative results. Ordered quinine grs. x. at once. Continue the salicylate. 16th, 7 p. m. Chill came again about 4 p. m. Temperature now 104°. Pain in the leg as severe as ever; complains of very little pain anywhere else. Mind not clear. Morphia hypodermically; increased the salicylate; quinine grs. x. at once.

17th, 8 a. m. Found about the usual remission. Temperature 99°, ears ringing, passing less urine. Stopped the salicylate, and put him on potass. acet. and mur. tinct. iron. 7 p. m. same day. Had no chill, temperature 101°, not much pain in his leg, no headache. Left morphia to be given per orem during the night if needed. His bowels have not moved for two days; ordered a dose of sal. Rochelle.

18th, 8 a. m. Passed a comfortable night, and did not need to take the morphia; bowels have not moved. Repeat sal. Rochelle, and use syringe at noon if the bowels have not moved by that time. Continue potass. acet. and mur. iron. Allowed him to sit in an easy chair while his bed could be changed and chamber aired. 8 p. m., 18th. On returning to his bed at 2 p. m., he had a violent chill, but not of long duration. The pain in his leg returned, but was not so severe as usual after these rigors; temperature now 102°; has had some sweating, but not so profuse as hitherto. Bowels moved freely after using syringe at noon; no tympanites or soreness.

19th, 8 a. m. ½ gr. morphia by the mouth enabled him to pass a fairly comfortable night. He manifests—and has for days past—a moderate delirium, is conscious of it himself; complains of clicking sounds in his ears, is not deaf; temperature 101°; drinks a good deal of water, as he has from the beginning; is urinating freely; urine no longer cloudy when cold, is alkaline in reaction. Throughout this last attack he has complained of pain only in the right leg, inner aspect, just below the knee joint, and headache for two days only. Insists now that he has no headache and no pain in the leg. Tongue remarkably clean, moist, and natural; has not yet had the slightest nausea. I can find no enlargement of either liver or spleen, nor soreness over either organ. There is not now, nor has there been at any time, the slightest icteroid hue of the skin or conjunctiva. The discharges, when procured from the bowels, have all along been normal in color. On examining his back over the region of kidneys to-day, I noticed a papular eruption of a bright red color, covering a space 3x3 inches. He insists that it is not sore. It could hardly have been caused by pressure. His appetite is good, and has been from the beginning, as I know from having observed him eat his breakfast repeatedly. Still there is an indefinable something about the case that tells me he is not convalescing. 19th, 8 p. m. Situation unchanged save a slight rise in his temperature late in the day; no chill, no pain in the leg, no headache. Still complains of a stuffed feeling in his ears, and clicking sounds. When left to himself, imagines a dual existence, one of which is his favorite horse Tabor.

20th and 21st. During both these days there was no change, save on the 21st there appeared three distinct erythematous papules on the right leg, occupying the region that had been so painful, each in size that of a twenty-five cent coin, circular in shape, and distinct by being separated from the other by a few lines of apparently unchanged tissue. Also two papules of the same character on the left side of the neck, one above the other, exactly on the sterno-cleido mastoides.

22d, 8 a. m. With the aid of ¼ gr. morphia he rested fairly well last night, but seems more delirious; tongue for the first is coated, breath

slightly fetid, says he has no headache. The eruption more pronounced; complains of some pain in his right wrist but of none in the leg; bowels slightly tympanitic. He will not admit that there is any pain or soreness in them. 7 p. m., 22d. Bowels have moved spontaneously three times during the afternoon, discharges thin, almost black, nearly odorless, and not accompanied by pain; decidedly tympanitic; pain gone from the wrist joint. Right side of the face swollen from a point just anterior to the angle of the lower maxillary upwards to the temporal region over the zygomatic arch, in a ridge of two fingers' breadth. Skin over this swelling only faintly erythematous. Complains now of difficulty in swallowing. He now occasionally hawks up a substance that looks like pus streaked with grumous blood. When raised towards a sitting posture the nose sometimes discharges a small amount of the same substance. Stopped the potass. acetas and iron and ordered mur. tinct. iron and quinine, subnit. bismuth and Dover's powder instead of morphia.

23d, 8 a. m. Did not suffer much pain during the night, bowels moved three times, the discharges black and watery, appetite gone, tympanites decidedly increased, temperature 102°; feels very despondent, is fairly rational when his attention is sharply held, but wanders the moment he is left to himself. A vesicle with a dark, bloody-looking, depressed centre ¼ of inch in diameter has come during the night on one of the papules on the neck; swelling on the face rather increased, and now has a decidedly erysipelatous look. 23d, 7 p. m. Temperature 103°, has had no pain, bowels have moved frequently, character of the discharges unchanged, mental hebitude increased; papules of the same appearance as those heretofore described have appeared on the left leg and thigh, and on the forehead.

24th. No new manifestations to-day, bowels have not moved so often.

25th. Could note no change.

26th. Numerous vesicles have appeared, indistinguishable from a typical vaccine or variolous eruption. The one that first appeared on the neck is now an ulcer with inverted and clearly defined margin.

27th, 10 a. m. Had counsel called; temperature 102°. Swelling on the face covered with vesicles, ulceration on the neck deepening and spreading rapidly. Papules and vesicles situated mostly on the lower limbs, increasing in numbers: here and there a small vesicle has seemed to dry up into a black scab without ulcerating. But vesicles one day old have generally become ulcers; breath to my perception fetid, the consulting physician calls it sweetish. Mouth cannot be opened sufficiently to permit an examination of the fauces. There has been only the most trifling involvement of any of the lymphatic glands. Quinine and iron treatment continued.

28th, at 1 p. m., patient died. I should estimate there were at least one hundred points of vesication or ulceration on his body, none of the ulcers deep or extensive except the first one that came—that on his neck. The eruption noticed on his back faded away without vesication or ulceration. After he ceased having chills, there was no profuse sweating. Never any nausea at any time. Was the case pyemia? I never could learn that he had had any sores about his person. To this end I carefully and repeatedly made inquiries. I failed to detect evidence of any internal abscess. He never suffered much pain in his back. He never complained of pain that could reasonably be referred to either liver or spleen. He never had syphilis, to the best of my knowledge and belief. His two children, aged respectively, one four years and the other two months, are really paragons of health and sound development. I asked him the question, and received a frank and I believe an honest negative.

When the papular and vesicular eruption, diarrhœa, and tympanites supervened, I warned his friends of the danger I feared—viz: that the disease might prove to be glanders—and urged carefulness in avoiding contact with his secretions. My counsel was inclined to diagnose pyemia.

Some time last spring, he (W. B. W.) had in his stable a mule supposed to be glandered; he finally had this animal taken out and killed. Later they had in the same stable a horse affected with a "nasal gleet." This animal was turned out in the "range," and what has become of him no one seems to know. Besides, they kept the horses of transients, and may have repeatedly had diseased animals in the stable unwittingly.

Was the case glanders, contracted by inhaling or swallowing the virus in a minute quantity, leading to a gradual and chronic evolution of the detailed symptoms? That it was not acute glanders, starting from a local reception of the virus, I think must be admitted.

Did the disease in its entirety date from May 19th, or was the final malady—glanders or pyemia—engrafted subsequently upon a malarial cachexia? During twelve years' practice in this town and state, I have not met anything that I have called malarial fever in the common accepta-

tion of that term, in the person of any individual who had not resided at some time in his or her life in a distinctively malarial climate, until the present year, 1882.

Two patients besides W. B. W. have been under my care at intervals during the last three months, manifesting symptoms indicative of malarial intermittent. Both have certainly derived great benefit from the use of quinine. They, unlike W. B. W., had sallow skins, furred tongues, enlarged spleens, and more pain in the region of the liver and spleen. At all events, I took or mistook the alternate exacerbations of rigor, fever and sweating in W. B. W.'s case for a malarial manifestation. I think, now, it was not such. When the macular eruption appeared, the leg pain subsided; but the general condition of the patient being evidently worse, now what? Syphilitic fever accompanied by erythematous syphiloderm? No. If there had been pyemic metastasis to the leg, it ought to have distinctively involved the knee joint, and the leg should have been swollen.

I will not take up space to recount the symptomatology of either glanders or pyemia. A good description of glanders may be found in "Wood's Practice;" the same things, essentially, in Neimeyer's; "Miller's Surgery" treats the matter more in detail than either. I cannot find that cases of glanders have been frequently reported in the journals during the last eighteen years.

I could have had a post-mortem examination if I had asked for it; but having barely escaped with my life less than a year since from the effects of post-mortem poisoning, I feared to make it on the body of W. B. W.

CLINICAL STUDIES OF INEBRIETY.—TREATMENT BY MORAL MEANS.

BY T. D. CROTHERS, M. D.,

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A physician of Chicago, who should have known something of inebriety, announced gravely that many thousand inebriates were cured every year through the gospel temperance movement.

Another physician, quoting this expression, asserted that fifty thousand inebriates had been permanently restored in two or three of the Western States. Equally extravagant assertions coming from clergymen, reformers, and parties who know practically nothing of the subject, have gone out as facts, upon which the most erroneous theories and absurd efforts have sprung. The best results from the most careful studies of all these moral movements to reach inebriates, indicates from one to three per cent. only as cured, and these through means and forces that are unknown to those who put them in operation. If this were all, there would be much to commend it in the absence of better means; but the fact is susceptible of the clearest proof, that a large per cent. of all these cases who are not restored by this means are made worse. The failure of the effort to recover after the mind has been wrought up to the highest pitch of expectancy, trusting to means and forces that are inadequate to reach the organism, is followed by a degree of mental degeneration that is difficult to overcome. Destroy the element of faith and hope in any disease, and the possibility of cure is more and more uncertain. Pledge a hundred men to stop the use of spirits at once, inspire them with full faith in absolute recovery; then if they fail, giving way to the first temptation, the last state of those men is worse than the first. The worst cases that come to asylums are those who have tried the pledge, and societies, and been converted by the gospel temperance work, and failing in all these, resort to the asylum with no expectation of being cured, nor with confidence in any means or method of treatment. The principles are false upon which the temperance movements and all moral efforts to cure the inebriates are based, particularly the theory that inebriety is the result of a deficient will-power, built up in one case from want of sympathy and charity, with misfortune, bad company and bad influences; and in the other, from evil surroundings and want of faith in a higher life, of conversion and nearness to God. To remedy the first state, the various societies of temperance are banded together, who seek by mutual counsel, sympathy, and pledging, to abstain and restore the inebriate. The last state of sinfulness which encourages or produces inebriety, is to be met by church methods for conversion and change of heart, uniting with the church, and by relying on God's grace be saved from all temptation or relapse in the future. A method called the gospel temperance movement is a combination of the two, and is urged with great energy in many sections. Other efforts along this line, only varying in particulars, are common to every town and city in the country. A general review of these methods will indicate the causes of their practical failure as curative agents, and show how that their real value is only in educating and preparing the way for a wider view of the subject.

1st. The Method of Societies.

From 1870 down to the present time, there has

been a constant succession of temperance societies of all grades and forms of organization, that have come and gone like the leaves on the trees. From the Washingtonian movement down to the last society formed, there has been a remarkable instability and restless change in these attempts to reach the inebriate.

At one time they are very popular, attracting great attention, then fall into decline.

The most enthusiastic supporters often become prominent examples of its failure. The inebriates who are brought under its influence, and feel the power of its sympathy and association, may, for a time, recognize, through pride and gratitude, a curative force; but sooner or later the diseased organism attains the ascendency, and relapse will follow. The society by its efforts takes the place of home, but cannot do more than a loving wife, children, brothers, sisters and parents. It may invest these influences with a formality and stateliness that a home cannot give, and exact some public recognition that family and home life do not require.

In many cases a society may exert a stronger influence than a home, but in the large majority of instances, the latter is the central governing power of life. If the influences of a home and friends have no power to restrain the inebriate, it is not possible to expect such results from the same forces applied through societies.

Yet all experience furnishes examples of cases who have recovered by the power of both of these means. One hundred inebriates are taken into temperance societies and pledged to reform, and are helped as far as possible to this end. On a certain number these influences will be powerful enough to enable them to abstain from spirits for an indefinite time, depending upon conditions unknown. In a hundred cases of inebriates who have a warm circle of family influence to restrain them, some will be found who will yield and become temperate for an indefinite time.

Yet all deductions from these cases as to the value of this as a plan of treatment, would be misleading. In the second case, which presupposes a wilful, sinful heart, and seeks, by the power of conversion, to build up a new life of freedom from spirits, the avenue to the organism is through fear and emotion. All authority of the Bible is cited to alarm the patient with the dread of future endless punishment, and all the emotions are aroused in efforts to save himself by trusting simply to faith and the exercise of prayer. The psychological power of example and the pressure of surroundings may concentrate the mind and energies in this direction, impressing the organism so profoundly as to alter the diseased impulse for a time, and perhaps permanently. The patient is converted, and filled with a new hope and impulse which may dominate over the disease. How long it may last, or how far he can rise above the entailments of the past, are questions which only a wider study and acquaintance can answer. The power of religious faith over the diseased organism cannot be estimated by any known means at present. In almost every church and community many cases may be found who have tried these means and failed sooner or later. Some for a time have been shining examples in church and community, then have suddenly disappeared from observation.

Lastly, may be mentioned the gospel temperance efforts, which combine the power of the pledge and conversion with the fellowship of the church and society. These methods have attracted much attention and aroused great expectations in the minds of many.

From the pulpit and rostrum are heard the confident predictions that these influences and methods of treatment will effectually break up the inebriety of the age.

As means for the cure of inebriates, they are literally failures, but as methods of prevention by awakening the public to a sense of the danger from inebriety, and pledging men who are temperate to avoid this source of danger in the future, they are doing much good. These movements are evidences of widespread alarm, and also hints of psychological forces whose march is governed by laws yet to be discovered.

The cases cured by these methods are from the influence of the mind and the body.

A condition now well recognized by psychologists, but one of uncertainty in its practical application as a remedy. The weakened brain and nerve energy of the inebriate are extremely susceptible to powerful emotions and the contagion of example and surroundings.

Through the influences of religious appeals, the mind may be so impressed as to paralyze the diseased action, altering the direction and force of all mental power in the future.

This may be termed a form of psychical traumatism in which the brain functions are changed in some unknown way.

The chronic inebriate who suddenly changes all his past life and habits from conversion and religious impulse, has received a physical shock to the nerve centres, altering the direction of their energy, which in some instances may be permanent.

In much the same way that fear, grief, or any sudden and overwhelming emotion may change all the future health and character of a person. It is clear that the organism must be in a peculiar state to be impressed by these psychical impressions from religious influences, and the sympathy of family and friends, if brought to bear on the diseased brain at the right time may check inebriety for a time and perhaps permanently. But it is equally obvious that such knowledge of this state is not always attainable, and the application to the treatment of inebriety is not theoretical or practical.

The value of moral means can be seen in some of the so-called faith cures, where prayer and strong impulses are followed by undoubted recoveries.

The following are some instances that are more or less common: A lady who was in the last stages of consumption recovered after the return of her husband from the army whom she supposed had been killed. A case of chronic rheumatism of many years duration got well, dating from the alarm and narrow escape from a burning building. An inebriate fell through the ice and was nearly drowned. The fright and alarm was so great that he stopped from that time. Three inebriates took refuge under a tree in a storm and were all stunned by a stroke of lightning. One drank harder than ever from this time, the second never used spirits again during life, and the third was a sober man for ten years, then died after a few weeks' drinking. All were inebriates. One was precipitated into worse stages, another was cured permanently, while the one remaining was benefited for years, all from the same electric current acting on the organism.

A bar-keeper having been a chronic inebriate for years, at the request of his wife, suddenly stopped drinking, remaining sober ever after, while in the same business, exposed to same influences and conditions. In one case, the simple warning and entreaty of a clergymen will rouse a man to change his life; in another the prayers and entreaties of Christian people for years will fail.

Thus the efforts to cure inebriety, as seen in the results furnishes the most contradictory evidence in cases that are cured and made worse by the same means, and under apparently the same condition. The unmistakable conclusion is that inebriety as a physical disease is governed by physical laws of whose operations we are ignorant. Where moral means are successful, it has been along the line of law, and where it has failed, it has been inharmonious with the law.

The value of prayer and faith and the influence of home and society can only be made effectual when used in connection with physical means, and without this it must of necessity fail. The bar-keeper might be pledged to stop drinking and continue well in the same business and remain ever after, and yet this must be an exception to all rules, because all the conditions are unusual.

The chronic case of rheumatism or consumption may recover from various obscure causes that act suddenly. The influence of religion and society may bring the same results in cure, but in these cases there is a mystery and uncertainty that cannot be utilized.

It is obvious that all cures from these means must be exceptions to the rule, and depend on some accidental combination of circumstances. Also that moral means as adjuncts, and in connection with physical appliances may be of great value. Place the patient in good surroundings, removed from alcohol, under medical care, then bring all the power of moral suasion, and its value will be apparent, for the reason that the organism can be made to sustain and carry out the moral impulses that have been encouraged as started. The inebriate who relies on the moral force of religion and societies to the neglect of positive physical means will fail, just as certainly as he would if he trusted to these means for relief from malaria or typhoid fever. The statements of many cures from this means alone, cannot be established by observation or clinical study. It is impossible for temperance societies or church efforts to cure inebriates, simply because they have no appliances, and cannot bring remedies that will meet the wants of the case. The nerve exhausted and worn out inebriate needs rest and food principally. His will power and higher moral faculties are powerless in opposition to the diseased organism, or remove the almost indefinable pain which comes from the starved nerve centres.

A physician who is a moderate drinker has sent me the following study of a Murphy temperance movement in his town. In all probability this fairly outlines the results of other similar efforts. Twenty-two men who were moderate and excessive drinkers, signed the pledge, professed a change of heart, and promised to follow a better life. They were men of families, homes, and operatives in factories. None were idlers, all could be and were employed steadily. Eighteen were very enthusiastic and positive that they were permanently cured. All united with the Good Templars, and eleven joined the church.

Three months after the revival closed, seven had relapsed, three had been expelled from the lodge, and two taken back on probation. One year later, nineteen had relapsed, in another year, only one continued temperate, but occasionally drank beer and cider. Of the twenty-one who had publicly relapsed, nine were more drunken than before, and in every way sank lower in health and morals. The following cases were evidently made worse by those efforts, and are mentioned to call attention to this subject, rather than conclusive evidence of the danger of these means.

A. B., of neurotic inheritance, who began to use spirits soon after puberty, was at twenty-five a junior partner in a large house. He drank frequently to intoxication, and lived a fast life. He became converted in a temperance revival, joined the church, and was sober for many months, then relapsed and drank harder than ever. Refusing all aid, he was indignant at the church and society for its failure to perform a miracle in his case. He seemed from this time to have lost all faith and respect for every good influence; was turned out of his place of business, and is now an inmate of an insane asylum.

C. D., of unknown parentage, was a prosperous grocer, who drank frequently to intoxication after some domestic trouble. He was of a buoyant, hopeful nature, always confident he could resist the temptation and not drink any more. Was proud, energetic and of good habits except drinking. He joined a temperance society, and spent his evenings lecturing and working to help others, becoming very prominent in the Order. A year later, he relapsed suddenly after a period of prolonged labor in lecturing and visiting lodges. From this time he never recovered, but drank steadily until death. He lost faith and confidence in any effort to be benefited, and displayed low moral traits and profound weakness of both body and mind. He made no effort to help himself, and resisted all entreaty to stop the use of spirits.

C. F. was the son of a clergyman; of a nervous temperament. He began to drink in college, and at twenty-four, when engaged in the profession of law, was a hard drinker. At thirty, he was a periodical inebriate, much reduced in mind and body. He was converted under the teaching of Moody, and for six months lived a sober and temperate life; then relapsed, and drank continuously for over a year, until he died of pneumonia. Previous to his death his mind lost its vigor, and he made no exertion to help himself, having but one ambition, and that to get all the spirits he desired. Before this relapse he was cheerful and confident of the future, seeming to work with energy and courage, which gave much promise of success. After the relapse he was changed both in character and disposition.

G. H. had a strongly-marked history of insanity in his family. There was no record of his drinking until he returned from two years' residence abroad, where he became an inebriate. For three years after he came home he drank continuously; then reformed, joined church, and became an enthusiastic supporter of the temperance cause. Finally, he relapsed, and, like the others mentioned, rushed precipitately to the lowest stages of inebriety. Nothing could induce him to stop in his mad career. He was brought to the asylum a complete wreck in hope and faith. He had no disposition to help himself, and would not use the common means for recovery, but sought every opportunity to relapse. After three months' treatment, he went away and drank severely, then was taken to an insane asylum.

These cases are hints of what a wider knowledge will reveal, pointing to certain states of failure of the mind, following disappointment from relapse, or reaction from failure to recover. The weakened brain and nervous system reacts with difficulty from disappointment of any kind. Inebriety leaves the mind and body more sensitive to the sharp friction and strain of life. The conserving powers are exhausted, and not unlike a ship which has breasted the waves of the ocean for many years, becoming strained and weakened, are liable to go down in any storm that may arise.

Diseases that are contagions are more fatal in inebriates, and injuries are more complicated and also more dangerous. All methods of treatment should recognize this, and seek to remove every influence which produces any undue strain on the organism. I conclude from these facts, confirmed by a large observation, that moral means alone, as a method of cure in inebriety, increase the strain and lessen the power of nature to respond to the action of natural means. This is done by the application of means to one part of the organism to the neglect of the other, hence the strain and irregularities which are sure to follow.

—Mr. N. Stevenson, of London, uses a small Swan incandescent lamp to illuminate the cavity of the mouth in dental operations. It is fitted into a vulcanite cup, which acts as a prop to keep the jaws apart.

CENTRAL AMERICAN MEDICAL CURIOSITIES COLLECTED FOR THE MEDICAL AND SURGICAL REPORTER.

BY FERD. C. VALENTINE, M. D.,
Of New York.

(*See pp.* 397 *and* 617.)

Liquid amber is used externally as a discutient, to stimulate granulation, and is applied to rheumatic joints. In gonorrhœa, leucorrhœa, vesical catarrh, and dysmenorrhœa, it is given in tablespoonful doses one to four times daily, mixed with honey. An infusion of the bark and leaves is used externally in rheumatism, and to dress the wounds of those who have been lashed. The latter application of this remedy is called for in but one of the republics of Central America, and happily promises to become obsolete, as the advancing spirit of the age is asserting itself against this horrible means of punishing political offences or of gratifying malevolence.

Maguey, a variety of the agavæ, would merit extensive discussion in an article upon the very many possible industries which should be developed in Central America. Immense plateaus are covered with it, and the elaboration of its fibres, which are strong and pliable, and of a silky-hempen appearance, costs almost nothing. Medicinally the juice is used, which readily undergoes alcoholic fermentation and becomes the *púlque* of Mexico, an exquisite stimulant. The unfermented juice, which exudes copiously from cuts in the trunk of the plant, is used in injections in dysmenorrhœa and in tardy parturition. Enemas, which are also used for these purposes, are composed of two ounces of maguey juice, four ounces of fresh milk, and two ounces of honey. The liquid is warmed and injected "al calor del cuerpo," which is about 99° Fahr. Infusions of the root and leaves are credited with anti-specific properties in syphilis and malignant ulcers, used topically and internally. The fresh juice mixed with flour acts as an unreliable sinapism.

Maize is the staple cereal of Central America, occupying the position that wheat does in this country. Although wheat flour and its main product, bread, is growing more in use, the "*tortilla*" is among the vast majority the staff of life. As this article of food, so abominable at first to the stranger, is hardly of medical interest, except, perhaps, as a cause of disease, I reserve its description for another time.

Maize is stewed and given as an orgeat in pulmonary affections; it is toasted and ground and given in lieu of coffee, when the latter is not tolerated, and a very agreeable drink is made of slightly toasted yellow corn, ground and boiled, with milk and sugar subsequently added. This is given, freshly prepared, to women who are suckling their infants, with a view towards stimulating the flow of milk.

Green corn is crushed, mixed with water and some aromatics, and allowed to ferment, forming one of the various kinds of native *chicha*, all of which are more or less inebriating. In some parts of the tropics corn is used as a substitute for barley in the production of beer, which, when it has grown "*abgelagert*"—say about six weeks old—is quite palatable.

The marshmallow is, perhaps, one of the most used drugs of the Central-American botanic materia medica. The leaves are bruised and boiled in milk or water, and used as a poultice whenever it is required, and frequently when it is not. Painful hemorrhoids are treated with sitz-baths of hot milk, in which the marshmallow leaves have been boiled. A decoction of the root is much used in all thoracic affections, and in those of the kidneys and bladder; likewise it is employed as a wash and gargle in stomatitis, inflammations of the throat and eyes.

Chamomile flowers in cold infusion are considered a tonic, and particularly useful in indigestions and for convalescents. The infusion in hot water is given in large doses with emetics. The powdered flowers, in half teaspoonful doses thrice daily, are used as an antiperiodic without appreciable success. The hot infusion is also given in injections for colics, and *per orem* it is considered the best possible means to increase the lochial flow and to calm after-pains. Oil of chamomile is frequently used hot in mastitis.

The marañon (anacardium occidentale, Linn., cassuvium pomiferum, Lam., casher-nut), is well described on pp. 1576 et seq. of the U. S. Disp., 1878, in all parts except where it is claimed that the kernel is eaten raw. The few foreigners who have made this mistake have had cause to regret it, in the diarrhœa they produced, which resembles that of croton-oil poisoning.

The fruit is delicious, and, perhaps, from the suggestive shape of the seed, which grows on the outside—almost separate from the fruit—it is considered aphrodisiac. The wine prepared from the fruit is really very fine. The oil, which can be easily extracted from the seeds, is quite a vigorous and prompt epispastic.

The seeds are toasted and are added in the proportions of one part to three of chocolate to give it a better flavor, and "render it more nutritious."

Infusions of the buds are used as gargles in quinsy and ulcerations of the throat.

A favorite diarrhœa mixture in Central America is made of eighteen marañon seeds, peeled and ground, a pint of common aguardiente and sixty drops each of stronger ammonia and laudanum, which are shaken together daily for a week, and given in tablespoonful doses twice or thrice in the waking hours.

The root of the common heliotrope is sliced, dried in the sun, and reduced to a fine powder. It is then given in half-drachm to drachm doses, with a little honey, as a purge.

Mechoacán (American bryony?) is prepared and used like the preceding; "When copious evacuations are desired, as in dropsy or apoplexy, half an ounce of cream of tartar is mixed with a drachm of the powdered mechoacán root."

Muskmelon seeds are ground and mixed with rice and made into an orgeat, which is given hot in "internal inflammations," which may mean anything, but more frequently nothing.

Honey is given in three to four tablespoonful doses, mixed with aromatic infusions, to calm the pains of dysmenorrhœa. It is used externally as a "plaster to clean foul ulcers" and upon bruises. The wild honey of Central America is easily gathered, as the bees do not sting.

Mustard is a stimulant and diuretic, and the whole seeds are given in tablespoonful doses twice to thrice daily in tardy digestion, scurvy and dropsy. Ground mustard is used as an emetic, and it is claimed to be especially useful in paraplegia. It is applied as a sinapism or poultice, mixed with two or three parts of flour in what are called the lethargic diseases, such as fevers accompanied by stupor, and as a derivative in local inflammations. Thus in gastritis, or affections that are so diagnosed, it is applied to the abdomen, and in inflammations of the brain, eyes or throat, it is applied to the nucha. In similar affections, ground mustard is added to the foot-bath. Mustard whey is made by boiling an ounce of ground mustard in a quart of milk until the latter coagulates. It is then strained and given a pint per diem, in gout, dropsy and paralysis.

All parts of the various kinds of orange are used medicinally. Sweet oranges (and they must be very sweet, indeed, and exquisite withal, to be worth 1 real or $\frac{1}{8}$ of a peso—84 cents—a hundred) are allowed patients in putrid and bilious fevers. This is an exception to the prevailing rule, as usually all fruit, fresh air, light and water, are tabooed in any acute illness. Infusions of the young leaves and flowers are freely given to patients with flatulence, hypochondriasis, palpitations and "faintings." Infusion of the bark and root of the sour orange is said to promote menstruation and the lochiæ, and a decoction of the leaves is given to children with convulsions. Sour orange juice, mixed with honey, and a decoction of copalchi, cures old intermittent fevers. A tablespoonful of each is taken early in the morning fasting.

A favorite and very useful drink in dysentery is made as follows: Three ounces of flaxseed are boiled in two quarts of water, until it is reduced to a quart, an ounce of manna is added, as is also the juice of a sweet orange. This is drank hot or cold in unlimited quantities in place of water. Whether this must receive the credit, or whether the free use of ipecac shall be considered the cause of recovery, I am hardly prepared to state, except my own case, where four months of uncontrollable dysentery promised to gather me to my fathers, be at all a criterion. Yet, again, there were many elements in my case which may have contributed to my recovery, and I might have been relieved of my suffering without the orange-linseed-manna combination; still, since then I have treated no case of dysentery without it, and slight cases with nothing else, and was never caused to regret it. A "resolutive ointment" is made by cutting sour oranges into little bits and boiling them down to their greatest possible density. The resultant almost liquid mass is applied to swellings of all kinds, and is said to be very efficacious in arresting the secretion of milk, if applied warm two or three times daily to the breasts. Orange-blossom ointment is made by frying four ounces of the blossoms together with an ounce of lavender leaves in two pounds of lard over a slow fire. When they are thoroughly fried, the whole is strained and saved for use. The ointment is very popular for neuralgias and rheumatism.

The medlar, (mespilus germanica, L.,) is found in very large quantities in Central America; the seeds are added to any orgeat to make it diuretic: a strong decoction of the bark is given in doses of a quart a day in uterine and pulmonary hemorrhages, and the powdered bark is used locally in epistaxis and to control the bleeding of slight wounds.

Origanum is held to give great sexual power, to be a neurine and carminative. The powder may be mixed with food, and "the infusion has cured hiccough which not even the best relic could relieve." My friends among the clergy of Central America explain this matter readily. The igno-

rant classes go to priests to have them bless them or apply some relic to cure their sufferings. The ignorance or extreme faith of the applicant, and the imaginary character of the affection, frequently causes this procedure to be crowned with satisfactory results, but the educated priests never omit to counsel the sufferer to seek a physician's advice. The priest, saint or relic of course, get the credit and candles in successful cases of this kind.

Licorice.—The leaves and roots are used in infusions and electuaries in coughs and "side-ache." Decoction of licorice root with plantain root are prescribed in all presumed renal affections.

Urine as a remedy is used not only by the aborigines, but even by the better part of the lower classes of those who are civilized, "to frighten off fevers." And it does it when all other treatment has failed, perhaps because of the careless or inefficient manner in which drugs have been used. I speak emphatically, although I have never prescribed it, yet have trustworthy reports of cases who drank some six ounces of the fresh urine of a human female just seven years of age, fasting, and had no return of the fever. It is said that one dose is sufficient for all cases, which undoubtedly is encouraging. However, I shall continue the use of quinine, arsenic and eucalyptus, notwithstanding the good reports I have of the use of urine.

Decoctions of urtica, called *chickicaste* by the Kickáy Indians (the learned editor of the Reporter can give the origin of Kickáy words—that is the way it should be spelled in English—better than I) are used as a diuretic in dropsy and obstinate gonorrhœas. The leaves are applied to paralyzed limbs, and most cruelly under the tails of horses and mules when the animals are exhausted by a long voyage. It is satisfactory to note that I have treated several fractures in, and made some autopsies of people who have made this experiment.

Decoctions of Brazil-wood are considered tonic, and are used in dysenteries, and particularly the chronic diarrhœas of children. The adult dose is twelve to sixteen tablespoonfuls daily.

The juice of the carica papaya, both of the tree and fruit, is given in teaspoonful doses mixed with three of water as a vermicide. This "vegetable pepsine," as it is called, is a powerful digestive, and should be investigated, as the fruit costs almost nothing; and I believe if its active principle were elaborated in an acceptable form, it would supplant animal pepsin. In many parts of Central America tough meat is rubbed with the fruit immediately before preparing it for the table, and becomes remarkably soft.

Were not the Grimm brothers the authors of the fable of "the man who could not shiver?" The tale is suggested by one curious Central American treatment for paralysis. The affected limb is held in a tub or keg full of live little fish which have suddenly been deprived of water. A rather fair-tasting fish-oil is made of various species, and used as cod-liver-oil is employed in other parts of the world. Paralytic limbs are also anointed with this oil.

Wildcat skins are wrapped around painful parts in rheumatism.

The various classes of peppers are extensively employed. A decoction of the fruit or leaves is used as a carminative and stimulant. In chronic intermittents the patient is made to swallow whole black peppers, one each half-hour for three days.

A cataplasm of equal parts of ground pepper and powdered ginger, beaten up with albumen, is applied to "side-ache," and left on the affected part for twenty-four hours.

The young shoots of the pitch-pine (Pinus sylvestris), an ounce, are vigorously boiled in a quart of water and strained. Of this two tablespoonfuls are given as an expectorant, a stimulant in phthisis and asthma, and is recommended in scorbutus.

The serous fluid obtained by incisions into the shaft of plantains is given in two-tablespoonful doses every four hours for hemorrhages of all kinds. It is applied to inflamed hemorrhoids, cold. The ripe fruit eaten in the morning with salt is prescribed in constipation and as a preventive of flatulent colic.

The native vinegar, rather a poor article, is made of the ripe *guineo*—a red banana.

Lead in small plates is fastened upon chronic ulcers, and mothers who would restrain their daughters' sexual appetite, cause them to wear a sheet of lead upon the abdomen. I have never seen this, consequently cannot describe the shape and manner in which this prophylactic is attached. Small plates of mercurialized lead are worn upon "cold tumors" as a resolutive.

Radishes "increase the urine, excite all of the appetites, and prevent scurvy. The juice contains starch and sulphur, *consequently* (! ?) is the antidote to poisonous mushrooms." The dose is a tablespoonful of the fresh juice in milk or wine.

Frog soup is given in all skin diseases.

Frog powder is made by toasting the live frog in an earthenware vessel (which must be well covered, perhaps lest the frog leap out) over a strong fire, which suggests the tale of the truant who

threw stones at the frogs instead of attending his Sunday-school class, which was "fun for the boy, but death to the frogs." After being thoroughly toasted, the frogs are powdered, and the powder is given in teaspoonful doses every three hours to restrain uterine hemorrhage. The powder worn in a little bag upon the abdomen is said to suppress the menstrual flow.

(*To be continued.*)

Hospital Reports.

CLINICAL LECTURE ON A CASE OF ORGANIC STRICTURE OF THE URETHRA, COMPLICATED WITH THREE PERINEAL FISTULÆ.

Treatment by Continuous Dilatation—Recovery Without Operative Interference.

BY JOSEPH L. BAUER, M. D.

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Gentlemen: In speaking of strictures of the urethra of small calibre, coexistent with urinary fistulæ, authorities have contended that *perineal section*, *internal urethrotomy*, or *divulsion*, are absolute therapeutic necessities. They hold that no methods of dilatation will prevent a return of the coarctation, and that it is impossible to relieve the fistulæ without the suggested adjuncts. In fact, operative methods have grown so popular, that no conservative procedures are admitted. It will be my object to demonstrate the fallacy of these assertions, and to prove that these cases can be treated without any operative interference whatsoever, and that the treatment I suggest aids in the destruction of large quantities of that foreign tissue which makes up the mass of the coarctation. Besides this, operative procedures necessitate the purchase of expensive instruments, for which the general practitioner has but very limited use, and which require an aptitude of application which can only be acqaired by constant practice and long experience. Hence, the old treatment by continuous dilatation is pre-eminently a practical one. It is well enough to offset this assertion by the fact that specialists have made these operations a study, hence send your cases to them. But you compel the poor patient to be treated at home, and have suggested operative interference for the benefit of those that can pay for them. But, *continuous dilatation* is no respecter of persons, and can be applied to all alike.

Let us now consider the case before us. This young man appeared before you ten days ago. He gave you a history of repeated gonorrhœas, with a gradual diminution, twisting and separation of the urinary stream. He has also had several attacks of retention of urine and fever. Besides this, he has had peri-urethral abscesses, which have been opened, and resulted in the establishment of perineal fistulæ, through which considerable urine passes at each micturition. We examined our patient carefully, and found that two of these fistulæ could be seen to the right, and one to the left of the perineal raphé. Letting our finger course along the urethra, we felt the hardened, indurated portion for about one inch of its extent, and some distance from the triangular ligament, posteriorly. Our patient informed us that a surgeon had failed to introduce No. 3 English gum-elastic catheter, and that he had been advised at home and abroad that operation (perineal section and internal urethrotomy) was his only means of relief. You remember that neither No. 3 nor No. 2 would pass the stricture, and we were only successful in introducing No. 1 A. S. Our success was verified by the appearance of urine at its distal extremity. Many of you have felt its indurated, cartilaginous structure. You likewise noticed that there was very little discharge oozing from the meatus urethræ. I then described the method of treatment which we intended to follow, but may be excused if necessity demands its repetition. After introducing a No. 1 catheter, we tied it in and corked the distal opening, advising the patient to remove it whenever micturition became necessary. He was to call next day, and have the operation repeated, substituting No. 2 catheter. But, remember, I cautioned you against allowing the instrument to remain in the bladder, lest its presence might lead to the deposit of urinary salts, superinduce cystitis, or produce other difficulties which might result from locomotion. Hence, the point of the instrument was permitted to rest at the neck of the bladder. This course was persisted in daily, until No. 4 could be passed. Then we skipped a number each time, until to-day we remove No. 12 gum-elastic catheter, and introduce No. 14 steel sound. From No. 1 to No. 4 some urine oozed from the urethra alongside of the instrument; but none has since, nor has any passed through the fistulous tracts. To-day, we change our treatment; the urethra is sufficiently large to introduce a good-sized catheter, which will be done whenever micturition demands it. Our patient will call upon us every three days, and we shall then introduce successive sizes of the ordinary steel sounds until we have reached what we may supposed to be the normal calibre of the canal. We have not used Otis's urethrometer, since we do not know what part of the urethral canal should be measured, in order to determine its normal calibre.

Then, gentlemen, in dealing with all surgical lesions, we must accept the most conservative methods, and only apply the knife when we are forced to do so. It has been my fortune to have witnessed the various urethral operations performed by unexceptionable gentlemen, and I have too frequently observed the unfortunate complications resulting from them. Besides all this, not one of the advocates of operative methods relies upon their results, but *invariably* the steel sound is used for a shorter or longer period, until all danger of a recurrence is averted. Clinical experience has taught us that success can only then be anticipated when we combine dilatation with catheterism. In other words, we should strive to enlarge the calibre of the urethra, exclude urine from the fistulous tracts, and prevent the irritating influence of the decomposed urine upon the stricture.

Permit me to cite the views of both Thomas Bryant, F. R. C. S., and Eric Erichsen. They require no laudation at our hands. They have been accepted authority by the most eminent men. Bryant,* in speaking of the treatment of these affections, uses the following language: "The treatment . . . . must be based on the pathology of the disease; and *mild means should always be preferred* to forcible or cutting measures." . . . . . "The principle of treatment is also SIMPLE, for it is *primarily* to dilate the contracted canal; and *secondarily*, to obtain the absorption or BREAKING UP of the effused inflammatory products. *The more simple the means by which these ends can be secured the better.*" (Italics mine.) "Where the first end has been obtained without the second, temporary benefit may have been effected, but no more. Where *both ends* can be gained by *simple means*, the treatment must be pronounced good. In ordinary cases of organic stricture, there is little doubt that these ends are to be secured by *dilatation* of the stricture; and by such *local treatment alone*, the majority of cases of organic stricture may be successfully overcome. Now, this treatment by dilatation may be *continuous* or *intermittent*. The former method is to be preferred, and should be carried out as follows: it is *certainly the most rapid* and *effectual* the surgeon has at his disposal, although it necessitates about a fortnight's rest. Then follows substantially the same method which I have followed in *this* and *two other cases*, which some of you have had the opportunity of observing last winter. I called your attention to the absence of any significant discharge when this case presented itself. This condition has grown more important; in fact, it verifies the "*breaking up*" of the *organic matter* in and around the urethra. The thick flocculent purulent material has been examined microscopically, and found to contain pus cells in large numbers, and a significant amount of *granular detritus*, which results from tissue disintegration. This *new cicatricial* material possesses *very little vascularity*, hence excentric pressure applied for some time robs it of all its nutrition, and occasions its decay. This cannot be said of any of the operative methods.

You have likewise noticed that these instruments have been introduced and retained in the urethra, without any pain whatsoever, save Nos. 12 and 14. These occasioned some inconvenience, on account of their size; they kept the penis in an uncomfortable position, allowing the clothes to bend and shift it laterally. The pains were of a neuralgic character, and subsided when the cause was removed. It has frequently been charged that this treatment necessitates the recumbent or reclining posture, in order to attain any measure of success. As a rule, these cases are connected with considerable constitutional complications, such as septicæmia, renal and vesical difficulties, which incapacitate our patients for the lightest of manual labor. Hence time is of very little importance to them, and energetic operative measures very risky, if not of questionable value. But, gentlemen, this is our second case in which we have demonstrated the feasibility of allowing our patient to be about and to engage in the practice of his particular vocation, *without any pathological disturbances*. Indeed, you remember the case of the negro presented to the class last winter, in which we had the greatest difficulty in introducing a filiform bougie. Yet he passed through the same ordeal, carrying a catheter in his urethra whilst engaged in the arduous labor in an iron foundry. Yet, in this case, we succeeded in re-establishing the normal calibre of the canal, and can to-day introduce a No. 32 French without pain or hindrance, *and no instrument has been passed for a month*, thus demonstrating clearly that we have destroyed the coarctive properties of these abnormal deposits.

As a result of the teachings of Prof. F. N. Otis, the normal calibre of the urethra is considered larger than formerly. He contends that there is a definite relation between the circumference of the penis, and the urethral calibre. Be this as it may, practical experience permits you to assume that the normal calibre lies anywhere from number 26 to a number 36 French. Hence, we can readily comprehend why the older surgeons, in estimating the urethral calibre as number 12 to 14, FAILED to gain those successes from continued or occasional dilatation, which you of to-day will gain, in profiting by the valuable teachings of Otis. One of the greatest difficulties which you will meet with is a CONTRACTION OF MEATUS, or anterior urethra, about ½ to 1 inch from the external urethral opening. This will prevent a full dilatation of the deeper urethra; hence, *it is always advisable* to incise it with a bistoury, or better still with Civiale's urethrotome; YOU WILL THEN HAVE NO difficulty in continuing dilatation.

Erichsen* says: "This plan of treatment is of great use in cases in which *considerable difficulty* is found in introducing the instrument, but it has the disadvantage of being extremely liable to set up cystitis. If the treatment be continued beyond 3 days, the urine will almost always be found to be alkaline; and this is scarcely to be wondered at when we consider the way in which the bladder is, as it were, opened up to the air." I do not deny, that an instrument introduced and left in the bladder will very likely set up cystitis. But, it is not essential that the instrument should be left there. "The catheter having passed the stricture, and entered the bladder, is to be fastened in, the end of the catheter, up to its eye alone, resting in the bladder" (Bryant); or you can use the catheters with an eyelet in the centre, which would only require the instrument to be placed in the prostatic urethra. Yet I cannot understand, how the charge of opening up the bladder can be sustained. For, the instrument fits so tightly that very little air can pass in on the sides of the instrument, and none through the instrument, since it is always closed, unless at the time of urination.

Our treatment of these cases is specially applicable when urinary fistulæ are combined with them. The fact is well established, that AS LONG AS URINE IS PERMITTED TO DRIBBLE INTO THESE TRACTS, THEY WILL NEVER HEAL. Hence, you must protect the internal openings of these sinuses, and give them an opportunity to repair.

*Bryant's Practice of Surgery (Roberts), chapter xxiii., page 643. Phil., Henry C. Lea's Son. 1881.

*Erichsen's Science and Art of Surgery, Vol. ii., Chap. lxxii., page 861. 1878. Phil. Henry C. Lea.

You will often be surprised to see the rapidity with which they close. Sometimes, and especially in old cases, you will find it necessary to inject some irritating substance into them, and produce thereby adhesive inflammation. But, this is rarely necessary. You all remember the case of McCabe. He suffered from a traumatic stricture of the bulbo-membranous urethra. He also presented an history of repeated gonorrhœas, perineal abscesses and urethral fever. There were five distinct urinary fistulæ leading through the scrotum and perineum; in fact, both of these parts were honeycombed by sinuses, and a large complement of cartilagino-cicatricial tissue. A hardly perceptible amount of urine passed through the urethra: and when micturating, the perineum and scrotum were transformed into a watering-pot, as it were. The patient was attenuated, pale and septicæmic, and presented evidences of general anasarca. When I first examined him, I could not introduce a filiform bougie; this was even futile, when placed under full anæsthesia. It took persistent labor before we succeeded in introducing a very fine uterine (bulbous) probe. The cicatricial tissue was hard and unyielding. The penis was deformed, and our patient impotent. But, what a splendid result was attained! This treatment was carried out in all its details, and after a confinement of three weeks in bed, our patient gained in health, weight and appearance; the urinary fistulæ healed up, and at present he passes his water freely, and can introduce a No. 22 steel sound, and can attend to his business without hindrance.

Is there any other method that can claim these advantages? Can the advocates of perineal section, divulsion or urethrotomy claim equally good results, with an equal absence of danger? I think not. Let us see. In my lectures last winter I cited the case of Bowen, who had a large cicatricial stricture, complicated with numerous urinary fistulæ. No. 6 sound could be passed with some resistance. He was evidently under the influence of septic infection; in fact, a more deplorable picture of constitutional decay could hardly be imagined. And yet, a prominent surgeon of this city thought that perineal section and internal urethrotomy were the proper therapeutic adjuvants, and so they were; both assisted him in ending his earthly career hurriedly. I do not hesitate to say that continuous dilatation would have offered him a better chance of recovery, since it would have spared an already disturbed constitution from any additional shock. I have taken occasion to present you the clinical reports of our distinguished townsman, Prof. Hutson Ford, who is a sturdy advocate of operative interference. You have observed that he ALMOST INVARIABLY has had dangerous complications after his operations. And yet, he probably persists in the opinion that the operation of *Otis* is the thing. Gentlemen, no plan can claim infallibility for itself; no one method will cure all cases. The profession has not as yet compared the statistics of the new plan, for very few of its bad results have been placed on record. The future will determine its place on genito-urinary surgery. But I agree with Prof. Albert, of Innspruck, Austria, when he emphatically declares, that *he has never seen any necessity whatsoever for operative interference, and relies solely upon continuous and occasional dilatation.* Busch,* speaking of Reybard's and other urethrotomes, says: "The many instruments suggested by French surgeons suffer from the defects of *large calibre*, so that the stricture must possess a certain size, if their introduction be possible." * * * * "In fact, a stricture prepared for the introduction of such instruments renders the patient free from any urinary difficulties, and its further dilatation a matter of ease."

The "Deutsche Medizinische Wochenschrift," of Berlin, in reviewing my report of McCabe's case in the St. Louis "Clinical Record," suggests the introduction of metallic catheters, as followed by Dittel. I have made an effort to do so, but have found that they are too irritating, and offer no extraordinary advantages.

I shall close my lecture to-day by referring you to the very truthful words of Bryant:

"IN SEVERE AND NEGLECTED STRICTURES THIS PLAN IS ONE THAT OUGHT ALWAYS TO BE FOLLOWED WHEN POSSIBLE, AS IT IS SOUND IN ITS PRINCIPLE, SAFE IN ITS PRACTICE, AND AS EXPEDITIOUS AS IS CONSISTENT WITH THE OBJECT AIMED AT."

MEDICAL SOCIETIES.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Thursday evening, December 28th, 1882. The President, Dr. Tyson in the chair.

Tuberculosis of Spleen, Liver, and Kidneys.

Exhibited by Dr. Shakespeare.

These specimens were presented without a history of the case, and showed exuberant vegetations in pericarditis, abundant miliary tubercles of the pleura, of the liver, of the spleen, of the kidneys, and of the lymph glands in the region of the head of the pancreas. The subject came from the medical wards of the Philadelphia Hospital, and was last under your care, Mr. President, as visiting physician. They are brought to the notice of the Society mainly because the autopsy was made this p. m., and because many of the members have not had opportunities for examining such perfect examples of extensive and diffuse tubercious infiltration without more serious involvement of the parenchyma of the lungs. Autopsy six hours after death, of C. J., colored, æt. 60. Diagnosis: Pericarditis and pleuritic effusion with strong bands of adhesions between parietal and visceral pleura. Thorax: Left pleural cavity completely obliterated by adhesions; right do. contained a large amount of straw-colored serum. The lobes of this lung were compressed against the spinal column, and were atelectatic. The lower lobe was firmly adherent to the diaphragm, and the three lobes were strongly united by adhesions. The parietal pleura was thickened, and everywhere studded with minute grey, semi-opaque miliary tubercles, the visceral pleura was in a similar condition, except that the tubercles were less numerous. The cut surface of the right

*Dr. Wilhelm Busch, Professor of Surgery and Director of the Surgical Clinic of Bonn, Lehrbuch der Chirurgie, Berlin, 1869, p. 340.

lung presented nothing abnormal save absence of air, but the sense of touch showed beneath and near the pleura a few scattered minute points, much smaller than millet seeds. The pleura of the left lung was also studded with numerous miliary tubercles, and the tissue of this lung was similar to that of the right. It was however crepitant. The pericardial sac contained 2½ ounces of straw-colored serum. The whole heart was covered with an exuberant crop of vegetations. The cardiac walls were perhaps slightly softer than usual, otherwise normal. Abdomen: Peritoneum normal; no effusion. Liver slightly enlarged, with surface here and there raised by flat elevations, ranging in size from a hemp-seed to that of a hazelnut; capsule normal. The nodules were firm, and of a yellowish tint; the intervening tissue was a dark red. Section of the organ deeply, revealed similar nodules diffused through its substance, which seemed otherwise firm and normal. The spleen was slightly enlarged, firm, and extensively infiltrated with tubercles. The pancreas was normal, but the lymph glands near it were much enlarged, but neither softened nor caseous. No caseous focus was anywhere detected. The kidneys appeared normal, except for one or two more or less pyramidal yellow points. The case presents several points of interest: 1. Former history unknown. 2. Several aspirations removing considerable pleuritic fluid. 3. What was the origin of the numerous tubercular eruptions, and if there was auto-infection, what was its probable source? Dr. Tyson then gave a résumé of the ante-mortem history.*

Dr. Tyson said he regretted having to admit that he was less familiar with the history of the case than he should have been, since the patient was in his own wards in the Philadelphia Hospital. He had been previously thoroughly studied by Dr. Bruen, whose absence he regretted, as Dr. Bruen knew so much more about the case. The man had, however, been more than once tapped. He was a colored sailor, aged 60 years. When Dr. Tyson took charge of the ward, in September, the man presented the physical signs of double pleuritic effusion, orthopnœa, or feeble transmitted heart sounds, but no cardiac murmur. There was œdema of the legs. He was tapped with great benefit, and under a restorative treatment he rapidly improved, so that he soon became one of the walking cases in the ward, attracting little attention. About December 1 he became very much worse. The orthopnœa and other signs of accumulating fluids returned, and so did the œdema of the legs. His urine was repeatedly examined for albumen, with negative results. He was tapped upon the right side, and three pints of fluid removed, with but partial relief. The other side was also aspirated without success. A cardiac friction sound was noted, which seemed to be pleuro-pericardial, but in the light of the autopsy it was probably pericardial. He died on the 13th of December. With reference to the case cited by Dr. Formad, it had also seemed to be a simple plastic pleurisy, with feeble, distant heart sounds, with no murmurs, occurring in a case where, after prolonged illness, death resulted from exhaustion. Dr. Tyson had never seen such extensive new formations resulting from serous inflammation, the large lymphoid masses in the abdomen having at first suggested the idea of malignant disease. The patient had a distinctly scrofulous history. The father had died after pleurisy, with cheesy deposits, followed by miliary tubercles of the lungs later in life. Four or five uncles and one aunt had all died phthisical at from between 20 and 30 years of age.

Dr. Bartholow asked if the range of temperature accorded with that usually found in phthisical cases.

Dr. Tyson said that in the case related by Dr. Formad the temperature was seldom, if ever, above 101°; mostly below this point. In the case reported by Dr. Shakespeare, he was unacquainted with the temperature record.

Dr. Nancrede demurred to the view that repeated tapping had any causative relation to the development of tubercle after pleurisy, but thought that the chronicity of the affection and altered condition of the pleural sac, which demanded frequent operations, were the real explanation of the alleged fact.

Dr. Musser said that a relationship between pleurisy and pulmonary tuberculosis could not be denied, but whether the pleurisy or the tuberculosis be antecedent was difficult of solution. That the former is primary may be inferred from the fact that persons are considered as threatened with phthisis who have subclavian arterial murmurs due to the pressure or pulling on the artery of organized lymph. Likewise are the various friction sounds and exocardial murmurs noted to precede tuberculosis, and especially to occur in those tuberculously predisposed. Examples of both cases have come under his observation. It seems to him that a primary acute pleurisy is a rarity, occurring in a non-tubercular subject. The last series of cases of what would be called primary pleurisy he had seen were in persons predisposed to tubercle, and in some of the cases tubercle subsequently developed. In short, so-called primary plastic pleurisy occurs only in tuberculously disposed individuals; other forms are secondary to some other process, as Bright's disease, septicæmia, etc. Trousseau calls attention to latent pleurisies with effusion as being often an expression of a tuberculous diathesis, while also a latent pleurisy may occasion development of that diathesis. Two cases illustrating these views have lately come under his notice.

Dr. O'Hara said that although he had not had much experience with latent pleurisy, he recalled a case of a young man seen five years ago, where extensive effusion into one side of the chest had unsuspectedly occurred, and when detected had been removed by tapping. Apparent recovery then ensued, to be followed in a few weeks by copious effusion into the other pleural cavity. Tapping was again resorted to, the effusion never recurred, and the patient remains healthy and free from tubercle at the present time. He would like to ask if when the term "all the serous membranes were affected" was used, those of the brain were included.

Dr. Tyson replied that there had been no head

*Dr. Formad here related a case of general tuberculosis, and showed the specimen, but no notes having been forwarded to the recorder, any fuller account than the remarks of Dr. Tyson is impossible.

symptoms in the sailor's case. In that mentioned by Dr. Formad, decided mental aberration, demanding watchful restraint, had been present. No inflammation of the meninges had been found, the only disease consisting of a small tubercle starting from the pia mater and dipping down into the brain substance.

Dr. Shakespeare closed the debate by referring to the causes of tuberculosis in general, and its mode of diffusion through the organism. He called attention to the failure in discovering any caseous focus, while admitting the possibility of such, if minute, escaping the most painstaking search. In this and similar cases, all that could be safely said was that *the caseous point was not found*. Assuming, for illustration, that the point in the kidney might have been the origin of the auto-infection in this case, he referred to the communication between the left renal vein and the inferior mesenteric vein, and the direct communication with the portal system thus effected. As to the point raised by Dr. Musser, he believed in plastic pleurisies distinct from tuberculosis. He had examined very many microscopic sections of pleuritic adhesions, and very many had proved to be free from tubercle. Authors who have made original investigations on man and the lower animals have also as distinctly recognized a plastic pleurisy without tubercle, as they have one associated with this formation. He thought tapping in a person not predisposed to tubercle was no more likely to produce this disease than tapping an anasarcous limb. He was well aware of the facts dwelt upon by Drs. Musser and Formad, viz: the association of tapping with tuberculosis and plastic pleurisy with tuberculosis—but he believed the frequency of this association had been exaggerated. He thought that in view of the well-grounded belief that in certain classes of animals, as well as in certain families of men, inflammation tends to linger, to produce accumulations, which are prone to degeneration, and to excite local or general tuberculosis, it is more logical to conclude that in such cases as above mentioned there is at the outset a tainted constitution—a soil already sowed with the dormant seeds of disease waiting to be awakened to their active processes of destruction by the stimulation of an exciting cause. The more frequent the action of the exciting cause, the more certain is this dormant tendency to be aroused.

[Dr. Shakespeare then proceeded to combat the views advocated by Dr. Formad in this debate. Owing to their non-reception by the Recorder, Dr. Shakspeare's remarks are also of necessity omitted.]

Two Cases of Carcinoma of the Stomach.

Exhibited by J. H. Musser.

Case I. Scirrhus of the pylorus; general proliferation of the connective tissue; interstitial nephritis. Malignant disease of the pylorus and of the lesser curvature of the stomach was diagnosticated when the patient applied at the Medical Dispensary of the University Hospital May 14, 1882, for treatment, on account of the physical signs especially; and of some points in the clinical history. Palpation and percussion revealed a firm, non-pulsatile, immovable, slightly painful tumor in the middle of the epigastric region, one inch to the left of the median line, about the size of a turkey-egg. When lying down, the abdomen was slightly scaphoid, but the left upper quarter was distended. A curved line extending downwards from the umbilicus to the flanks represented the lower limit of this swelling, which was soft and resistant, tympanitic on percussion, and with care could be discerned as starting from the hard tumor in the epigastrium. In short, it was due to a distended stomach. Although the tumor was not in the position of the pylorus, and although the patient had never vomited, yet pyloric disease was determined upon because of the gastric distention. On account of the absence of marked obstruction, the position and occurrence of pain in the lumbar region, disease of the lesser curvature and the posterior wall was decided upon. The autopsy revealed that the malignant growth surrounded the stomach at the pyloric end, but being greater in extent in the lesser curvature. An adhesion to the left lobe of the liver explained the position of the tumor. The patient first noticed the localization of the disease in November, 1881, by the occurrence of pain in the epigastrium following a jar. She noticed that her health had failed three months before, and that menstruation had ceased six months previous to the epigastric pain. Note here the failure of health before any local evidences of disease, not even dyspeptic symptoms. She was a widow, æt. 40 years, with one child; her health had always been very good, her circumstances moderate, and her habits exemplary. In addition to a constant burning pain increased by food, her appetite was poor, tongue pale, with large papillæ; flatulency was marked, and the bowels constipated. She presented a sallow cachectic appearance, was somewhat emaciated, extremely anæmic, with cardiac, arterial and venous blood-murmurs, and accentuated second-sound. She was under observation until her death, October 17, 1882.

The pain and constipation were relieved by treatment, but the course was only downwards. In addition I may note the cachexia became more marked and the classical appearance of the face was wonderfully depicted—transverse and vertical lines on the forehead and semicircular lines around the mouth from the alæ of the nose to the chin, and vertical lines on the chin and lower lip. The hue of the countenance changed—growing darker and darker. This peculiar hue of the face Dr. Musser considered the most reliable symptom of approaching dissolution. It was noted one month before death. During the last two months of her illness she suffered much from soreness of the mouth and tongue, without visible lesions; from burning in the fauces; difficulty of degultition: acidity: vomiting taking place every third or fourth day of a clear acid fluid, coagulated milk bile-stained, and "coffee-ground material." A painless, watery diarrhœa occurred frequently, with tarry masses. Œdema of the feet and ankles took place six weeks before death. The tumor grew in size and changed position, falling downwards. Three days before death it was noted to pulsate, was tender, and was three inches long, extending from the median line to the left on a level with the unbilicus. Autopsy 12 hours after death. Extreme emaciation; rigor mortis marked; œdema of feet. Heart slightly

enlarged, the left ventricle walls $8\frac{3}{4}$ lines in thickness; heart weighed 7 oz. Aorta 1 inch $1\frac{3}{4}$ lines in diameter, and slightly atheromatous. Deposits of fat along the septum were noted, and the muscular tissue itself was fatty. The stomach was in the position defined a few days before death, was greatly dilated, with the disease at the pyloric end extending along the lesser curvature four, along the greater curvature two inches, and completely encircling the organ. The stomach walls became thickened, with much hypertrophied muscular coat as they approached the diseased area. The internal surface of the tumor was flat, elliptical, and defined by an everted lip of varying thickness about four lines high. The surface was uneven, some nodules being half an thick. The most central portion presented distinct evidences of ulceration.

The liver was rather larger than normal, and seemed fatty, and was not indurated. The kidneys were small, hard, and the capsule peeled off with difficulty. Microscopic examination of the stomach, liver and kidneys, Dr. W. E. Hughes assisting, showed abundant irregularly shaped epithelial cells packed closely in a fibrous stroma, but slightly developed in, and containing numerous nuclei. Liver-cells fatty and pigmented. Proliferation of the connective tissue around the hepatic and portal veins was noted; many nuclei proving its recent origin. The kidney was markedly cirrhotic, the connective tissue being *not* of recent formation. Note the general proliferation of connective tissue in the organs. No albumen was detected during life in the urine, nor were any renal symptoms noted, yet there was undoubted interstitial nephritis belonging to the variety described by Gall, Sutton and Mahomed. The mal-assimilation consequent upon the gastric lesion was the predisposing factor in the production of this general change.

Case II. Scirrhus of the pylorus; symptoms simulating idiopathic anæmia. F. R., æt. 54. White, German. Resident of a healthy, locality but much exposed as lumberman during the winter. Addicted to constant use of spirits, malt liquors, and tobacco. Had a fever of six weeks duration at the age of sixteen years, and eight years ago some pulmonary inflammation. Never had malaria or syphilis. Does not know cause of mother's death; seven brothers and sisters healthy; father died of old age; his own three children living and healthy. Admitted to University Hospital, December 20, 1878. During the previous winter had numerous gastric attacks as shown by pain and loss of appetite. In the spring and summer he lost flesh and strength, and was subject to pain in the bowels and in the hepatic area, flatulence, pyrosis and constipation, but never vomiting. On account of salivation in June, he became especially debilitated. At time of admission, weight 118 pounds, usual weight 170. Lies on left side perfectly apathetic, with the physical and mental processes slow of action. Extremities cold, very anæmic, conjunctiva and mucous membrane very pale; sclerotics pearly white; complexion of a sallow, dirty hue. Palpitation of the heart, dyspnœa and subjection ear noises were noted. Temperature irregular. Appetite poor, flatulence, and pyrosis, pain and tenderness in epigastrium; no definable tumor, but a sense of induration. Hepatic and splenic areas of dulness normal. No venous hum. Heart sounds weak; urine sp. gr. 1018, neutral reaction, albumen one-sixth. No casts, bile or sugar; phosphates not in excess. Blood—white corpuscles in excess, red greatly decreased in number. Ophthalmoscopic examination; slight retinitis, O. D. pallid; central artery dilated. Venous blood paler than usual. Absorption of choroidal epithelium, allowing choroidal circulation to be seen. Macula healthy; no hemorrhage throughout fundus. Both eyes present the same appearances. A low typhoid state soon developed with diarrhœa and excessive flatulence. For three days prior to death, vomiting occurred. He died December 30, 1882. Autopsy. Stomach alone examined. It is to be regretted that the full record was lost. Stomach adherent to liver and transverse colon. Lesser curvature from pyloris half way to cardiac orifice, infiltrated with cancer, extending two inches over the anterior wall and at the pyloris encircling the organ. Pancreatic and biliary ducts pervious. Microscopically, the growth was found to be scirrhous carcinoma.

Remarks.—On account of the profound anæmia and the absence of tumor and vomiting, idiopathic anæmia was considered. The examination of the blood and the condition of the eye ground, contraindicated such a diagnosis. The normal size of the liver and spleen and the non-glandular involvement excluded leucocythæmia. It is to be regretted that the exact numerical blood count was not recorded. In this case the lesser curvature was very much involved and a distinct tumor was absent; quite the opposite of case 1.

Tumor of Brain.

Presented by Dr. A. P. Brubaker, for Dr. H. Leaman.

John Jones, æt. 53, laborer. When first seen, the patient was lying on his back, with head drawn backwards into the pillow, and complaining of stiffness and soreness in back of the neck. The mouth was widely opened and parched, and the breathing deep and heavy. He was in a semi-unconscious condition, from which however he could easily be aroused; but soon relapsed into his former state, which was attended by stertorous breathing. Speech and deglutition were both interfered with, but not abolished. There was involuntary passage of urine, but the bowels were constipated. Venereal ideas were excessive, but accompanied by complete impotence. Voluntary movements of the extremities and also the power of co-ordination were considerably impaired. Pulse and temperature were normal. Liquid food was taken with difficulty. His condition had been as described four days previous to my first visit, on September 4, 1882. The symptoms gradually increased, and coma supervened, which ended in death September 17, 1882. Following history was obtained from the family: Twenty-six years ago the patient was confined to bed with "nervousness" for a period of two years, when he passed a calculus about the size of a date seed: again, a month later, another smaller one passed. His bladder continued to give him more or less trouble up to death. He had his clavicle broken nineteen years ago, but there was no injury to the

head. About sixteen years ago he was suddenly seized while at work with a severe headache, and became totally blind, which lasted for twenty-four hours. This was relieved by wet cups to back of the neck. From that time he was subject to what they called "shaking spells"—when standing there would be a violent trembling of the knees and shaking of the arms. These attacks occurred about once a month, and occasionally three or four times a day. They increased from year to year in frequency and severity, and appeared to be excited by high winds and storms. In February, 1882, he was seized with paralysis, beginning in the left little finger, thence gradually extending to the ring and middle fingers, until the hand became powerless, but was able to move his arm. Then followed a numbness in the outer side of the left side, attended by impairment of the power of co-ordination, so that on attempting to walk he was compelled to run to keep from falling. He frequently fell in the street, and had to be carried home. Last February loss of speech supervened, which lasted for one month; the patient then began to speak in monosyllables, after which speech gradually returned. Autopsy: Congestion of the entire brain. By removing it four or five ounces of serum ran from the cranial cavity. Brain substance seemed to be normal throughout. In the right fissure of sylvius was embedded a tumor about an inch and a half in diameter, which was almost entirely concealed from view by the convolutions. It rested upon the convolutions of the island of Reil, completely disorganizing them. The inferior extremities of the ascending frontal and parietal convolutions were normal. The upper surface of the temporo-sphenoidal lobe was somewhat disorganized. The tumor apparently sprang from the pia mater.

Report of the Committee on Morbid Growths: A section made from the tumor presented by Dr. Brubaker, and examined microscopically, showed that the growth was tubercular. Its histological structure is seen to consist of fibrous tissue constituting a reticulum, the meshes of which are filled with lymphoid cells. These appearances are very distinct at the peripheral zone of the tumor, while the centre and inner zone are in a state of retrograde metamorphosis, presenting a very granular appearance, scarcely stained by the carmine. The blood vessels are mostly obliterated; their lumen being filled with coagulated blood or granular debris." December 28th, 1882.

Enlarged Lymphatic Glands.

Exhibited by Dr. W. H. Parrish.

I show five lymphatic glands removed from the axilla of a patient whose breast I amputated about nine months ago. The case was then reported at the Obstetrical Society. The specimen was referred to a committee, and Dr. Beates made a microscopical examination, and concluded that the growth was an adenoma that had undergone carcinomatous change. Of the enlarged glands presented this evening, three, about the size of an almond, were removed from the axilla—a fourth, of smaller size, from just below the clavicle, and the fifth from the side of the neck, about an inch from the clavicle. The patient presents no cachexia. (The specimens were referred to the Committee on Morbid Growths.)

Polypi from the Uterine Cervix.

Exhibited by Dr. W. H. Parrish.

I also present this evening two small growths, each about the size of the last phalanx of the thumb, removed to-day with a wire écraseur. On Christmas evening I saw for the first time a patient of French birth, a teacher, apparently about 35 years old. When I entered her room she was in a stated of syncope from hemorrhage from the genitals. The hemorrhage had, however, ceased. With the application of hot wet cloths over the front of the chest, and by hypodermic injections of whisky and aromatic spirits of ammonia, she in a few minutes revived, so as to be able to tell me that she had not menstruated for three months, when suddenly bleeding began from the womb, and continued during the day, with an exacerbation just before sending for me. As the patient's condition was evidently a critical one, I asked the direct question, if she had not had, or was not having, an abortion? She said it was impossible. I then learned that she was single and 42 years old. A digital examination showed an intact hymen, and a substance in the vagina that at first touch felt very like an embryo of about 3 months. But I soon recognized that it was a growth attached to the lower part of the cervical canal, and that there was another distending the cervical canal. The latter felt still more like an embryo or ovum, and, in fact, in the absence of the one in the vagina might have at first misled me into thinking that the patient was aborting. Slight traction on it soon showed that it was attached. There was no return of the bleeding, and to-day, with the assistance of Dr. M. O'Hara, I removed both the growths with the wire, and without etherization or the use of a speculum. A remarkable feature of the patient's history is that she had always menstruated scantily, and at intervals of five to six weeks. Never before had she evinced a tendency to uterine hemorrhage. I am confident that the patient was not pregnant. I presume that, being virginal, she is approaching the menopause.

Frozen Sections.

We understand that the professors of anatomy in the Royal College of Surgeons in Ireland (Professors Thornley, Stoker and Cunningham) have taken advantage of the severe weather which we have lately had, and made a large number of sections of the frozen human body. Collecting a large quantity of snow, they subjected three bodies to the freezing process, and from these they have obtained nearly 150 sections of different regions.

The Next International Medical Congress.

We are officially informed that according to the desire expressed by the International Medical Congress, at its seventh session, in London, 1881, and in consequence of later discussions on this subject, it has been resolved that the eighth session of the Congress shall be held in Copenhagen.

In order to prevent collisions with other medical congresses, it is announced thus early that the eighth session of the International Medical Congress will take place in Copenhagen during the days from the 10th to the 16th of August, 1884.

Editorial Department.

Periscope.

The Expectant Treatment in Surgery.

H. I. Raymond, M. D., *Med. News*, Dec. 30, 1882, is of the opinion that in wounds of the chest, the bullet itself may prove innocuous, and may have carried no foreign body in with it that may cause septic or purulent infection. This he believes to be the rule, the contrary the exception.

"It is manifest, therefore, that the prime factor in treatment of such wounds is to hermetically seal them by antiseptic occlusion, that no infection may take place in the wound non-infected when it comes into the hands of the surgeon. Strange enough, it was the habit in Bellevue Hospital to occlude antiseptically a wound of the chest, but to probe and introduce drainage-tubes into a gunshot wound of the soft parts. But why should we fear to occlude a bullet wound of the biceps muscle, when it is his practice to hermetically seal up a bullet wound of the chest, and that too with good results?"

Of seven cases of penetrating gunshot wounds of chest, in Bellevue, treated by antiseptic occlusion, but one case died, the others making perfect recoveries.

The doctor takes exception to the statement "that penetrating gunshot wounds of the joints are invariably attended with suppuration." The fallacy of this statement is most certainly pointed out by twenty-seven tabulated cases in the experience of Karl Reyher, two-thirds of which were treated by primary antiseptic occlusion, and one-third by primary antiseptic drainage, and also by six other cases of the same nature treated by primary occlusion, not even antiseptic.

Karl Reyher had under his care twenty-seven penetrating gunshot wounds of the joints; eighteen of these he treated by primary antiseptic *occlusion*, "this is, by hermetically sealing the mouth of the wound by an antiseptic covering, without having previously introduced probe or finger or drainage-tube into it;" of these eighteen but one death occurred. The remaining nine cases were treated by primary antiseptic *drainage*, and of these two died.

"That is to say, of twice the number of cases of penetrating gun-shot injuries of the joints treated by primary antiseptic *occlusion*, but 50 per cent. of deaths resulted as compared with the mortality of half that number of cases treated by primary antiseptic *drainage*," recommended as being the best method of treatment adapted to such wounds.

"Add to this result six cases of penetrating gun-shot wounds of the joints, treated by primary occlusion, even *not-antiseptic*, in all of which cases there was lodgment of the projectile, and recovery with no resulting anchylosis, and in the face of these stern facts, the announcement that penetrating gun-shot wounds of the joints are invariably attended with suppuration, is startling."

The following are the conclusions with which the article is summed up:

1. That this method of treatment is applicable to a large percentage of wounds inflicted by a cartridge from a revolver, or cylindro-conoidal bullet from a modern rifle or carbine.

2. That in properly-selected cases, wounds treated by this method do not suppurate or secrete any septic fluid.

3. On the contrary, this immediate antiseptic occlusion is intended to forestall suppuration, to prevent the accession of inflamation, and to allow a reparative reaction and secretion to be set up.

4. That the simplicity of this method should recommend itself to the profession in the treatment of wounds to which it is applicable.

Hunterian Chancre of the Lip.

Dr. John Taylor reports the following case in the *Glasgow Medical Journal:*

Marion G., aged 19 years, residing at Caledonia Road, consulted me on the 2d of June, 1882, regarding a sore on her lower lip of some ten days' duration. It was covered by a yellow scab, felt indurated and somewhat elevated, was about the size of a threepenny piece, and, together with its hard surroundings, felt in the substance of the lip like a field bean. It had, I was told, resisted such applications as lip salves and preparations of borax. On palpating in the submaxillary regions, I discovered swelling of the glands there and behind the angles of the jaws; these facts, together with her occupation—*puella publica*—led me to recognize the sore as specific. She was at once placed upon a course of red iodide of mercury, and for a local application I dressed the chancre with lint soaked in black wash and secured in position by a split cloth tied behind the neck and over the head after the manner for fractured or dislocated maxilla. In the course of a few days I was called to see her, owing to the onset of great pain in the scalp; on examination I found the tissues over one parietal bone extremely tender and a little tumid. I diagnosed the complication as one of acute pericranitis, and began treatment by the application of a few leeches, most of which, however, declined the treat, being either disgusted by the amount of hair perfumery or not finding her flesh sufficiently savory, so I had to content myself with the amount sucked by one fellow less reluctant than the others, and from whom, when once firmly attached, I snipped the tail, and holding a tumbler beneath him, obtained, drop by drop, a discharge equivalent to the engorgement of two or three leeches. The patient then had sleep obtained at nights by chloral draughts, and in the daytime continued her mercurial, to which large doses of iodide of potassium had in the meanwhile been added; to these measures, after a time, both the periostitis yielded, and the sore, losing its hardness, healed up. But only lately again she has come under my notice for the cure of secondary symptoms in the shape of a measly rash on her chest, and for sore throat and considerable aphonia. The case now, of

course, resembles one in the ordinary run of syphilitic examples.

Primary syphilis, resulting as it does from the application of the virus to the natural points of contact of one individual with another, makes its appearance on the genitals, or more rarely in the case of the nurse on the nipples, and rarely is seen in our country on any other site; but in France it appears, I find, on consulting Allingham's work on "Diseases of the Rectum," to be often seen not only on the lip, but also on the anal verge. As far as the lip cases are concerned, probably it may be got by using the same pipe or culinary articles as one affected with mucous placques or specific sore throat; but, in the case I have just described, the unfortunate girl acquired the disease by the direct insertion and unnatural application of the penis to the part.

Tetanus from a Carious Tooth.

The *American Journal of Dental Science* says that a very remarkable case of fatal tetanus, ascribed to the irritation of a carious tooth, was reported some time back in one of the West of England journals. The patient was a shoemaker, residing at Bridgewater, who had enjoyed excellent health until he was seized with violent pain in the side of his head. He was treated in the first instance by a chemist for neuralgia, but the symptoms becoming aggravated, Mr. Kemmis, a medical practitioner, was called in. He found the patient insensible, with his jaw locked and immovable. Treatment, however, was unavailing; the man remained insensible, and died in a few hours. At the inquest Mr. Kemmis stated it as his opinion that death was due to tetanus brought about by a decayed tooth, and he characterized the case as a most extraordinary one—a statement with which every one will agree. Simple trismus from some form of dental irritation, generally the difficult eruption of wisdom teeth, is not a very rare phenomenon, and cases of it will be found recorded in several of our back numbers. But general and fatal tetanus from a similar cause is happily of extremely rare occurrence. Mr. Tomes has recorded a case which was apparently due to the operation of pivoting, and Wedl has mentioned one in which tetanus followed the extraction of a tooth. In Mr. Tomes' case, as in the one the particulars of which are given above, death occurred very soon after the first appearance of muscular spasm.

Extract of Stigmata of Maize.

The anæsthetic and diuretic action of the stigmata of maize was recognized in 1879. M. Ducasse has recently experimented largely with an extract of the stigmata and a syrup prepared with it.

At the dose of 22 grains he finds that the extract has a calming influence on the pain of chronic cystitis, gravel, and nephritic colic, at the same time aiding in the expulsion of gravel.

This anæsthetic action is very marked, especially in nephritic colic, where it calms the pain when morphine injections have proven ineffectual; its action is followed by micturition, the urine carrying away with it a large proportion of gravel.

If the medicament be continued for a period, the accidents rarely return. It is, in a word, the best preventive of gravel and nephritic colic.

In acute cystisis, this anæsthetic action is nil, in all probability because there is an inflammatory element present which prevents the action of the medicament on the mucous membrane of the bladder.

As regards the diuretic action of stigmata of maize, M. Landrieux, of the Paris hospitals, arrived at the following conclusions:

1. The diverse preparations of these stigmata act not only as a modifying agent on the urinary organs; they have also incontestably a distinct diuretic action.

2. Diuresis is rapidly obtained; after three or four days, the augmentation in the quantity of urine is distinct and considerable.

3. These diuretic effects are observed not only in diseases of the urinary organs, but also in those affecting the circulation (diseases of the heart and vessels).

4. The pulse becomes regular, arterial tension augments, while venous tension diminishes.

5. The medicament has no perturbing action, either on the nervous system or on the digestive functions.

6. As the drug is very well tolerated, its use may be continued in chronic diseases a month, six weeks, or even longer, without inconvenience.

Removal of a Gangrenous Testicle.

Dr. Paul T. Tupper reports the following case in the St. Louis *Courier of Medicine* for December, 1882:

Thomas C., born in Ireland, aged 60, married, laborer. Entered hospital September 30.

History.—General health has been good. In 1863, was ruptured by heavy lifting. The rupture was at first very small, but gradually increased in size until it filled scrotum. Trusses seemed to prove inefficient in keeping hernia reduced. Frequently had great difficulty and pain in returning intestine to abdominal cavity. Right testicle has remained somewhat larger than the other ever since the receipt of a kick in the scrotum many years ago. At the time of the injury the testis was greatly enlarged and inflamed.

About two weeks before entering hospital, testicle again became enlarged and painful, but this time without any apparent cause. The hernia was reduced the day before entering.

Condition on Entering.—The right testis was greatly enlarged, globular and painful. The scrotum was tightly drawn over the rounded mass. Physical examination gave no clue to the true state of affairs within. Hernia reduced.

Operation.—Sept. 30th, ether. An exploratory incision was made by Dr. Gregory through the scrotum into the substance of the testicle, disclosing gangrene of the entire organ. The odor was most offensive. Incision was enlarged and the testis enucleated—the cord being so rotten as to be easily detached without the use of the knife. The old hernial sac was discovered in place, and greatly thickened, but containing no loop of intestine—this having been recently reduced. The finger could be readily introduced through the sac and inguinal canal into the abdominal cavity. The parts in the scrotum were so changed by the

morbid processes as to be almost unrecognizable; but what was supposed to be a portion of the omentum was found unreduced, and lying *posterior to and almost entirely surrounding the destroyed testicle*, the whole being tightly bound down by inflammatory adhesions. This strange condition could only have been produced by a rupture of the hernial sac posteriorly, allowing an escape of the omentum into the scrotal cavity. This supposition is supported by the fact that the finger could be passed up as far as the abdomen *between* the sac and omentum.

A single ligature was cast around the cord and the accompanying vessels. The hernial sac was occluded high up by transfixing and ligating on either side. Parts washed out with a 1 to 8 solution of carbolic acid. Dressed with lint steeped in weak carbolized solution. October 27, discharged well.

Syphilitic Enlargement of Tonsils.

In the *Deutsche Medical Zeitung*, No. 45, is to be found an abstract of the conclusions of Dr. Paul Hamonic on this subject.

He distinguishes, during the secondary stage of syphilis—1. *Simple hypertrophy*, which is analogous to the swelling of lymphatic glands, is tardy in its development, and, as it occasions no symptoms, is often overlooked. Both tonsils are almost always affected, though to a different degree. The enlargement takes place forwards, bulging the anterior pillar of the fauces, and rarely gives rise to deafness. The tonsils are hard and somewhat elastic; the normal depressions on their surfaces are exaggerated. The uvula tends to go over to the larger tonsil. Sometimes the tonsil may be reduced in size by anti-syphilitic treatment. 2. *Hypertrophy associated with angina.* In this there is not so much fever as in ordinary acute angina; the duration is variable, and relapses are very liable to happen. 3. *Hypertrophy complicated with syphilides.* Most frequently the syphilide appears on the tonsil and the anterior pillar of the fauces. When syphilis affects a previously scrofulous tonsil the enlargement is very great, of pale color, often spongy and with large crypts; there is considerable pain, the voice becomes nasal, and the hearing, taste, and smell are altered. The course is generally chronic, and there is a great tendency to recurrence. Ordinary tonsillitis and sore throat may supervene even when the tonsils are syphilitically enlarged, but then, though peritonsillar suppuration may occur, it would appear that the tonsil itself never suppurates. Hamonic states that there is no objection to excision of the syphilitic tonsils if they be very large.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The value of hot water injections in uterine diseases is set forth by Dr. P. V. Schenck, of St. Louis, in a recent reprint. He gives careful directions for their emplorment.

——Dr. John Godfrey, in his Anniversary Address before the New Orleans Medical and Surgical Association (reprint), drops into poetry, and discusses in rhyme and reason about medicine and medicine men.

——The address in surgery before the American Medical Association, was by Dr. William A. Byrd, of Quincy, Ills., and upon excising portions of the alimentary canal covered by peritoneum. It has now appeared as a reprint, and is a valuable contribution to surgical literature.

BOOK NOTICES.

A Guide to the Practical Examination of the Urine. By James Tyson, M. D. Fourth edition. P. Blakiston, Son & Co., Phila.

Dr. Tyson's manual is one of the most complete on the subject of which it treats, and this fourth edition has been carefully revised and completed in all points where it was required. It contains a number of colored plates and wood engravings, among them an accurate reproduction of Vogel's scale of urine tints.

A Compend of Human Physiology. By Albert P. Brubaker, M. D. P. Blakiston & Son, Phila. Pp., 133.

This is No. 4 of the "Quiz Compends," a series of small volumes intended for the use of students, to prepare for their examinations. It is well adapted for the purpose, except in the size of the type, which is entirely too small for a book intended to be closely studied.

The Hospital Treatment of Diseases of the Heart and Lungs. By Charles H. Goodwin, M. D., New York. Published by the author. Price $1.50.

The writer of this volume presents a series of notes on the treatment of thoracic diseases as exemplified in the various hospitals of New York city. Most of the leading hospital physicians are represented, and the notes appear to be carefully recorded.

No doubt many useful suggestions can be obtained from its pages. There is, however, a considerable difference between the class of cases and the forms of disease as seen in the wards of a hospital of a great city, and those of country homes and of citizens of the better class. This difference should not be forgotten in applying the knowledge contained in the work before us, and others of its class.

—A goat farm has recently been established in England for the purpose of supplying goat's milk to London infants and invalids.

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D. G. BRINTON, M. D.,)
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THE

QUARTERLY COMPENDIUM

OF

MEDICAL SCIENCE.

With January 1st, 1883, the COMPENDIUM OF MEDICAL SCIENCE, formerly published half yearly, has been commenced as a *quarterly*, to be issued on the 1st of January, April, July, and October.

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when paid for *strictly in advance* and directly to this office.

HOW THE U. S. PHARMACOPEIA WAS PUBLISHED.

General and apparently well-grounded indignation has been felt by both pharmacists and physicians at the manner in which the "United States Pharmacopeia" has been published.

It would appear that the sub-committee, who had charge of obtaining a publisher and arranging about the royalty and copyright, either acted in a discreditably negligent manner, or else did not respect the instructions given them.

The publishers whom the committee selected from the six houses who put in bids, were William Wood & Co., of New York city. Their offer was 10 per cent. on the retail price. Other houses, equally energetic and responsible, offered 15, 20, 26, 34, and even 41 per cent.

Moreover, the Pharmacopeia Convention of 1880 instructed the Committee of Revision to contract that the book should be sold "through the ordinary trade channels." In the contract with Wood & Co., this phrase was omitted, and in its place it was merely stipulated that the market should be fully supplied. The purpose of this change would seem to be that the book could be retained within the agencies of that publishing house.

It is easy to see that the sub-committee in making this contract not only disregarded their instructions, but that they sacrificed the interests of the Association for which they were acting.

Did they do this through stupidity and ignorance of business usages, or through motives and under influences still less creditable?

They have not yet answered these questions, although the results of their bargainings have been made public for some time.

The names of the sub-committee were Drs. Robert Amory, E. L. Wood, Thos. Doliber, of Boston; Dr. H. G. Piffard, New York; Dr. W. S. W. Ruschenberger, Philadelphia.

Another statement remains to be made in this relation. We understand from pharmaceutical sources that the committee, or Wood & Co., or both, intend to construe the copyright claim on the Pharmacopeia with extreme rigidity. Works publishing extracts or formulas from it will be

pursued legally if there is the faintest chance of convicting them of breach of copyright.

In whose interest is this to be done? Certainly the Committee have not shown that regard for the welfare of the Association, that we can attribute this motive to them. It is moreover not to the benefit of science that such rigid construction of the copyright law should be observed.

We should like to have some of that Committee offer a solution of their actions.

THE DISPOSAL OF THE DEAD.

This should be a subject uppermost in the minds of all medical men who are physicians in every sense of the term, not alone to cure disease, but to prevent it. The expediency, not to say necessity, of some improved mode of disposing of our dead, becomes every day more pressing.

Edward Garraway, in the *British Med. Journal*, December 23, 1882, presents the subject in a few concise words: "The evils of earth-burial, and its prospective dangers to the community, are admitted; and since Sir Henry Thompson's celebrated pamphlet, the objections to cremation—physical, moral, and religious — have been refuted again and again, and the question now resolves itself simply into a matter of sentiment. In these days of æstheticism, it is surprising that the mind does not revolt at the contemplation of the state to which the shrine of those we love attains but a few days after death, and so continues for months and years—an object of loathing and disgust.

"But we are accustomed to it: and to cremation, with its purification by fire, its true rendering of ashes to ashes, we are not accustomed. The people must be educated, though probably it will be long before the masses can be persuaded to relinquish the privilege they seem so highly to esteem—the privilege to rot."

ENDOWMENTS.

A great deal has been lately done in this line, but much more ought to be done.

A system of education whereby the teachers are dependent upon fees for their remuneration can never hope to approach that perfection of instruction that ought to be found in our first-class institutions. To a practical mind, this proposition is obvious.

Since the acquirement of money is an instinct, we might say, of human nature, in some to a greater, and in others to a lesser degree, but in nearly all to some extent, it follows as a logical sequence that the system that makes remuneration dependent upon fees, and consequently upon the number of pupils, cannot possibly be as satisfactory as that which assures the instructor a fixed and liberal income, irrespective of the number of pupils.

The quantity would not be so great, but the quality would be infinitely finer.

Our oldest institutions are gradually approaching this Mecca, and the standard of education is proportionately higher.

There is, however, one great void in existing endowments, one that calls imperatively, with a daily increasing force, and one that cannot or at least *ought* not to be neglected.

We require badly a chair of Hygiene, in some first-class medical institution; its great practical value is coming to be recognized daily more and more, yet its teaching is relegated to our auxiliary courses, which but few medical students attend.

We have some rich men in our profession. Let some one, or several of them, erect an immortal monument to his or their memory, by giving the money requisite to endow such a chair. If the necessary cash is forthcoming, the authorities will be very willing to establish the chair.

THE PROTECTION OF THE INSANE AND THE PREVENTION OF INSANITY.

Of all philanthropic labors, surely that which has for its object the protection of those who, on account of infirmity, are incapable of protecting themselves, stands pre-eminent.

No more praiseworthy object can be conceived, and it deserves the hearty co-operation and support of all intelligent persons.

It is therefore with much pleasure that we refer to the recent meeting of the "National Association for the Protection of the Insane and the Prevention of Insanity," which held its annual

meeting in the hall of the College of Physicians in this city on last Thursday.

The most not edrepresentatives of our profession, at well as distinguished citizens generally, and prominent gentlemen from various sections of the country, were in attendance.

In our next issue, we will give a report of the proceedings.

THE NATIONAL BOARD OF HEALTH.

The Board of Health of West Virginia has passed a series of resolutions in which they request the Senators and Representatives of West Virginia in Congress to use their efforts to have the present laws, that so hampert he effectual working of the National Board, rescinded.

With but one or two exceptions, the various State Boards, as well as the American Public Health Association, seem to be in perfect accord and harmony with the National Board of Health; and where there is found so much unanimity, there must be a good cause for it.

We feel, therefore, inclined to side with the National Board, and to add our appeal to Congress to give them a fair show; and at the same time to whisper in the ear of our reform Governor, *that we need a State Board of Health.*

TEMPORARY INSANITY.

The North Carolina *Medical Journal* speaks of the case of a man who, on account of his sister's disgrace, murdered her. He was tried, and declared, upon examination, to have been insane when he committed the deed, and afterwards sent to the State Insane asylum. Two years have elapsed and he is now pronounced *sane*, is liberated, and goes "scot free."

We take sides with that esteemed journal in thinking that laws permitting insane criminals to go unpunished must be defective, and that a dangerous and pernicious precedent has been established by this case. True, a man's grief over his sister's disgrace may cause temporary insanity, but that hardly excuses the crime; and may not one whose emotions have once caused insanity be regarded as predisposed to such attacks? and are the lives of those who are thrown in contact with such persons safe? We think not; and the sooner more perfect laws are framed for these cases, the less risk and frequency will there be of murders committed by those who afterwards are declared insane.

There is no more important question to engage the attention of legislators than this; the plea of temporary insanity is so often made the means of cheating justice, that it is high time a stop was put to it.

It would be inhuman, and against the dictates of all law, human and divine, to advocate the execution of an insane man; but some provision should be made that would render him harmless to his fellow-citizens.

OUR NEW SANITARY LAWS.

We are about to have offered to councils an ordinance designed to improve the sanitary condition of our dwellings. The ordinance provides that the drainage of all buildings hereafter erected, as well as the plumbing and drainage, shall be executed in accordance with plans approved by the Chief Engineer and Surveyor or a duly authorized assistant. Each building must be connected with its own sewer. House drains must be of iron, and in those manufactories where chemicals would corrode iron, glazed pipes may be used. Soil and waste pipes must be of iron. The Chief Engineer and Surveyor is directed to prepare agreements and specifications for the construction of drains leading to the street sewers, and no drains shall be paved over unless the work has been inspected and approved by the Survey Department. The city shall be divided into five districts, and an inspector, who shall be an experienced plumber, shall be appointed for each district. Every master or journeyman plumber carrying on his trade in the city shall register his name at the Survey Department. A penalty of not less than $20 nor more than $50 is to be imposed for each violation of the ordinance.

While such laws are great necessities, and in the abstract are most beneficial to mankind, yet

there is one objection which we note. *The inspector shall be an experienced plumber.*

This looks very much as though there might be a *trade* element involved in this hygienic reform. Would it not be better to have a competent physician, who had made a special study of sanitary matters, to look after this drainage? He would have no incentive to approve defective or to condemn efficient work. We commend this amendment to our law-makers: if they really desire to do their fellow-citizens a benefit, they will give heed to it; if not, they will give it no attention; and though we hope not, yet we fear that the latter will be the reception our suggestion will receive.

Notes and Comments.

Lancing the Gums of Children.

After stating that it is proper to lance the gums when they are swollen and either red from inflammation or white from pressure of a tooth *coming*, Dr. Chase, in the *Mo. Dental Journal*, goes on to say:

"The operator should *know* whether a tooth is pressing on the gum, and trying to make its way out. In this case, *cut down to the new tooth*, until it is felt under the lancet. For incisors and cuspids, a straight line cut. For molars, a cross-cut.

"How *not* to do it: Not with a child sitting up, in your lap, or any one's lap.

"*How* to do it: Let the opertaor and 'nurse' sit close together, facing each other. The child is laid down, face upwards; the head in the operator's lap, the feet in the 'nurse's' lap. The nurse holds the limbs of the child quietly, so that it may not interfere.

"With the left hand the operator takes the jaw between his fingers, and slowly and firmly does the cutting.

"There is no false cut. The child is still."

On Abstraction of Blood from the Right Heart, as a Means of Relieving Intense Pulmonary Congestion.

Dr. Benj. F. Westbrook, in a paper in the *Medical Record*, records a case of the above in a man of about fifty years of age, with almost instant relief, but unfortunately, as it was used as a *dernier resort*, the relief proved only temporary.

In using the puncture, he gives explicit description of the anatomical situation of the heart and valves, and the place where the tapping should take place.

The *right auricle* is the most available point for tapping, inasmuch as its position is less variable than that of the ventricle, and its accessible portion more globular, with a greater antero-posterior diameter to allow of free penetration of an instrument without danger of its passing through into the posterior wall. As an additional advantage, he also gives the following propositions:

First. The right auricle projects to the right about equally in the third and fourth intercostal spaces.

Second. Its perpendicular depth varies greatly according to its distention and the condition of the left heart and lungs.

Third. The projection to the right is greatest, and the perpendicular depth least when the right heart is distended, as in a death from coma and asphyxia.

Fourth. The internal mammary vein, which lies upon the sternal side of the artery, is very constant in its course, and situated, on an average, about one centimetre external to the right border of the sternum.

Fifth. The anterior border of the right lung almost always extends inward beyond the border of the sternum, reaching, or even passing the median line in many subjects.

He gives preference to tapping in the third interspace for two reasons: First, because it is much wider than the fourth, and the needle passes with less difficulty; Second, because the line of the fourth would direct the needle more toward the auriculo-ventricular opening, where it might come in contact with the tricuspid valve.

Chloroform in Children.

A writer in the *Cincinnati Lancet and Clinic* says that in his experience chloroform in children is not as safe as is generally supposed, and he relates two cases of death following the administration of the anæsthetic. His conclusions are that chloroform causes death by enfeebling the heart, while ether paralyzes the lungs. Death from chloroform commonly occurs during the first part of the administration, or rather from the first inspirations.

Locomotor Ataxia Complicated by Acute Cardiac Disease.

Dr. L. Weber, of New York, reports such a case (in the *Medical Record*) and refers to its rarity. There is no doubt that the condition of the heart is very often overlooked, on account of the

seriousness of the original factor, the "ataxia." "In the cases that have come under my care, there has *always* been heart complication."

Particular attention should be paid to restricting sexual intercourse. "In the case of a woman that came under my care, excessive sexual intercourse was the undoubted cause of hastening death."

Ossified Muscle.

Dr. Carson reported such a case to the Medico-Chirurgical Society. A child had what seemed to be complete ossification of the sterno-cleido-mastoid: it was not quite as hard as bone, but much harder than cartilage. There was free motion of the head, including rotation. It will be found in the *St. Louis Courier of Medicine* for Dec., 1882.

Ergot in Epithelial Cancer.

Dr. Wm. A. Collins had a case of cancerous affection of the face in which the use of a knife or cautery was precluded. It occurred to him to try the effect of ergot to diminish the vascularity and capillary circulation, and thus limit the excessive cell-growth which forms the characteristic feature of these conditions.

Fresh ergot, *freshly* ground to an *impalpable* powder was applied dry, by means of a soft hair pencil, to the whole surface of the ulcer thrice daily. The ulcer was washed off carefully once daily. After each application the ulcer was covered with a light muslin rag, wet with the following lotion:

℞.	Acid. carbolici,	ʒ i.
	Acid. sulphurosi,	ʒ j.
	Glycerinæ,	ʒ iv.
	Aquæ,	ʒ ijss.
M.	S.—Lotion.	

Tonics were administered. In twelve weeks the whole ulcer had healed, and has remained so now for four years. In a case of mammary cancer, where an ulcer five inches in diameter and one inch deep occupied the site of the destroyed gland, and the axillary glands were involved, an equally complete though less rapid cure was obtained. The author, who reports these cases in the *Cinn. Lan. and Clinic*, relates several other successful cases. These results entitle this treatment to further trial.

Fecaloid Vomiting from Arrest of Menses.

M. More Y. Bragit reports an interesting case in the *Annales de Obstetrica*, p. 114, 1882. A married woman 38 years of age, without any preliminary chill or headache, was attacked with constant vomiting, accompanied with pains in the abdomen not fixed at any one point. This vomiting continued three days; there was no passage from the bowels, and the matters ejected from the stomach became fecaloid.

No trace of hernia could be found, and the only fact to favor the supposition of internal strangulation was the nature of the matters vomited.

Opium and bicarbonate of soda in potion were rejected almost as soon as swallowed, as also pills containing the same ingredients. Sulphate of soda was then given, and enemata containing oil of sweet almonds administered, while frictions with an ointment containing belladonna were made over the abdomen. The following day the vomiting persisted, ice was given, and pills containing colocynth and aloes. The following day she had but one discharge from the stomach, of a fecaloid nature, and another during the night. The patient called the attention of the physician to the fact that the menstrual flow was just commencing. It should have occurred on the week previous to the commencement of her malady, but had been suppressed, owing to the effect on the patient of family troubles.

From that time measures were taken to favor the menstrual flow; gradually the vomiting ceased, and fifteen days later the patient was completely restored to health.

Correspondence.

Medical Laws in Mercer County.

Eds. Med. and Surg. Reporter:—

Our medical laws have just received a partial test in this county, with a result which may interest your readers—especially those resident in this State. The Mercer county Medical Society appointed a committee on registration in July, 1881, of which the writer was chairman. It was at once discovered that our prothonotary was no proper judge of the article called a diploma—as an irregular had registered within a few days after the registration law became known a certificate of membership in a medical society, averring with great earnestness that it was equal to, and as good as, any man's diploma in the county. He had been practicing in the State since June, 1871, and when he found he would be prosecuted, he registered on the ten years' limitation. Some time afterwards another variety of irregular registered another certificate, signed by one man only, but declaring that the recipient had pursued regular courses of study in an institution to which he gave a pompous name, but which was unknown to us and to the secretary of the State in which it was located. Another man kept a sanitarium in which he received patients for treatment with electricity. His card was "Dr. B., medical electrician." This man had not practiced continuously since 1871, and could not register. A few years ago he was a coal miner. Informations were made

against these last two, and on the fourth inst. our grand jury found true bills. Both men had been rather defiant, but now became thoroughly alive to their danger, and sought the privilege of settling. The society only desired to test the law, and was in no degree desirous of inflicting fines or penalties. So it was agreed that they should plead guilty (we had ample proof had they declined to do so), and be let off as easily as possible —that each defendant should pay the costs of his suit, and stand convicted. The judge told them that he would sentence them on their own pleading, in case any future complaint of their having violated the law should be heard. Judge McDermott of our court is one of those men who believe the laws are made to be enforced, but the prosecution did not wish the penalties inflicted in these cases, desiring only to accomplish what was necessary for the public good. E. Griswold, M. D.

Sharon, Pa.

Treatment of Scarlet Fever.

Eds. Med. and Surg. Reporter:—

The theory, that in all zymotic diseases, there is a peculiar germ causing its own peculiar disease, I believe to be true. And in order to destroy the germ causing the disease, antiseptics must be used. The Listerian method is the one now in use in surgical and gynæcological treatment. If under the spray the pus-producing germ is destroyed externally—can we not destroy this germ in the system, and thereby reduce the great fatality which attends scarlatina especially.

Upon this theory I have been treating an epidemic of scarlet fever, which has been in our neighborhood for several months. A large majority of the cases have been very severe, from beginning to the end. In my own practice I have treated thirty cases and have lost only one, and that was due, in my opinion, to the patient not *being made* to take the medicine.

When called to a patient—and it was generally when the rash was fully out—I at once ordered chlorate of potash and *carbolic acid* internally, with inunction of the whole surface of the body. This treatment was pushed throughout the whole course of the disease, with the most gratifying results.

I have looked in vain for a confirmation of my views in Flint, Smith, West, and others. Prof. Smith does recommend carbolic acid as a gargle—but not as an internal remedy. The only writer recommending this treatment, and entirely in accord with my views, is Dr. McDonald, in *British Medical Journal*. He treated six cases, all of which recovered. I trust that this treatment will be tried by the profession, believing that more successful results will be secured from it, than any known remedy. John W. Ayler, M. D.

Duffield, W. Va.

Morphine Poisoning Treated With Strychnia.

Eds. Med. and Surg. Reporter:—

I was called to see a young lady who was said to be dying from an over-dose of morphine. On my arrival I learned she had taken one drachm of morphia. I found her profoundly comatose, respirations three per minute; face almost black, pupils would not respond to light. I gave her immediately $\frac{1}{3}$ gr. of sul. strychnia, hypodermically, and waited fifteen minutes for the result. I saw some improvement in respiration, and gave her another $\frac{1}{3}$ gr. dose, and waited a quarter of an hour more, when I was astonished at its antidotal power over the poison. She could be aroused and talk when spoken to; I waited a half hour from the second dose and gave her the remaining $\frac{1}{3}$ gr., and after a few minutes I saw I had her under the influence of strychnia; the facial muscles warned me to wait awhile before I gave her any more. So by waiting awhile she recovered sufficiently to swallow coffee, I had her take large quantities of coffee every hour, and gave her, per orem, $\frac{1}{15}$ gr. of strychnia every four hours till she fully recovered. She recovered in forty-eight hours sufficiently to sit up, and grew better rapidly.

I have treated one more case since then, with the same success. C. A. Mason, M. D.

Blanchard Springs, Union County, Ark.

Treatment of Diphtheria.

Eds. Med. and Surg. Reporter:—

In reply to the inquiry of W. J. H., M. D., Ohio, I have placed my reliance in the treatment of diphtheria and analagous diseases of the mouth, fauces and throat, upon a combination of equal parts of chlorate and iodide of potash. My formula is:

℞. Iodide of potash,
Pulv. chlorate of potash, āā ℥j.
Aqua destil., ℥iv.

M. Shake well; single dose, a teaspoonful every half hour to an infant under five years; a dessert spoonful to a child under ten, and a tablespoonful to one over ten years every half hour.

Under this treatment, premised by a grain or two each of calomel and rhubarb, I have always had, in a majority of cases, the gratification of seeing the white patches disappear from the throat in the space of a day or two, and at the end of a week the infant or child convalescent. Diphtheria is a disease sudden in its attack and rapid in its progress, and the slow process of giving medicine every three or four hours is too remote to be relied upon; for the object is to saturate, as it were, as early as possible, the system with those medicines that experience has taught to possess an apparent, if not real, specific effect in the diseases of the throat; and this object is most readily attained by giving these two preparations of potash at short intervals. The mixture is clear and almost tasteless, and if children are not told that it is medicine they will take it as readily as they take water. This treatment can be rationally explained by the fact that diphtheria is a disease not only of the mucous membrane of the fauces, but of the glands of the throat also; and these two preparations of potash, to a greater efficacy than any two other known drugs, act specifically on the diseases of the mucous membrane of the mouth and the glands about the throat. Thirty years' experience has taught me to rely with as much confidence on the use of this combination of iodide and chlorate of potash in the treatment of diphtheria, as I do upon the sulphate of quinine in the treatment of ordinary in-

termittent fever; and so confident am I of relieving my little patients with diphtheria with the potash treatment, I feel no more concern about its treatment than I do about the treatment of a case of ordinary chills with quinine.

Prosser James, M. D., in his book on sore throat, says: "Chlorate of potash may be tried by those who have faith in it, and recently some fresh testimony has been adduced in its favor, but other drugs are more to be relied on. Dr. Willoughby Wade combines it with iodide of potassium, and, where this last drug was vigorously pushed in five or ten grain doses every two or three hours, he reported unusual success, with no subsequent paralysis." And my own experience is precisely in accordance with that of Dr. Wade. In very severe cases I sometimes use as an adjuvant the following:

R.	Ammoniæ muriat.,	grs. xxx.
	Tinct. ferri muriat..	℥j.
	Syrup simp.,	
	Aqua destil.,	ää ℥ ij.

M. Shake well. Sig.—A teaspoonful every two hours to a child, and as a gargle and wash for the throat, mouth and nares I use the following:

R.	Sod. hyposulphite,	℥ ss.
	Acid. carbol.,	℥ ij.
	Aqua destil.,	℥ iv.
	Glycerinæ,	℥ ij.

M. Shake well and use freely three or four times a day when necessary. For infants and children I prescribe a milk diet exclusively, and this I allow to be given at pleasure. I have the throat bound with flannel, and keep the children in a warm room with a temperature of about 65 degrees, and free from cold draughts of air until they are well. For thirty years, under this treatment of diphtheria, my efforts have been rewarded by the most gratifying success.

J. B. Johnson, M. D.

Washington, D. C.

News and Miscellany.

Another Centenarian.

The *London Medical Times and Gazette* says that the death is announced of Thomas Bramley, a resident and native of Ilkeston, in his one hundred and fifth year, he having been born on Christmas eve, 1777. Until very recently, Bramley, though afflicted with lameness and deafness, was in full possession of his mental faculties. He leaves a large number of descendants, and a son seventy years old.

The Weather in Italy.

The autumn and winter in Central Italy thus far have been rainy and sunless to an unprecedented degree. Since October there have been no two days of consecutive sunshine, and few days without more or less rain, while several heavy snowfalls have occurred. The season has been as cheerless a one to people looking for sunshine and a mild winter as they would have found anywhere on the Atlantic coasts. Florence is very full of strangers, who are experiencing discomforts that are not to be found in the visions of sunny Italy in which people at home indulge.

Still Another Centenarian.

The death is announced, at the Protestant Retreat Drumcondra, near Dubiin, of Mrs. Mary Murray, at the age of 110 years. She was a native of the county of Derry, and for many years carried books about for sale, throughout the entire province of Ulster, and many portions of Leinster. She was a very tall, strong woman, and was admirably fitted for the wandering life she led previous to her admission to the Retreat. Mrs. Murray is said to have been fond of a glass of punch, and smoked a very black dhudeen up to a very few years ago.

The Marine Hospital Service.

The Maritime Exchange of this city has memorialized Congress against the transfer of the Marine Hospital Service from the Treasury to the Navy Department.

Our Mortality.

The deaths in this city for the week ending January 20 numbered 407, which was 17 more than the previous week, and 43 less than for the same period last year. The main causes of death were: Apoplexy, 11; consumption of the lungs, 66; convulsions, 13; croup, 13; debility, 15; diphtheria, 28; disease of the heart, 18; typhoid fever, 12; inflammation of the lungs, 42; old age, 17.

Our Almshouse Hospital.

At the meeting of the Board of Guardians of the Poor, January 22, the Committee on Outwards reported that the cost of proper ventilation of the hospital would be about $9,000. They believe there are but fifteen paupers who could make a living if discharged. A resolution was adopted approving of the removal of the pauper inmates of the outward department to an almshouse proper, to be erected adjoining the House of Correction, and that the present buildings be connected with a municipal hospital. This is a mistake. The whole thing should be removed, and the buildings razed to the ground; they are saturated with disease, and are perfect *pest*-houses—let us have done with them.

Do Not Keep Anatomical Specimens in Your Offices.

The *Medical Press and Circular* says that the Hon. A. B., a valetudinarian of 65, went to consult a leader of science. The physician was out, but his valet announced that he would be in soon, and, on learning the position of the client, introduced him into his master's private sanctum, so that he might have the benefit of consulting him out of his turn. To pass away the time, the patient examined the room, and discovering in one corner an excellently mounted and complete skeleton, imagination immediately suggested that this was probably an old patient of the doctor's. He flew at once to the hall-door and rapidly vanished, to the astonishment of the servant and the subsequent annoyance of the physician.

Personals.

—A homeopathic physician of this city recently had to defend himself in a suit brought by a young woman whom he had sent to the smallpox hospital when she only had measles. He was acquitted, however; his defense being that he believed it to be smallpox, and that the early stages of the diseases are alike. (!)

—Samuel Gast, of Iowa, and his nephew, David Gast, of Ohio, traveling cancer doctors, and James E. Haines, a student, of Rising Sun, Md., were arrested January 23—the two first mentioned at Bellefonte, this state, and the latter at his home—on a Coroner's warrant, charging them with homicide, in having caused the death of Mrs. James Armstrong, aged seventy-three years, of Chester county, whom they treated for cancer. W. J. Perkins, of Chester, who harbored the trio of cancer doctors, was also arrested on the charge of being an accessory to the homicide. The entire party have been lodged in Media jail to await trial.

—The "Mountain Evangelist" Barnes cures thousands by the "laying on of hands" and prayer. In one of his recent harangues, he said: "I'm not a homœopath, or an allopath, or a hydropath. I am a Jesuspath, and I wouldn't give my doctor for a hundred others." When will such exhibitions of superstition and credulity cease?

—Robert J. P. McClatchey, a leading homeopathic physician of this city, died last week. He had for years been President of the Homeopathic State Society and the county society of this city. He was a man of literary attainments, having written largely for the homœopathic journals of this country, and was for ten years editor of the *Hahnemannian Monthly*.

—The Rev. Dr. Hicks, of the Tabernacle church, who was the spiritual adviser of Charles Guiteau, has executed a legal instrument, transferring to Surgeon-General Crane, U. S. A., all his right and title to Guiteau's body. The paper recites the clause of the will by which Guiteau bequeathed his body to Dr. Hicks, and it bears evidence of acknowledgment before a justice of the peace. In reply to inquiries, Surgeon-General Crane said he was unable at present to give any information with regard to the final disposition of the assassin's remains.

Items.

—Beware how you "chaff" a chemist, for his retort is always ready.

—One hundred and ninety-six bodies have been cremated in Milan in the last five years.

—Dr. Jacobi recommends closing the mouth and blowing into the nose in the earache of infants and children.

—The fluid extract of tomato is recommended in nursing sore mouth and cancrum oris.

—At an auction sale of old government medical supplies, at St. Louis, among other things one man bought 17,308 pills for thirty cents. A local paper says, "The books and instruments sold had been used before, but the pills were entirely new."

—Body-snatching is reported from Montreal.

—Advice from a sanitary engineer in building a house is as valuable as that of the architect.

—The third lecture of the course on "Sanitary Engineering" was delivered at the Franklin Institute January 22, by C. Henry Roney, C. E.

—Dr. Walter Carpenter has been elected president of the Board of Directors of the Mary Fletcher Hospital, Burlington, Vt.

—The Board of Health of Philadelphia reported last week 93 cases of diphtheria, of which 22 were fatal.

—A Senator, Ill., doctor sent a bottle to a patient labeled, "Calmel-pizen." The County Medical Society has cited him to appear and show cause why he should not be expelled.

—A despatch from Dallas, Texas, states that on January 16, a family of nine persons were poisoned by eating pork supposed to be trichinous. Three of them died.

—On January 17th, Mr. P. Schumacher, one of the oldest citizens of Fayetteville, Ohio, suddenly dropped dead in the midst of a hearty fit of laughter.

—Major Setemup don't believe in the water of our city. He is reported to have described it as follows to a recent visitor: "Why, sir, you wouldn't believe it, bein' a stranger, but that year the water got so infernal foul that a quack doctor down in my neighborhood bottled it and sold it for a new mixture of cod-liver oil and lime. My wife made up her mind she'd bile the stuff afore using it for washing purposes, and the smell of it was so spanking strong that the first thing I knowed some of the neighbors had me indicted for running a soap factory inside the city limits. I got the Mayor and Health Officer to come up and examine the premises, and if you'll believe me, they went around and offered a free right of way to any man who'd agree to start a bone-biling shop, just to dilute the flavor of the atmosphere. I'm agin Schuylkill water under all circumstances;" and the major blew the foam off his glass of export beer, and eyed it with entire approval.

QUERIES AND REPLIES.

F. K. M., Mt. Morris, Pa. We would refer you to Bartholow's Practice of Medicine.

MARRIAGES.

RAYNES—DAVIS.—In Lebanon, January 17, at the residence of the bride's father, by Rev. M. V. B. Knox, D. D., assisted by Rev. J. M. Dutton, John B. Raynes, M. D., of Bradford, N. H., formerly of Lebanon, and Emma A. Davis, daughter of James A. Davis, M. D.

SMOCK—BRADFIELD.—On Saturday, January 6, 1883, at First Church Disciples of Christ, by Rev. O. A. Bartholomew, Ledru P. Smock, A. M., M. D., and Jessie V., daughter of John B. Bradfield, both of West Philadelphia.

WHITE—HOWARD.—On Wednesday evening, January 10, at Old Pine Street Presbyterian church, by Rev. H. O. Gibbons, Dr. C. Garrison White and Lizzie K. Howard, both of this city.

DEATH.

CHALFANT.—In Kansas City, Mo., January 12, Dr. David Y. Chalfant, aged 52 years.

THE

MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

CENTRAL AMERICAN MEDICAL CURIOSITIES

COLLECTED FOR THE MEDICAL AND SURGICAL REPORTER.

BY FERD. C. VALENTINE, M. D.,

Of New York.

(*See pp.* 397 *and* 617.)

Toads have a more extended application. The live animal is slit open along its ventral surface and is lightly passed over erysipelatous parts, which treatment is said to cause the disease to abort immediately "by absorbing the hot blood of the patient, and giving him the toad's cold juice in exchange." My informant blissfully asserted that the same treatment would cure cancer—he had never heard of condurango.

Powdered willow-bark, two drachms a day, is said to cure quartan intermittents, and an anti-gangrenous poultice is made of equal parts of the powder and ground rue (Ruta, L.) made into a pasty consistency with aguardiente, vinegar and liquidamber, also in equal parts.

Elder flowers (Sambucus) in infusion are presented in catarrhal, eruptive and rheumatic affections. The flowers are mixed with bran in equal parts, and tied upon erysipelatous parts. The flower is soaked in white wine, "which then will give the drinker a sweet voice," and the leaves applied to the breasts are said to arrest the secretion of milk.

Cow's tallow melted and mixed with warm water is drunk to relieve old pyrosis. Lavender, cinnamon and copalchi, in powder, are added, and the resultant mixture is applied externally to painful joints. In dysentery, a drink is given *ad libitum* composed of mutton tallow, ten ounces, and cow's milk, eight ounces, which are boiled together over a slow fire, and continuously stirred from left to right. Subsequently, a teaspoonful each of starch and sugar are added, and the whole boiled again.

Rosemary is employed in infantile convulsions and epilepsy, and externally as a cosmetic and to intensify visual power.

Infusion of red roses, and oil of red roses, the latter made by adding two ounces of the leaves, which have been dried in the shade, to a pint and a half of fresh salad oil, which, in a well-stoppered bottle, is boiled in water for two hours, are used in slight burns and superficial inflammations.

Decoction of white rose is an excellent purge for children *when given with manna.* (!)

Rue is the cardinal remedy for all nervous affections, especially hysteria and epilepsy. It strengthens the sight, "dissolves pannis" (the fresh sap is squirted upon the opened eye every morning) and is a vermicide. Some mothers give 20 grains of the powder every morning to their daughters, because, "with prayers and fasting it temporarily quiets the sexual desires, facilitates menstruation, and will make future parturition easy."

A favorite hysteric potion is made of three tablespoonfuls of fresh ruta-juice and six of infusion of orange leaves, of which a tablespoonful is given every hour.

A paste for common intermittent is composed of half an ounce each of ground rue and mustard, to which a sufficiency of water is added, and the wrists and soles are besmeared with the mass at

the inception of the chill. I have frequently witnessed this application, and can assure my readers in all gravity and candor that it never had any effect further than to please the patients' grandmothers, which, however, is frequently not an unimportant element to professional success.

Modern medicine and elegant pharmacy are doing their iconoclastic work with the granny-doctors of Central America, and although they progress somewhat slowly, it is safe to say that another generation will relegate much of the "nasty" of to-day to the *panteón*, and R. I. P. will be written over it.

Having thus relieved myself, I shall return to the rue, the leaves of which and those of anise, an ounce and a half each, are added to a quart of strong aguardiente. They are placed in a well-corked bottle and exposed to the sun for eight days. Two tablespoonfuls are given in half a glass of sweetened water before the chills come on, from which it will be correctly inferred that this tincture is a favorite prescription for intermittents. As in a majority of other instances, the "stomach of the patient must be thoroughly cleaned out before using this remedy"—and thoroughly cleaned out it is, if ipecac in almost unlimited quantities can do it.

I believe that there is in this world no more frugal people than the Central Americans, and at the same time no people more fond of vomiting. I know of a case in San José de Guatemala, a carpenter who fell from a house and sustained a compound comminuted fracture of the femur. The surgeon of the local garrison was called, and previous to examining the patient gave him 40 grains of ipecac. The North American stomach repudiated the dose and the breakfast. The man is alive and well to-day, with very little shortening. When I asked the surgeon why he had given the ipecac, he told me, "to clean out the stomach and relax the muscles."

For the good repute of my colleagues, such as Pacheco, Alvarez, Cárdenas, Luna, Monteros, Fenner, Fernandez-Padilla, P. Molina-Flores, *et id omne genus*, I must explain that my friend above cited is by no means a type of the Central American physician, many of whom would attain a foremost rank in the profession, if they limited themselves to it.

Common salt, one to two ounces, in half a glass of warm water, is given as a purge. Intestinal worms are treated by giving patients strongly-salted food. Vinegar and salt is applied to bruises and inflamed swellings, and recently the use of a drachm of salt in half an ounce of brandy has been recommended to be taken every morning in intermittents and phthisis. Salt fried in lard is applied to the swollen face which frequently accompanies odontalgia. Fomentations of hot salt-water are applied to painful joints. An anti-phthisical pill is made of common salt a drachm, toasted and ground acorns a drachm and a half each, conserve of roses a sufficiency. The mass is divided into forty pills. One is taken every hour for a month.

Nitrate of potassium, "refreshes and increases the urine, impedes putrefaction, and calms the ardor of the blood," meaning "restrains animal passions," for which purpose it is rarely taken. It is recommended in all inflammatory affections, variola, scarlatina, rheumatism, and in dropsy (℥j. daily in barley water or beer). Stout women when pregnant, take cream tartar ℥j. with the nitrate ℥j. div. in chart. No. viii, one every three hours, to relieve toothaches and so forth, incidental to their condition.

Dragon's blood, with rose-water or plantain sap, is given in metrorrhagia and diarrhœa, two or three tablespoonfuls a day, or 12 to 24 grains of the powdered dragon's blood. It is also used in ulcerative stomatitis; as a mouth wash to cleanse and "fasten the teeth."

Tobacco is given internally in chronic catarrhs and dropsy. A decoction is injected to kill ascarides, and it is prescribed in asthma, apoplexy, paralysis and strangulated hernia. Externally it is used for tinea, itch, and is applied to ulcers which have become infested with maggots.

Tincture of tobacco is made by infusing two drachms of the leaves in four ounces of boiling water. They are left there for two days, then strained, and three tablespoonfuls of aguardiente are added to the liquid, the dose of which is 20 to 40 drops.

A cerate for herpes of all kinds is made of three ounces each of the juice of green tobacco, yellow wax, and turpentine, with a small quantity of oil. These are melted together and applied to the herpetic spots.

Headaches, neuralgias, and other painful affections, are treated topically with a tobacco leaf and oil. I would here write a eulogy of Honduranian tobacco, especially that of the district of Santa Rosa, if I did not fear the unappreciative editorial blue-pencil, which does not smoke. The sweetened infusion of fresh tamarinds is given in fevers, especially those of the bilious type. The decoction of the flowers is an excellent diaphoretic. The flesh of the fruit is spread upon soft leaves or rags, and applied to abcesses as a maturative.

Tamarinds are preserved by removing the seeds and adding two parts of sugar, and grinding the mass together. Stramonium "even in small doses causes madness and other disorders." It is an excitant and a narcotic, and is used to cure nervous rheumatism, convulsions, to quiet maniacs and to give them sleep." The dried leaves are smoked in asthmatic attacks; to facilitate their action the patient is advised to drink strong coffee while smoking. All local pains are treated by poultices of the mashed stramonium leaves. "Turtle-flesh should be given wives who do not love their husbands, as their genital appetite will be so stimulated that he will be welcome at all times. It also purifies the blood, and in erysipelas turtle-soup should be taken extensively, and the affected parts anointed with the turtle's blood."

This is an instance of the very common belief in aphrodisiacs, a subject which in all times has had great attractions for the popular mind, and on equally slim foundations.

Turpentine is used in chronic intestinal and bronchial catarrhs and in blennorrhagia.

The leaves of the tuna (sold here under the name of the "Mexican prickly pear") are applied upon any inflamed part, when the inflammation is not dependent upon traumatism. The gum of the plant is considered expectorant, and the red petals of the flower, ground and mixed with sugar, are given in old gonorrhœas.

The vanilla of Central America offers a chance to some physician whose passion for his profession is not so great that it precludes other occupation. It is larger and finer than the Mexican, but no one in Central America understands its preparation for the market. The specimens brought here are not sufficiently dry. The non-professional prescribers of Central America say it is nervine and analeptic, but too aphrodisiac to take carelessly. Perhaps that explains its extensive use. The tincture (1 to 10 of aguardiente) is given in 40 to 60-drop doses in wine.

"Deer meat prolongs life." The tallow melted in manzanilla water is given as a 'pectoral' at the conclusion of pneumonia, and it is also applied to abscesses. Filings of deer horns are given in wine to people infested with lice.

Portulacca is recommended as a diet in constipation, and the juice is said, by some physicians, to be entirely reliable in tape-worm. The dose is three tablespoonfuls every fifteen minutes, fasting. This is contined until the worm is expelled.

Peppermint is used as in other parts, but it is urged that at least every three years the plant must be removed from the site of its growth, otherwise the leaves lose their medicinal virtues.

The horse-aloe is quite common in all of the hot coast-regions of Central America. Incisions are made into the leaves during the ascending quarter of the moon; from these incisions the thick sap flows which soon grows hard and is scraped off. It is used as a cathartic in dropsies, and is given to women with amenorrhœa. A watery saturated solution is employed as a wash for chronic ulcers, maggots, lice and bed-bugs. It is injected for intestinal worms and applied to gangrenes.

The mucilaginous sap of the leaves is used as a dressing in recent burns and erysipelas, and is efficaciously employed in acute urethritis, 9 tablespoonfuls of the fresh juice with the same quantity of milk drank fasting. A popular iron and aloes pill is made of iron filings (q. v.), 100 grains to 40 of powdered aloes, with a sufficiency of thick mucilage. This mass is divided into 50 pills, and four to six of these are given daily to anæmic persons and to women said to suffer from metritis. I intentionally throw doubt upon the diagnosis, as physical exploration of the female genitalia is rarely allowed in the greater part of Central America, for a very sad reason, one which reflects horribly upon the profession, and I am glad to say that the implied charge is as unfounded as it is villainously unjust.

Tincture of aloes is composed of an ounce of the gum dissolved in a quart of aguardiente. Ten to twelve drops are taken in wine or water in the morning to "open the appetite and give strength to weak stomachs."(!) "This tincture must not be given to pregnant women, nor to persons who suffer from hemorrhoids, as it will make them worse."

A curious vermifuge ointment is made of cow's bile and powdered aloes, two drachms each to an ounce of lard. These are well rubbed together and anointed upon the umbilicus to kill intestinal worms and to assuage the colic-like pains produced by them.

Another infallible remedy for *nube*, *i. e.* all opacities of the cornea, from slight leucoma to the most dense pannis, is made of six grains of powdered aloes, thoroughly triturated with seventy-two grains of white sugar. The powder is blown through a quill upon the eye while the lids are opened. It is not necessary to comment upon this treatment.

Sarsaparilla, which abounds on the North (Atlantic) coast of Honduras and Guatemala, both of which are called in the market "Honduras Sar-

saparilla," and are known for their superiority, have as wide a medicinal application in Central America as the domain of pathology reaches. It is used in infusion and powdered and in all conceivable doses, by the lower classes, while those better situated prefer the foreign preparations, such as the fluid extract, tincture, and syrup.

Sassafras is considered diuretic, diaphoretic, and sedative. It is prescribed in syphilis, sterility, and rheumatism, in doses of a drachm daily in powder.

The Central American leeches are small, and do not extract more than three-quarters of a drachm of blood. They are not much used.

A few words now upon the general indications for treatment.

Enemas of cold water are administered for cephalalgia; of purgatives for their effect, of starch with laudanum to calm pain, and as an hypnotic; of decoction of quinia, or with sulphate of quinine in pernicious fevers; of malva with nitrate of potassism, for ardor urinæ and retention of this excretion; of decoction of rue or artemisia in nervous or flatulent colic, and for rectal alimentation.

Purgatives.—Drastics are forbidden in pregnancy, dysentery, hemorrhoids, or debility; but their use is urged in apoplexy, dropsy, and amenorrhœa. Laxatives are proper in dysentery and bilious diseases. Persons having taken a purge should limit their diet, "lest they produce dysentery, indigestion, and dropsy."

Sinapisms should not be prepared with vinegar nor aguardiente, as thus their virtue is destroyed. When a strong sinapism is required, only water is added to the ground mustard, and flour is added when a mild effect suffices. They are used on non-inflammatory painful parts, and they are applied to the nucha and the soles in dizziness and headache. If placed over enlarged spleen they reduce its size, and cause fevers to abort; upon the stomach, they materially help obstinate vomiting and diarrhœa.

Dry cups are applied over the stomach to relieve vomiting, and to the breasts and back to restrain uterine hemorrhage.

Emetics should head the list for the wonderful —I nearly said outrageous—frequency with which they are employed. "They are the most natural remedy: they promote perspiration and cause a healthy 'shaking up.' They are suitable in bitter taste and pestilential breath (literal translation), also to calm nervous diseases, rheumatism (of course) and dementia"—in brief, to all the ills that flesh is heir to, and which can can be conjured up by the imagination of people who have little to do. Yet it must be remembered that emetics "must not be given in gastritis, or when the tongue is red and dry, and when the patient is vomiting or very constipated. Nor are they suitable in pregnancy, during menstruation, nor when the patient has hernia, or apoplectic tendency."

In conclusion, let me repeat that this brief review of the non-professional materia medica Centro-Americana, though, perhaps, the foundation for a future scientific one, is by no means a fair picture by which to judge the brilliant practitioners of the larger cities. I present the list merely as a collection of curiosities, from which a great many really valuable ideas can be culled, and lay down my stylographic pen, which has inked me so far as my elbow, as I rest to conjure up a dream of Central America—of the delights of practice and life there. However, I shall not inflict more upon the editor, who has been already too indulgent with my senile garrulity; I will only ask him to permit me to add the proverb:

> "De médico, poeta y loco
> Todos tenemos un poco,"

which may be freely rendered—if the readers are not too exacting:

> "In all men's and women's humanity
> Are some medicine, rhyme, and insanity."

Which predominates? which should take precedence? And deponent further sayeth not.

SICK HEADACHE.

BY DAN'L B. D. BEAVER, M. D.,
Of Reading, Pa.

There appeared in the MEDICAL AND SURGICAL REPORTER, on the 29th of last July, an article from the pen of Dr. G. C. Savage, of Jackson, Tenn., upon "*Sick Headache: Its Causes Hypermetropia and Astigmatism, either alone or combined, and its cure, properly-fitting glasses,*" which by reason of having found its way into the lay press* demands more professional attention. So long as it remained in the medical journals, the author alone was responsible for its statements; but as soon as non-professional papers quoted and copied it for the public eye, the profession became sponsor, and will receive honor or dishonor according to its truthfulness. If Dr. Savage has actually "discovered the real cause and treatment of sick-headache, that opprobrium of medical art from the beginning down to the present time," as he claims, he has conferred a boon upon humanity, and indeed re-

* *Christian Advocate*, New York, Nov. 30, 1882.

moved the "opprobrium" of our art; but if his claim is not well founded, he has added one more to the ill-advised and indiscriminately vaunted cures which have made this disease a reproach to the profession. Let us see on which side he is. What has he discovered? Nothing more than that his own (and his mother's) headache was owing to hypermetropia and astigmatism. He has not brought to light a single new scientific fact.

If he had examined the literature of this subject, he could have learned long ago that certain cases of sick-headache are dependent upon weakness of the eyes, which in its turn is frequently chargeable to the presence of optical defects.

Half a century ago Piorget and Calmeil* observed that naturalists who pass many hours in the examination of small objects, which sometimes require to be magnified with the microscope, under strong light, are subject to this painful disease of the head (cephalalgie). These gentlemen did not tell us that the headache in these cases was due to hypermetropia or astigmatism, because they had poor acquaintance with these errors of refraction; but they observed the fact that prolonged use of the eyes on small objects gave rise to headache. The condition of the eye to which they refer was in all probability that which Stevenson, Lawrence, Sichel,† and others described about that time, and later, as *hebetudo visus*, and for which Mackenzie, in 1843, gave us the name *asthenopia*. This affection was then, as now, recognized with all its symptoms, but it remained for Donder to demonstrate, in 1858, that the accommodative form is nearly always dependent upon hypermetropia.

From this time forward we find hypermetropia mentioned as a cause of headache.

In 1869, Soelberg Wells,‡ writing on hypermetropia, expresses himself thus: "There is a feeling of tension and pain about the eye and over the eyebrow, which, if the work is persisted in, soon becomes more intense, and sometimes assumes the character of headache (which is often mistaken for nervous headache or migraine)."

Mauthner‖ mentioned pain in the head as a symptom of accommodative asthenopia, in 1875.

Noyes,§ in enumerating the symptoms of hypermetropia, in 1881, said: "I have known nausea to be caused, and in many hypermetropia is the cause of chronic headache."

In the same year, Harlan* said of accommodative asthenopia: "In fact the symptoms referred to the eyes may be the least prominent, or the sufferer may not even suspect his eyes at all, while the strain is manifesting itself by headache, dizziness, nausea, or nervous irritability, to such an extent as to excite apprehensions of serious disease of the brain." These quotations are presented to show that the connection between headache and those forms of eye diseases which are dependent upon optical objects has been recognized for at least fifty years, rather than to indicate the present state of our knowledge; and the last two were selected from among others to show that the subject has been mentioned in books written for the use of the general practitioner rather than the specialist.

Among those who are familiar with the use of the ophthalmoscope, there must be few indeed who would undertake the treatment of any case of chronic headache without first ascertaining the optical condition of the eyes.

It must be admitted then that Dr. Savage did not discover anything new in medicine. But he may object to my quotations, as he did in his second article† to the cases recorded in this journal by Dr. S. Weir Mitchell,‡ upon the ground that they do not refer to sick headache. He classes Mitchell's cases as nervous headache, without giving his own definition of sick headache, and affording his readers an opportunity of making comparisons themselves. He does, however, refer to Wood's‖ description of the disease as "unobjectionable," but does not agree with him that "the predisposition for the most part, consists in debility of the stomach and a peculiar state of the nervous system which renders the brain especially sensitive to gastric irritation."

In as much as Dr. Wood placed sick headaches in the same chapter with irritation of the stomach, and gave only these two causes, it is fair to infer that when he wrote these words he recognized only that form of the disease which is dependent upon gastric derangement.

The peculiar state of the nervous system of which he speaks represents only the otherwise undefined difference between the nervous systems

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* Dictionnaire de Médecine, Paris, 1834. Tom. VII., p. 118.

† Hirsch; Hand-buch der. g. Angenheilkunde, Graefe, n. Saemisch., B. VII., s. 524.

‡ Wells on Long, Short, and Weak Sight, p. 174.

‖ Optische Fehler d. Auges. S. 356.

§ Diseases of the Eye, Wood's Library of Standard Medical Authors, 1881.

* Holmes's System of Surgery, American Ed. vol. ii., p. 33.

† *Medical and Surgical Reporter*, Oct. 28, 1882.

‡ Dr. Mitchell also called attention to this subject in the *American Journal of Medical Science*, April, 1876.

‖ Practice of Medicine, G. B. Wood, M. D., etc. Edition of 1849. Page 536.

of dyspeptics with sick headache and those without it, without indicating any particular morbid condition. In reality, then, his idea was that this disease was caused by irritation carried from the stomach to the brain. Immediately after this reference, Savage says: "Wood's views, as well as all others ever expressed, must be erroneous, if my doctrine is true." His doctrine is that hypermetropia and astigmatism, alone or combined, are the only causes of sick headache.

Upon the same page he tells us that in the REPORTER of May 6, 1882, we can "read an admirably written clinical history of the disease by Dr. Smith." This gentleman describes three forms, which are as unlike each other as any three cases of the same disease can possibly be. In the first form the prodromic symptoms all point to the stomach as the seat of disordered action; in the second, to the eyes, and in the third, to the nervous system, as is evinced by the inability of the subject to undergo any extra exertion, or change of habit for a day, without suffering. After the disease is fully developed, he notes no difference between these forms, and his description of that stage agrees fully with that given by Dr. Wood. They both give as prominent symptoms nausea, vomiting, disorders of sensation in other parts than the head, and of the special senses, especially of the eyes and ears.

Now then, besides acknowledging these symptoms as all properly belonging to sick headache, Dr. Savage tells us that "the relationship between the eyes and stomach is so intimate that when one is affected the other will sympathize, as in sick headache," and yet asserts that the cause of the disease is always in the eyes.

He would have us believe, then, that nervous sympathy flows in one direction only—from the eyes towards the stomach.

Why does he not explain the connection he has found between these organs?

He says "he will not attempt in this communication to give the relationship existing between the stomach and the eye;" and this is to be regretted, for if he had given it, he would certainly have avoided the ridiculous error into which he has fallen.

In the absence of all the teachings of physiology, the careful observation of cases of sick headache alone would direct attention to the brain as the connecting link, through which functional disturbances play either way, back and forth. In most instances the pain in the head holds an intermediate position in the succession of symptoms: if the disease appears in the gastric form, some derangement of the stomach usually ushers it in; then comes pain in the head, and later on, the reflex symptoms.

On the other hand, if the cause is in the eyes, the first sign of an approaching attack is commonly some discomfort about these parts; then follows the headache, and, during its continuance, vomiting or other sympathetic disorder.

It is exceedingly difficult to understand how Dr. Savage can reconcile Wood's or Smith's account of the disease with his theory of its causation. If the disease begins in one case with irritation of the stomach, which extends to the brain and is thence reflected to the eyes; begins in another in the eyes, is transmitted to the brain and from there affects the functions of the stomach; and in a third, has its origin in uterine disturbance with spinal irritation, of which the effects extend to the brain (giving rise to headache), and thence disorder both stomach and eyes; does it not seem probable that the cause and origin may lie in any of these organs, seeing that they may be interchangeably the starting and ending place of the morbid process.

As belonging to the third order here mentioned, the following case may be presented: Mrs. —— consulted me in 1873 for, (as she put it), "weakness, headache and womb disease."

She was anæmic, debilitated, suffered with sick headache once in about two weeks, and her uterus was prolapsed in the first degree. A properly adjusted pessary, with iron, quinine and belladonna restored her health after several months' treatment.

During the next five years she came under my care several times for the same symptoms, excepting the displacement of the uterus which had been permanently remedied.

In August, 1878, at which time she had one of the breaks in health, the following note was made of her headache: She has been troubled with the headache again since the warm weather set in. At times she has two attacks in one week, each lasting a day, or longer; then, again, she may be free from it several weeks. Upon going from home a day, she is pretty sure to suffer. Irregularity in habits, especially in taking meals, is apt to be followed by a paroxysm, as when a meal is taken late and the stomach becomes very empty. Sometimes it appears without any discoverable cause. It does not seem to be influenced by menstruation. When caused by emptiness of the stomach, it comes on during the fast, and is aggravated severely by taking food or drink; if vomiting then supervenes, as it often does, it

brings relief. The "sick headache" is the most frequent, but she also gets a form that is not accompanied by sickness at the stomach, and is not as intense, but continues longer than the other. In this form the pain is usually worse in the forehead, equal on both sides, while in the gastric form it is confined to one spot in the right temple. In both forms it is of a dull aching or rolling character; in the gastric, so severe that she cannot lie down or keep quiet in any position, while in the other, rest and quietude afford alleviation.

The hands and feet are cold during the paroxysms in both forms, and the face is pale. Since the return of the headache and debility she has had much dull aching pain in the eyeballs, as in former periods of ill-health. There is slight hyperæsthesia of the retina; and she says the lids feel heavy, which is owing to blepharitis marginalis. V. $\frac{20}{20}$. The fundi oculi are normal, as is also the refraction. She came to town this morning, and after seeing me, spent the day with friends. On her way to the cars toward evening she stopped in again and requested me to give her something to relieve a terrible headache she was suffering, and which she feared would prevent her reaching the railroad and home to-day.

She described the pain as dull, heavy and rolling with each motion of the head, most intense in the forehead. The face was deathly pale, and the hands cold. There was intense nausea, which appeared only after the pain became very severe. She was given $\frac{1}{100}$ gr. of sulphate atropia, and ordered to repeat the dose every half hour until relieved or until dryness of the throat and dilatation of the pupil would appear. At her next visit she reported that the second dose was unnecessary, and that the headache disappeared before she reached the depot.

A course of tonic medication directed to the nervous system restored her to health and freedom from headache again.

This case may be said to present two types of headache—the *sick* and the *nervous*, but in reality they are the same thing. The sick is only a further development of the nervous, as is shown by the fact that the vomiting appears only after some continuance and increased intensity of the pain. The same observation is applicable to a very large percentage of all paroxysms of this disease—they begin as nervous and end as sick headache.

This case is one among many similar ones I might cite in proof that sick headache is not always traceable to optical defects. Although there was well marked distress about the eyes, the most careful examination failed to reveal any error of refraction, and the thoroughness of the examination is attested by the result of treatment addressed to other parts of the body. It presents an interesting feature also, as viewed with Dr. Savage's observation, that the application of atropia to his eyes stopped the headache immediately, in the very remarkable effect which the small dose of atropia manifested. I have seen this happy result follow the use of small doses of atropia and belladonna in certain forms of sick headache so often, without paresis of the accommodation, that I cannot help thinking it is produced without any accompanying action on the ciliary muscle.

In Dr. Savage's case the headache was undoubtedly due to accommodative asthenopia, dependent upon hypermetropia and astgimatism, and the charming effect of the atropia was in all probabilty due to its direct action on the ciliary muscle.

Now then, after having thus examined Dr. Savage's claim, and the articles to which he refers I have come to these conclusions:

1. That Dr. Savage did not discover the causative relation which optical defects hold to sick headache.

2. That, although optical defects do give rise to sick headache, they are not its sole cause.

3. That the experience of the profession warrants the assertion that, while optical defects give rise to various kinds of head pains, the severe form denominated as sick headache cannot be ascribed to them as frequently as others.

Dr. Savage deserves credit, however, for having directed attention to the carelessness of authors of works on "Practice of Medicine" in neglecting to mention optical defects among the causes of sick headache. He might with propriety have included also writers of monographs on this disease, at least all those whose works I have seen.

This method of using belladonna is not original with me; nor is it with our eminent modern therapeutists, Bartholow, Ringer, and others. We have all borrowed it, upon our own easy terms, from our erring and wayward homœopathic brethren.

STATISTIC AND ALLIED FEATURES OF DIPHTHERIA.

BY THOS. S. SOZINSKEY, M. D., PH. D.,
of Philadelphia.

THE GRAVITY OF THE DISEASE.

The serious form of sore throat, which the Cappadocian physician, Aretæus, who flourished about the end of the first century of our era, tells

us was common, in his time, in Syria and Egypt, is generally held (with barely enough reason, I think,) to be really the disease first fully described by Bretonneau, a physician of Tours, in 1826, under the name of diphtherite, or as it is usually called among us, diphtheria. Many of the grievous scourges which have prevailed again and again down through the centuries, of which more or less record remains, are supposed to be none other than it. However, it is certain that in modern times diphtheria has, in epidemic outbreaks and otherwise, destroyed a shocking number of lives. Of late it has taken a leading position among pestilences. It perhaps outranks scarlet fever in the extent of its ravages among the young. In Philadelphia its victims numbered over 700 in 1876, and still far more in the year just ended (915); and in no year of late have there been less than 300. Evidently it is a very formidable disease.

It is more than probable that the disease has been proving more destructive to life within a few years than formerly; statistics from almost all quarters show this only too plainly. Its increased destructiveness is very evident in Philadelphia. From 1860 until 1875 the number of deaths in this city was, on the average, less than 250 (237) yearly; while since then it has been more than twice as great (538). During the last two months of 1882 the deaths from it numbered five or six daily.

The cause or causes of the lamentable increased destructiveness of the disease should, I need hardly say, be carefully sought for. Is there anything besides a wider diffusion of the contagion at play to produce the increase? In the case of Philadelphia, has there been a change in the sanitary conditions favorable to the disease? Has the disease become more virulent? Has there been developing a greater susceptibility to it? Do those attacked succumb more readily now than formerly?

THE AGE OF THE VICTIMS OF THE DISEASE.

In an article on diphtheria published a few weeks ago, a reputable writer states that the disease is just as serious in a person fifteen years old as in one of as many months. Of course, this statement is absurdly untrue. The disease is essentially one of infancy and childhood, so far as fatality is concerned.

Dr. Bristowe says, in his work on the "Practice of Medicine," that it is "far more common among young children, especially between the ages of three and six, than in persons of more mature age, and is both actually and relatively much more fatal to them." This may be said to be the current opinion. According, however, to the United States census returns for the year ending June 30, 1870, most deaths are of infants; and the number steadily decreases from year to year. Thus in the first year of life the deaths reported were 1,011; in the second, 998; in the third, 791; in the fourth, 736; in the fifth, 549; in the period from the fifth to the tenth, 1,299; in the period from the tenth to the fifteenth, 335; and in the period from the fifteenth to the twentieth, 141. In Philadelphia there are nearly three times as many deaths of children in their second year as in their first; and the deaths of persons over fifteen are few.

THE SEX OF THE VICTIMS OF THE DISEASE.

There is excellent reason for believing that in general the female sex is the more favorable to the mastery of the disease. Statistics seem to show that considerably more females than males die from it. Very early in life, however, this is not the case. According to the census figures there were in the first year of life 546 males to 465 females; in the second, 535 males to 463 females; in the third, 431 males to 360 females; in the fourth, 343 males to 393 females; in the fifth, 263 males to 286 females; in the period from the fifth to the tenth, 517 males to 728 females; and in the period from the tenth to the fifteenth, 125 males to 210 females. Hence, it would appear that it is only from the third year forward that the deaths of females are in excess; before that time males succumb in greater number. It is worth while, however, to bear in mind that in the first year or two of life there is a small percentage more male than female children. Philadelphia statistics, unfortunately, are so compiled that little light is afforded by them, as to the relation between sex and disease.

HAS THE DISEASE CYCLICAL PHASES?

The study of the statistics of the mortality in Philadelphia brings to light a strange tendency of diphtheria to run in cycles of intensity, the period being six years. The following table indicates this clearly:

Date.	No. of Deaths.	Date	No. of Deaths.
1860	307	1872	150
1861	502	1873	110
1862	325	1874	181
1863	434	1875	656
1864	357	1976	708
1865	260	1877	458
1866	192	1878	468
1867	119	1879	321
1868	119	1880	323
1869	182	1881	457
1870	172	1882	915
1871	145		

It is likely because of the fact that the disease prevails most markedly in the colder half of the year that the period of maximum cyclical intensity seems to last each time two years. For some reason or reasons, then, there is every sixth year in excess of persons very liable to contract the disease, and possibly, also, very liable to succumb to it. Either this, or it must be assumed that the disease becomes more virulent, that the "epidemic influence" becomes more decided—to use a phrase employed by writers who still cling to the old-fashioned way of referring diseases to mysterious causes.

RELATIONS OF SEASON AND WEATHER TO THE DISEASE.

But little intelligent attention has been given to the special atmospheric conditions which are promotive of the spread of diphtheria or otherwise. Most writers on medicine who refer to the matter at all make rather amazing statements. Thus, Dr. Roberts, in his work on the "Practice of Medicine," says: "Hot and dry climates and seasons appear to favor the development of the poison-germs." The doctor would not have expressed such an opinion if he had taken pains to learn anything about the matter. Had he turned to the well-known studies of Mr. Buchan and Dr. Mitchell, he would have found that in England the disease is most prevalent "in cold, moist weather." I advise the reader, however, by the way, to avoid the common mistake of taking the Englishman's "cold" and "warm" as synonymous with what we call "cold" and "warm."

As I have already stated, it is in the colder half of the year that diphtheria is most prevalent. During the 14 years ending with 1881, there were in Philadelphia, in the first quarter, 1179 deaths; in the second, 940; in the third, 792; and in the fourth, 1519. According to these figures there were nearly twice as many deaths during the fourth as during the preceding quarter. Not far from two-thirds occur in the colder half of the year. A similar statement holds good in reference to the returns of the census (3,627 to 2,673). This greater winter prevalence is common, I think, to all contagious diseases. The cause is likely, to some extent at least, the better chance for the virus to take effect, because of crowding and bad ventilation. Cold in itself should not be favorable to the spread of contagion, for it serves to lessen and stop activity in matter, both organized and unorganized. Nor indeed is it in the very cold any more than in the very warm weather that contagious diseases are apt to be most prevalent.

In Philadelphia, moderately cold, damp weather is the most favorable to the spread of diphtheria. Or rather, I believe, I should say, the change to such weather. A fall in the temperature to from 60° to 50°, and an increase in the average daily humidity to from 70 to 75 or over, will very certainly be followed by a decided increase in the number of cases. Of course, then, an increased mortality may be expected toward the beginning of November. The general absence of sufficient preparation for such vicissitudes of atmosphere as are usually met with toward the end of October and in November, and the segregation of population which they produce, are evidently potent indirect causes of the prevalence of the disease. Weather which has been regarded time out of mind as favorable to the production of catarrhs, is the weather which is most favorable to diphtheria.

I have hinted above that very cold weather is not very favorable to diphtheria. A somewhat prolonged spell of cold weather, weather below the freezing point, tends greatly to extinguish the disease. This was markedly observable in Philadelphia in January and February, 1875, in January, 1876, and in December 1881.

A decided rise of temperature, especially if sudden, in the colder half of the year, increases the cases of the disease. With the spell of oppressive warm weather which is usual in Philadelphia in May, there is almost certain to be an attendant decided increase in the mortality from the disease. This was very noticeable in 1875 and in 1877, years in which the spell was very marked.

I have seen a statement to the effect that a heavy rainfall may cause an increase in the disease: but there is little or no ground for such a belief. If there be a heavy rainfall at any time during the last quarter of the year, an increase in the mortality may follow, but it will depend on the temperature and the humidity. Thus, in the second week of November, 1877, there was a heavy precipitation followed by a great increase in the mortality; but the temperature was declining towards 50° and the humidity was rising above 70. On the other hand, there was a heavy precipitation in the fourth week of November, 1876, but there was no evident consecutive increase in the mortality. The temperature was low, and hence unfavorable. In a large city, at least, a heavy rainfall should tend to prevent the spread of the disease, if there be any truth in the notion that it springs largely from dirt. This would appear to be the case sometimes, especially in the warmer part of the year, as in June, 1881, in Philadelphia.

It would be easier to trace a connection between a marked absence of precipitation and the prevalence of diphtheria than the reverse. Thus toward the end of December, 1877, there was a great rise in the rate of mortality in Philadelphia—a month in which there was no precipitation, save a little in the first week of it. But during that month the humidity and the temperature were both unusually high. In December, 1882, there was little rainfall and a very heavy mortality, but the weather was much warmer than usual, and humid.

It would not be hard to trace a connection between the prevalence of the disease and the direction of the wind in Philadelphia. When the temperature is at a moderate figure, and the wind blows from the east, northeast, or even the north, the condition is favorable to diphtheria. Such winds are generally attended with a high state of humidity of the air.

HOW TO PREVENT THE DISEASE.

It is safe to say that the vast majority of the cases of diphtheria, properly so-called, are due directly to contagion, that is, a virus generated in the system of a person affected with the disease. In fact the cases which are produced otherwise, if at all, are exceptional, I believe. Sore throats of various degrees of severity may be greatly multiplied by bad drainage, sewage exhalations, and filth generally; and no doubt these are often said by the incompetent or knavish practitioner to be cases of the alarming disease. I can readily believe that sewage exhalations and unsanitary conditions of all sorts may tend to produce a pronounced susceptibility to the disease, and to render the system little able to resist it when present; but I can find no solid reason for the opinion (of Dr. Snow and others) that it is perhaps always due to "impure air or impure water," that if cases exist in a house it is "proof positive that the causes of the disease exist in the house." This notion seems childish in view of facts like these:

In 1875 the victims of the disease in Philadelphia were from three to four times as many as in any of many years before. In that year the deaths in the 21st ward (an outer one, the one in which the town of Manayunk is situated) of that city were out of all proportion to what they were in any other of the 29; they were 72, or one to every 237 of the population—five or six times more than in most of the others. In 1876 they were still more than in any of the other wards, as might be expected from the continuance of the epidemic over from the last quarter of the preceding year. The deaths in the ward in 1877 were 7; in 1878 they were 2; in 1879 they were 6; in 1880 they were 8; and in 1881 they were 6—less for any year than in very many of the others. The 27th was the ward which had the smallest proportion of deaths in 1875, there being 4, or 1 to 5614 of the population. Now, in 1878, the year in which the mortality was lowest in the 21st, the rate in it was far higher than in the majority of the others, there being 19 deaths.

A general recognition of the truth that any case of diphtheria worthy of the name is decidedly contagious, is something greatly to be wished for by every philanthropic member of society, because the recognition of it has a vital connection with the supremely-important matter of the prevention of the spread of the disease.

While not neglecting the sanitary conditions, it is the contagion to which the practical sanitarian should principally give his attention, if he would restrict and suppress diphtheria. In a recent report to the National Board of Health, Dr. Elisha Harris says; "The infection and propagating cause of diphtheria is the one essential cause which sanitary science lays hold upon to arrest and to prevent its epidemic prevalence." Dr. H. B. Baker and almost all other competent sanitarians are also of that opinion.

The American Public Health Association, at its meeting in New Orleans, in December, 1880, in connection with a resolution that "the contagiousness of diphtheria is now well established," resolved that the disease "should in all cases be treated with the same rigorous isolation and quarantine that is everywhere enforced against smallpox."

There is a crying need in Philadelphia and many other communities for the institution of the rigid isolation plan of prevention of disease. Why it is not brought into play to any great extent is unaccountable. Health authorities that have the power to apply it, and do not, may be justly blamed for much of the great suffering and lamentable mortality from the disease. It is a horrible outrage on a community to let anything possible be left undone by organized authority which will check the spread of a deadly contagion. It is not interfering improperly with the just rights of any one affected with a contagious disease to isolate him. His wish should not rule in the case. He might be destroying life right and and left without being conscious of it. A young man affected unmistakably with diphtheria went to a crowded church the other day, and did not realize, although told, that he was committing a

terrible crime against his fellow-men. The intelligent part of a community, which is surely the greater, should see to it in an official way that every one affected with a serious contagious disease is duly isolated, and that disinfectants and fire are duly brought into play to extinguish the contagion regardless of cost. Doubtless all honorable physicians would be glad to have an authoritative inspector to enforce proper sanitary precautions in every case.

The plan of dealing with diphtheria and other grave zymotic diseases indicated, is both sound and politic, and it is practicable too. Through a special hospital, a corps of sanitary inspectors, and the enforcement of a law requiring all practitioners of medicine to immediately report the cases met with by them, the malign power of diphtheria might be overcome, and the perennial destruction of children now tolerated be almost entirely prevented.

The right way to deal with diphtheria or any other contagious disease is precisely the way leprosy was dealt with long, long ago, namely: isolate each and every case, and through cleansing and disinfecting processes, and a discriminating resort to fire, extinguish the contagion. It is all explained in Leviticus. When a person became affected with leprosy he was declared unclean, and then the rule in application was: "He shall dwell alone; without the camp shall his habitation be." The clothing used by him was cleansed and disinfected or burned, and his place of residence subjected to thorough purification, or destroyed entirely.

In damp, moderately cold, changing weather, special care should be exercised not to experience disturbances of the system, if one would keep himself little susceptible to the disease. Especially should children be protected; and, of course, very special care should be exercised when the disease is prevailing; for it will not only favor escape from it, but recovery from it if contracted.

☞—A case of real leprosy exists in Salem, Mass. The patient contracted the disease in the Sandwich Islands seven years ago, and it is approaching a fatal termination.

Hospital Reports.

ON POST-MORTEM EXAMINATIONS OF THE BRAIN.*

DELIVERED BEFORE THE MEDICAL CLASS OF THE UNIVERSITY OF PENNSYLVANIA,

BY CHARLES K. MILLS, M. D.,

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Lecture 1.

Reported by WILLIAM H. MORRISON, M. D..

GENTLEMEN:—I have here a body with the brain in the skull, and also brains which have been removed, and shall to-day lecture to you on the post-mortem examination of the brain.

Very little attention is, as a rule, paid by physicians to the study of the proper methods of examining the brain, although this subject is one of great practical importance, and much may be learned by such examinations if carefully conducted.

If possible, you should always have a number of keen-edged knives of various lengths. One should be long enough to slice entire hemispheres, and one should be small enough to pass through the foramen of Monroe. The knives when being used should be wet from time to time, preferably with alcohol.

The incision through the scalp should be made from within outwards, in order to prevent mutilation of the hair. The temporal muscles should be left in position, as a few stitches through them will assist subsequently in holding the skull-cap in position.

You should, when possible, make certain skull measurements as you proceed. Several methods of making these measurements have been recommended. One of the best of these is that of Wight.† In this method, the mastoid processes are taken as the points of departure; and the measurements are made from the middle of the process, just back of the auditory meatus, ordinarily from half an inch to an inch above the mastoid extremity. This point is nearly in a line with the base of the cerebrum, but it is a little below the insertion of the tentorium, so that some of the cerebellum may rise above this point. Having located these points, the measurements are made in the following directions from one mastoid process to the other:

(1) An anterior arch, just above the supra-orbital ridge.

(2) A frontal arch, over the frontal eminences.

*In the Philadelphia *Medical Times* for April 24, 1880, was published a lecture "On the Post-mortem Examinations of the Brain," delivered by me before the Philadelphia County Medical Society, February 11, 1880. This I have freely used in the preparation of these lectures. Dr. S. T. Clevenger published in the "Journal of Nervous and Mental Diseases" for October, 1879, a paper on the same subject; and a valuable work on "The Human Brain; Histological and Coarse Methods of Research," by W. Bevan Lewis, of the West Riding Lunatic Asylum, has just appeared. From these sources, and from the works of Ecker, Virchow, Charcot, Richet, Ferrier, Bitot, Delafield, Orth, Holden, and others, material has been obtained.

†Some Measurements of Skulls and Heads, etc., monograph by J. S. Wight, M. D., of Brooklyn, N. Y.

(3) A middle arch nearly over the coronal suture. In better developed skulls and heads, the coronal suture is further forward; in less developed skulls and heads, the coronal suture is further backward.

(4) A superior arch, nearly over the vertex and about parallel with the axis of the foramen magnum.

(5) A posterior arch, over the occipital protuberance, nearly on a line with the insertion of the tentorium. These are the inter-mastoid arches.

In addition, the following should also be taken:

(6) A diametrical base line from one mastoid process to the other.

(7) The greatest transverse diameter.

(8) The greatest antero-posterior diameter—leaving out the frontal sinuses.

(9) The greatest antero-posterior circumference—leaving out the frontal sinuses and measuring somewhat above the occipital protuberance.

(10) The masto-frontal angle, which is included between the plane of the anterior and superior arches.

In sawing through the skull, the cut should not be exactly circular, but should be wedge shaped, either in front or behind. The old plan was to make the wedge posteriorly, but I think that it is better to make it anteriorly. This causes the bones to fit together more neatly than when the cut is a simple circle. The bones should not be sawed entirely through, but the section should be finished with the chisel, mallet and hook. In this way injury to the meninges and brain is avoided. If possible, the dura mater should be left intact. A certain amount of adhesion of the dura mater to the skull is usually found, but a sharp pull with the hook is usually sufficient to separate the skull-cap from the dura mater. If the adhesions are great, you should carefully separate them by the knife and fingers. According to my experience, the greatest amount of normal adhesion is found in the very old and in the very young, while the least is found in youth and middle life. It is important to bear this point in mind in making post-mortem examinations in young children, say from one to three years old, for at this age the brain is less consistent than it is later in life, and a sharp pull on the skull-cap may tear the brain to pieces. A good plan in such cases, is after the skull-cap has been thoroughly loosened with the saw and the chisel, to slit the dura mater in the line of the saw and remove it with the skull-cap. In the subject on the table, evidently a real external pachymeningitis has been present, for the dura mater was everywhere strongly adherent to the inner surface of the skull.

Having removed the skull-cap it should be carefully examined, and the thickness of the skull in definite localities should be noted. The exact position of the cut should be observed, for, as you can see, the thickness of the skull will vary greatly according to the position of this section. The measurements of thickness should be described as having been made at certain parts of the frontal, parietal, temporal and occipital bones. The inner surface of the bone should now be examined for abnormal conditions, such as caries and exostoses.

The external surface of the dura mater presents many things for minute examination. In the first place, you may have evidences of pachymeningitis. If this has been recent, everywhere the evidences of inflammation will be noticable—redness, swelling, infiltration, etc.; if old, pus may be found between the dura mater and the skull, or you may have thickening, induration, or concretions. Syphilitic disease of the external surface of the dura mater may also be found, although syphilitic tumors are most frequently found beneath the dura mater or pia mater.

Extravasations of blood may be present between the dura and the bone; and as I myself have seen, the bone itself may be soaked with blood.

Before proceeding further, the longitudinal sinus may now be carefully examined. The other sinuses may be left until after the removal of the brain. The examination of these venous channels is often omitted; but nothing is more important. The longitudinal sinus should be laid open, preferably with a scalpel or bistoury, from before backwards. You look first for thrombi. In cerebral disease thrombi are frequently found, and even when disease of the brain is absent, thrombi may form in the act of death. Evidences of phlebitis, thickening, deposits, etc., should be sought for. The condition of a thrombus, as to organization, its size and site, should be determined. The association of phlebitis with caries, or other disease of the bone, should be investigated.

Having done this, you next sever the dura mater from its anterior connection with the crista galli. This is done by lifting up the dura with the fingers or forceps until the point of junction is reached, and severing the falx at its anterior extremity with a knife. The scalpel is then inserted to one side of the longitudinal sinus, and an incision made in the line of the saw and carried backwards to the tentorium. A similar incision is made on the opposite side. The convexity of the dura, with the falx, are then carefully detached by pulling and dissecting.

Finally all the attachments between the under surface of the cerebrum and tentorium are separated. The brain covered by the pia mater is now exposed. This surface should now be examined, for important signs may now be present which will entirely disappear in the further process of removal of the brain. Œdema may be present. It is a very common condition in the brains of the insane and in senile atrophy, and one which will very probably disappear during the removal of the brain from the skull. If the pia mater and arachnoid have been left intact, the amount of the fluid, its character and its position, can be determined. In order to do this, you must have a correct understanding of the membranes and the spaces between them; but before speaking of these, I wish to say a word about the pacchionian bodies or granulations.

The pacchionian granulations are apt to give trouble to the tryo. These are little granular bodies found on the convex surface of the brain, most numerous along the longitudinal sinus. It has been recently stated that they have some connection with the veins of the membranes of the brain. Sometimes they run together, forming masses from three to six inches in length. This is not necessarily an evidence of meningeal dis-

ease. There may be a great normal development of these bodies. You should, however, note every point just as it exists. Do not suppose that you have meningitis with exudation simply because you have exuberant pacchionian granulations.

Let me now make a few remarks in reference to the membranes and spaces which, as I have said, must be understood in order to make a satisfactory examination. The brain has three membranes, the dura mater, the arachnoid, and the pia mater, although some authorities do not regard the arachnoid as a distinct membrane. One layer of the arachnoid, the parietal, lines the inner surface of the dura mater, while the other, the visceral, covers the outer surface of the pia mater. You are, no doubt, familiar with the two spaces ordinarily described, *i. e.*, the arachnoid and the sub-arachnoid space; but there are really four spaces to be studied in making these examinations. These are, in addition to the two just mentioned, the sub-dural and the epi-cerebral spaces. The arachnoid space is that familiar to you as the space between the parietal and visceral layers of the arachnoid, or between the internal arachnoidal surface of the dura mater and the external arachnoidal surface of the pia mater. The sub-arachnoid space is that beneath the visceral layer of the arachnoid. It is formed by this layer jumping the fissures and the spaces at the base of the brain. By a simple incision, I open this space in the position of the fissure of Sylvius. The visceral layer of the arachnoid does not directly bridge the longitudinal fissure from one hemisphere to the other, but it first descends to just beneath the falx, and then crosses the longitudinal fissure. When the dissection is carefully made, this can be seen. In this sub-arachnoid space there is found normally a certain amount of the cerebro-spinal fluid, but if atrophy of the brain has taken place, there may be an immense amount of this fluid. If it is desired to know the amount of liquid in the ventricles, now is the time to determine it. Make a small incision into the ventricle from above through the longitudinal fissure, insert the nozzle of a syringe, and withdraw the fluid. Of the other two spaces which should be remembered, the sub-dural is between the dura mater and the parietal layer of the arachnoid. It is a practical space, because it can be injected. In hæmatoma of the dura mater, the existence of this space may become evident. The other, the epi-cerebral space, is nothing more or less than the space between the pia mater and the naked brain substance. In atrophy of the brain, the whole pia mater may be lifted up, and there will be effusion, not only into the sub-arachnoid space, but also into the epi-cerebral space. Variations in the amount and quality of the cerebro-spinal fluid, pachymeningitis, clots, coagula, opacities, deposits, and adhesions of the membranes, should be noted.

We are now ready to remove the brain itself. If the dura mater of the convexity has been removed in the way that I have described, the brain may be quickly taken out. The brain should be thoroughly supported on all sides. Tilt the organ a little backwards, and proceed to sever the nerves and vessels. The optic nerves are first cut, then comes into view the infundibulum, then the vessels appear. In cutting nerves and vessels, always do so as far as possible from the brain. If it is desired, the pituitary body may, by a little dissection, be removed intact. After severing the third and fourth pairs of nerves, I come to the tentorium. I make an incision through the tentorium on each side along the lateral sinuses. This exposes the cerebellum on each side. With these two cuts, everything is free as far as membranes are concerned. I now divide the remaining nerves and vessels. Passing a knife down as low as possible, I sever the spinal cord. The brain is now withdrawn from the skull without the slightest difficulty.

The floor of the skull should be carefully examened, the neighborhood of the foramen magnum and the sella turcica receiving special attention. It is often important to examine the Casserian ganglion, and the portions of the cranial nerves remaining behind in the skull grooves and cavities. Deformities of the internal surface of the skull should be looked for. One of the most common seats of intra-cranial syphilitic disease is near the petrous portion of the temporal bone. The ethmoidal region should also receive close attention.

The remaining sinuses require careful examination. Beginning at the torcular herophili, each sinus should be opened and examined in the same manner as was the longitudinal.

The internal surface of the dura mater is to be examined for deposits, thickening, or other abnormal appearances. In some forms of pachymeningitis the dura mater is very thick; in hydrocephalus and hypertrophy of the brain, sometimes very thin. In internal pachymeningitis, the inflammation, curiously enough, is likely to involve certain areas which correspond pretty accurately with the parietal bones. Well marked thickening, even to the extent of one-tenth or one-eighth of an inch, or more, is sometimes found.

Next proceed with the base of the brain upwards to a further examination. A good method, and the natural one, is to place the brain in the skull-cap. There it will fit most accurately, and enable you to study the parts most conveniently and most nearly in position.

The pia mater of the base is to be examined for evidences of inflammation, effusion, and the like. Do not be misled into recording that there is congestion here or elsewhere in the pia mater, or in the brain substance, when there is no real congestion. The veins are often filled with blood without any real congestion: or there may be a hypostatic congestion. True hyperæmia will show itself by staining, and appearances not removable by water or ordinary handling. Following Niemeyer, we should make it a rule to consider hyperæmia of the cerebral membranes as proved only in those cases where the finest vessels as well as the veins are injected, and where the overloading of the cerebral vessels is not at all in proportion to the amount of blood in other organs.

The vessels at the base of the brain are to be examined with care. The arrangement of the vessels forming the circle of Willis, is to be noted. Here is the circle of Willis, removed by Dr. Elder. As you know, the vertebral arteries pass up and unite to form the basilar. This gives off the posterior communicating arteries which pass forward and join the carotids. The anterior and middle cerebral arteries are then given off—the latter

going to the fissures of Sylvius. The anterior cerebrals are joined by means of the cross branch, the anterior communicating artery. We are indebted to Heubner and Duret for much of our knowledge of the blood supply to the brain, while Charcot has paid special attention to the lesions arising from hemorrhages, embolisms, softenings, etc.

A few words about the distribution of the branches of the circle of Willis may prove of value.

The anterior cerebral artery passes over the median surface, runs backward over the corpus callosum, and anastomoses to some extent with the branches of the posterior cerebral. It gives off branches which supply the orbital lobe, the convolution of the corpus callosum, first and second frontal convolutions, paracentral convolution and praecuneus. The middle cerebral or sylvian artery divides into four principal branches. The first of these has been called, by Duret, the frontal external and inferior. It supplies chiefly the third frontal convolution, and many instances of aphasia from its obliteration are on record. The second branch is the artery of the ascending frontal convolution. The third branch is the artery of the ascending parietal convolution, or posterior Rolandic lobule. The fourth branch supplies the gyrus angulargyrus and superior temporal lobule.

Softenings in the regions supplied by these arteries produce consequences consistent with the function of each part. Disease of the ascending convolutions has been followed by paralysis, etc.

The middle cerebral is most frequently the seat of serious alteration.

I glance at the distributions of these vessels, because knowledge of this kind will assist you in seeking out lesions of the arteries. Having certain symptoms during life, you will, by preference, at once look to certain regions for softening, clots, etc.; or, again, having discovered a certain lesion in your examination, an area of softening, for instance, you will know what vessels to follow in searching for the cause of the lesions.

The examination of the arteries, and of the entire brain, will be facilitated by the use of a hand lens.

The color of the vessels should be noted. They should be examined for dilatations, of various kinds, for aneurisms, dilatations from embolism and thrombosis, and from syphilitic and tubercular disease. These can be readily determined by the naked eye. Twistings and kinks in the vessels should be looked for. These have sometimes great pathological significance. Kinks of the larger vessels are sometimes found as a normal peculiarity, but if, on examination, you find that the vessels throughout the brain present a great many little kinks, it means that the brain has been frequently congested, and that the spaces around the vessels have allowed the kinking to take place, and that this has afterwards remained as a pathological condition. The coats of the vessels should be examined for evidences of atheroma. The condition of the nutrient vessels is to be carefully observed. This is frequently omitted. These are vessels which pass from the under surface of the larger arteries and dip into and supply the interior of the brain. Lifting up the vessels at the base of the brain, it will be found that through the anterior perforated space dip down a large number of straight vessels, supplying chiefly the corpora striata; through the posterior perforated space dip vessels supplying the optic thalmi and their surroundings; and from the basilar artery vessels going to the pons. These vessels are sometimes diseased, and some of them are the chief seats of cerebral hemorrhage.

Having examined the vessels in position, they should be removed for preservation or further examination. This is to be done by cutting the vessels beyond the point at which the main vessels of the circle of Willis divide into branches, and drawing out the nutrient vessels and removing as much of each one as is possible. I have dwelt upon the examination of the vessels, as it is very important.

The next thing to be done is the removal of the pia mater. The pia mater has a certain normal amount of adhesion to the brain, in which a little but not marked difficulty in removing the membrane is experienced. The membrane sometimes strips off with the utmost ease. This always indisates a diseased condition, usually atrophy of the convolutions, with effusion of liquid between the pia mater and the brain, or the latter without atrophy. The membrane may be abnormally adherent. This is usually an evidence of inflammation, and even where there is no thickening or exudation, this abnormal adhesion may be present. This was the case in certain regions of Guitean's brain. In these cases, drawing on the pia mater may detatch little particles of the convolutions. The removal of the pia mater can be done under water, but, as Ecker points out, the stay of the brain in the water must be limited; it otherwise becomes too soft by imbibition. The operation can usually be readily accomplished out of the water. With a pair of fine forceps in each hand, the membrane and its vessels can be pulled out of any convenient sulcus, and adjoining convolutions uncovered. The finger can often be advantageously substituted for the forceps. It is not always necessary to remove the whole of the pia mater, but for a thorough post-mortem examination, the entire brain should be uncovered.

Before proceeding to examine the convolutions and the interior of the brain, I shall indicate to you the methods of determining the volume of the brain, its specific gravity, and the cranial capacity.* These operations can be performed in a short time, and often give important information. The brain should first be accurately weighed.

Dr. Hack Tuke's method of determining the volume of the brain is based on the Archimedean principle of displacement. This observer used a vessel of convenient size and shape, with a capacious spout placed at an acute angle with its sides. Water is poured into this vessel up to the level of the spout. Fluid contained in the ventricles of the brain and sub-arachnoid space is allowed to escape by several long incisions; and then the brain, including the medulla oblongata, is gradually immersed, the displaced water, as it escapes from the spout, being caught and measured, affording an exact criterion of the actual bulk of the brain.

*These methods are given from Dr. W. Bevan Lewis' monograph on "The Human Brain: Histological and Course Methods of Research."

The next thing to be done is to determine the cranial capacity, so that you may compare it with the volume of the brain. There are several methods of doing this. One is to fill the skull with flaxseed, and measure the quantity employed.

The plan used by Dr. Hack Tuke is as follows: The foramina at the base of the brain are plugged with tenacious clay—that used by statuaries for modeling answers best; a small triangular piece is removed from the frontal bone; the calvarium is readjusted to the base, the dura mater being left attached. The space left by the saw in removing the calvarium is filled with clay, and a narrow bandage with clay spread upon it is made to surround the cranium three or four times, covering this space. If this has been carefully done, the cavity of the cranium will be found as tight as a bottle. Sixty fluid ounces of water having been measured, a sufficient quantity to fill it is now poured into it, by means of a funnel, through the orifice in the frontal bone, taking care that the stream does not wash away the luting of the foramina. The fluid which remains after having filled the cranial cavity is measured, and being deducted from the sixty ounces, gives the amount employed. To this must be added half an ounce for the space occupied by the luting.

The paraffin method, adopted by W. Bevan Lewis, may be described as follows: Fill up the foramina at the base as previously described. A triangular or wedge-shaped piece is now sawed out of the occipital bone, after removal of the calvarium, but retained in situ. The base is then filled with melted paraffin, the skull-cap replaced and retained by luting, as in the previous method, having previously trephined a piece out of the frontal bone. Through the latter orifice more of the paraffin is poured in, until the cranial cavity is filled. When cool and solid, remove the calvarium as well as the wedge-shaped piece of bone from the occiput, and then gentle pressure from behind tilts the solid mass out of the cranium, when it will be found to form an exquisite mould of the interior. The mould thus obtained is to be measured by displacement, whence we obtain the cranial capacity.

The normal brain capacity is about fifteen per cent. less than the cranial capacity. The presence of hypertrophy or atrophy can thus be readily determined.

The following table of brain-weights may be of interest:

	Ounces.
Maximum weight of adult male brain . . .	65
Average weight of adult male brain . .	49.5
Minimum weight of adult male brain . . .	34
Maximum weight of adult female brain . .	56
Average weight of adult female brain . . .	44
Minimum weight of adult female brain . .	31

The heaviest human brain on record weighed 67 ounces.

The specific gravity may be readily obtained by the method of Dr. Bucknill, which consists in immersing portions of the cerebrum and cerebellum in a jar of water wherein a sufficient quantity of sulphate of magnesium has been dissolved to raise the density of the fluid to the point required, adding water or a strong solution of salt until the cerebral mass hangs suspended in the fluid, without any tendency to float or sink; and then by testing with the hydrometer, the specific gravity is thus found with great delicacy and facility, a difference of half a degree in the density of the fluid being indicated by the rise or fall of the substance immersed.

I shall postpone the examination of the surface and interior of the brain until the next lecture.

UNIVERSITY HOSPITAL.

CLINIC OF JOHN ASHHURST, JR., M. D.,

Professor of Clinical Surgery in the University of Pennsylvania.

Reported by LOUIS J. LAUTENBACH, M. D.

Case 1.—Naevus; operation by ligation.
Case 2.—Hydrocele: tapping.
Case 3.—Stricture of the rectum: syphilitic: dilatation by rectal bougies.
Case 4.—Necrosis of tibia.

Case 1. Naevus—Operation by Ligation.

This child, but a few months old, has a tumor on the top of the head, consisting of an enlargement of venous capillaries, and known as a naevus. Naevi are divided into cutaneous and sub-cutaneous, one variety of the former kind being commonly known by the name of mother's mark.

The treatment of the cutaneous naevus is much more simple than that of the sub-cutaneous variety; the best treatment consists in the application of strong nitric acid, which causes the formation of a dry slough, the part often healing without any dressing. If the naevus is subcutaneous, this treatment is not sufficient. For the treatment of this variety a number of measures have been proposed, of which I consider that of ligation the safest. The injection of a solution of the perchloride or persulphate of iron, I consider to be attended by considerable risk: the injection may cause the formation of a clot which is carried into the general circulation, giving rise to embolism.

The method of ligature which is adapted to flat or elongated naevi is that described by Erichsen. It consists in passing a long double ligature, stained black for half its length, in such a way as to have a series of double loops on each side of the tumor, then cutting all the black loops on one side and the white on the other. The loops are secured so as to strangulate the growth in sections. In a naevus of this size, however, the above method need not be adopted, as here by the introduction of two hare-lip pins at right-angles to each other, passing immediately beneath the tumor and then strangulating it by a ligature held in place by these pins, the desired purpose is attained. This method, as you see, has been here adopted, and already the color of the tumor has greatly changed, it now having a dark blue aspect.

In passing the pins, if the tumor is situated over a fontanelle, you must be cautious not to impinge upon the membranes of the brain. The ends of the pins must be cut off so as not to injure the surrounding skin.

After the part has been strangulated for a few days, the tumor sloughs and comes away, leaving

a circular ulcer, which heals by granulation. At present we will dress the tumor with dry lint, merely to protect it from mechanical injury. When the slough begins to separate, it will be dressed by zinc ointment, or a poultice, as may be necessary.

Case 2. Hydrocele.—Tapping.

This man comes here with a tumor of the scrotum, which we recognize as a hydrocele. There is fluctuation present; there is a certain lightness in proportion to the bulk—the specific gravity is low; the tumor has a pyriform shape, and by transmitted light the tumor would be found to be translucent. Sometimes this last test fails on account of the thickness of the tunics. I remember many years ago seeing at another hospital the operation of castration performed because this test had given a negative result, the case being really one of hydrocele, in which there was opacity of the tumor, due to calcareous degeneration of the vaginal tunic. A very good way to distinguish hydrocele from hernia is by invaginating the finger, and carrying it up to the inguinal ring, which in a rupture is found to be occupied by the neck of the hernia, whereas in hydrocele it is free, and the spermatic cord can readily be felt.

In tapping a hydrocele, care must be taken in introducing the trocar and cannula to avoid wounding the superficial veins or the testicle. The skin must be made tense, and the trocar inserted perpendicularly to the tumor; when it has entered the sac, which will be known by the cessation of resistance, the point of the instrument must be turned upward and the trocar withdrawn, when the fluid escapes through the canula. In withdrawing the canula, care must be taken to prevent any fluid from getting into the scrotum itself; this is done by pinching up the scrotum as we withdraw the instrument. The wound is then closed by an adhesive strip.

Our patient has already had the operation performed on three different occasions, and is not desirous of having any radical measures adopted. The treatment of this case is simply palliative, and sooner or later will have to be repeated.

Case 3. Syphilitic Stricture of Rectum.—Dilatation by Bougies.

This man has suffered for some time with stricture of the rectum, complicated with a fistula in ano, which was operated upon last summer by Dr. Wharton. It is easily understood how irritation by the fecal matter above the stricture might cause ulceration in that position, and thus give rise to fistula; but it is harder to understand how stricture gives rise to irritation and consequent ulceration below its own position; and yet this is where the internal opening of the fistula is most often found.

The explanation is that if stricture is present, the normal action of the rectum by which the last particles of fecal matter are thrown out is prevented. There is always a certain amount of fecal matter retained between the stricture and the anus, which occasions irritation and formation of abscess below the seat of stricture.

We hope to be able to relieve this patient without any serious operation, by introducing bougies, thus obtaining instrumental dilatation, just as we do in stricture of the urethra.

Sometimes in these cases the long tube of O'Beirne is very valuable for purposes of exploration. Where it is necessary to introduce injections high up, this tube is also of special value, since it may be carried up as far as the transverse colon.

The division of a rectal stricture by the knife or écraseur, if the constriction is situated as far from the anus as it is in this case, is attended with great risk of opening the peritoneal cavity. This operation we will not attempt, therefore, but will confine our efforts to the use of rectal bougies, beginning with one about the size of the finger, and then following this by others of larger size. Very often in the introduction of bougies, the end strikes against the promontory of the sacrum, and on account of the resistance offered to its passage a diagnosis of stricture is made when none exists. I have not a great deal of confidence in most of the reported cases of stricture very high up; they do occur, but they are very rare. Stricture even of the small intestine has been demonstrated by post-mortem inspection, but such cases are very exceptional. Almost invariably the structure can be reached by the finger.

Our patient has a syphilitic history; he has in various parts marks of syphilitic ulceration; and I have no doubt that his stricture is due to the same cause.

The instruments which I prefer for rectal dilatation are flexible, and with bulbous or conical points. In the use of these instruments, care must be taken not to employ much force, as otherwise the rectum might be perforated. Passing now the bougies, beginning with one about the thickness of the finger and gradually increasing the size of the instruments, we can dilate the stricture as much as seems desirable. As in the case of urethral stricture, the use of the bougie must be continued at regular intervals.

Case 4. Necrosis of Tibia.

This case is an interesting one of bone disease, necrosis of the tibia, which was operated on some time ago at another hospital, but in which the disease has recurred. There are at present several sinuses to be observed, connected apparently with a large cavity in the bone.

In operations upon the bones, the Esmarch bandage is of great use in preventing loss of blood. The sinuses are covered with lint, the elastic bandage applied from below upward to a point above where the nutrient artery enters the bone, and then the rubber cord or tube adjusted.

The cicatrix of the former operation is situated above the internal malleolus. There is a sinus anteriorly, as well as one on the inner side. Making now an incision through the skin, we soon come down to a small hole, or *cloaca*, leading to dead bone. Thoroughly to lay open the cavity, we must, with a trephine or chisel, cut away the bone lying in front of it. Now cleaning out this cavity, we will see if the other sinus communicates with it, and if it does we will insert a seton through both openings. It seems, however, that this sinus communicates, not with the cavity already opened, but with another distinct cavity which extends downwards into the internal malleolus. Cleaning and scraping out this cavity also, we will stuff both of them with oiled lint, covering this with oiled silk, oakum, and a roller bandage.

Medical Societies.

College of Physicians, of Philadelphia.

Observations on the Management of Enteric Fever According to a Plan Based Upon the So-called Specific Treatment.

BY JAMES C. WILSON, M. D.,

Physician to the Jefferson Medical College Hospital, and to the Philadelphia Hospital.

[Read January 3, 1883.]

I desire to lay before the college a plan of managing enteric fever, which I have employed during the past year, and which, tested by such uncertain but not necessarily fallacious means as are available for a limited series of cases, has yielded satisfactory results.

The object of this communication will, I believe, be best attained by first sketching in outline the plan of treatment itself, next by reviewing the considerations which led to its adoption, and finally by a brief study of the cases. This arrangement of the topics will enable us to economize time.

The Plan of Treatment.—The scope of this paper, and the necessity to be brief, debar me from the consideration of the general management of the patient, dietetics, the treatment of complications and sequels, and of the prophylaxis, and restrict me, in the main, to the subject of the management by medicinal means. It is, in fact, this part of the treatment that, superadded to the so-called rational and expectant method in general use in this community, differs from the common practice, and constitutes the plan in question.

So soon as the patient is found to have enteric fever, or in many instances so soon as his symptoms warrant a reasonable suspicion that he is about to develop it, he is put to bed, ordered a diet consisting of milk, animal broths, jelly and simple custards, in small amounts and at intervals of two or three hours. At night he is given a dose of calomel. This dose varies in amount from 7½ to 10 grains (0.5 to 0.66 grammes) and is repeated every second evening until three or rarely four doses have been administered in the course of the first six or eight days. It is given alone or in connection with sodium bicarbonate. There is commonly a slight increase of diarrhœa, if it be present, without aggravation of the other symptoms, and in some instances the tendency of the temperature at this time to steadily rise, appears to be controlled. If, as is frequently the case, spontaneous diarrhœa has not recurred in the first week, the calomel usually brings about two or three large evacuations on the day following its administration, not more. In either case the tendency to frequent passages in the later stages of the attack is favorably influenced by the repeated administration of this drug during the first week. If the case does not come under observation until after the tenth day, one only, or at most two doses of calomel are given. No further doses of it are, however, given during the course of the attack unless constipation occur. In this event, if the evidences of extensive or deep implication of the intestinal wall, such as abdominal pain, tenderness or marked tympany are absent, calomel in 7½ grain (0.5 gramme) doses is given at intervals of three or four days. If there is reason to suspect serious intestinal lesions, the lower bowel may be more safely emptied of its contents every third or fourth day, by enemata of moderate size (8 to 10 fluid-ounces.) It is necessary to bear in mind that the gravest lesions of the gut, leading even to hemorrhage and perforation, have occasionally been observed in cases characterized, not only by constipation, but also by an entire absence of pain or tenderness, and very moderate tympany. The danger of salivation from calomel in these doses in enteric fever appears to be slight. In only one case in sixteen were the mercurial fetor and slight swelling of the gums observed.

Excessive diarrhœa has been controlled by the use of opium, either in suppositories, containing 1 grain (0.06 gramme), or by the mouth in quarter grain (0.016 gramme) doses, often associated with bismuth and given *pro re nata*. It is an invariable rule that the patient be kept in the horizontal position, and to the use of the bed-pan and urinal, from the time of the recognition of the disease until defervescence is completed. He is, however, turned upon his side from time to time, and made to maintain that position for twenty or thirty minutes, if necessary, being supported by the nurse.

From the beginning of the attack, the following mixture is readily administered in doses of one, two, or even three drops in a sherry-glassful of ice-water after food, every two or three hours during the day and night:

R.	Tinct. iodinii.	f℥ij.	8	00 c. c.
	Acid. carbolici liq.	f℥j.	4	00 c. c.
M.				

Unless some unusual circumstances occur to render a change necessary, this medicine is not suspended until the attack draws to a close. It is well borne by the stomach, and excites no repugnance on the part of patients. In one case only has it been necessary to omit the carbolic acid on account of the disgust assumed by its odor.

Partly for the sake of its favorable influence upon the skin, and for the sake of cleanliness, partly because of its favorable though slight influence upon the temperature, the patient is to be sponged twice a day with equal parts of aromatic vinegar or alcohol, and cold water. If it is more grateful to him, this sponging may be done with tepid water, the evaporation of an extensive film of water not below the temperature of his body probably being not wholly without a refrigerating tendency.

When the evening axillary temperature reaches 104° F. (40° C.), quinine in massive doses, 24 to 30 grains (1.66 to 2.00 grammes), is given upon a falling temperature. I usually direct 8 to 10 grains to be given in solution at 5, at 5:30, and at 6 a. m., the following morning. Administered thus at the decline of the temperature in its diurnal revolution, these large doses of quinine depress it from 2.5° to 3.5° F. (1.4° to 1.8° C.). After the lapse of forty-eight to seventy-two hours, if necessary, the dose may be repeated. If these doses be rejected by the stomach—an unusual circumstance—half the quantity of quinine may be administered hypodermically. For this purpose a citric acid solution is to be preferred. Since the adoption of the plan of treatment un-

der consideration, I have not encountered cases attended with such hyperpyrexia as has rendered attempts to control it by cold baths necessary or even advisable.

The minor nervous symptoms are best held in check by skilful nursing. For the relief of the headache of the first ten days absolute quietude, a dim light, etc., are often sufficient; occasionally the bromides alone or in combination with chloral are required. Later in the course of the disease chloral is unsafe. From the end of the first week the patient cannot be left unattended even for a few minutes, without risk. Persons in whom delirium was only occasional and transient, have in many instances destroyed themselves during the momentary absence of the nurse.

Alcohol is not often indicated prior to the beginning of the third week. It may, however, by reason of the habits of certain patients, be necessary throughout the attack. Although forming no essential part of the treatment, it is commonly administered in varying though usually small amounts towards the close of the sickness. Some patients do well without taking it at all. It is of course administered in accordance with well-understood indications upon the supervention of delirium, ataxic symptoms and the evidences of failures of the forces of the circulation. The patients are carefully watched well into convalescence, and cautioned against too soon regarding themselves as restored to health.

The dangers of the establishment of a focus of contagion are guarded against by the systematic, thorough disinfection of the stools immediately after they are voided.

The considerations which led me to adopt the plan of treatment indicated in the foregoing sketch, are:

1. A feeling of dissatisfaction regarding the expectant method of treating enteric fever. This feeling, vague at first, grew more definite and stronger with increasing clinical opportunities, and a fuller knowledge of the natural history of the disease, until it became a motive, impelling me to cast about for some different and more satisfactory plan. This feeling, has been during the past decade, a very general one in the profession in all parts of the world, as is attested by an almost endless succession of journal articles setting forth new plans of treatment, and the use of new drugs, in the management of this, the most common and most important of the acute infectious diseases of the present epoch in medical history. Most of the plans thus suggested have led to disappointment when tested by the fuller observations of the profession; many of them have failed to attract general attention, and some few are still *sub judice*. Their number and diversity bear witness to a wide-spread distrust of the once well-established expectant treatment. This distrust is, however, based upon something more tangible than a mere feeling of dissatisfaction. The statistics of all observers whose cases have been sufficiently numerous to be trustworthy, show enteric fever to be, when treated by the expectant plan, a disease of high death-rate.

The percentage of fatal cases rarely falls below 15 per cent., and often exceeds 25 per cent., according to the hospital records of this country, Great Britain, and Continental Europe. Jaccoud, with a collection of 60,000 cases, observed a mortality of 20 per cent.; Murchison, in 27,051 cases, 17.45 per cent.; Liebermeister, in 1718 cases, at Basle, under an expectant plan, records 27.3 per cent. of deaths. But turning from broad generalizations to personal experience, who is there here that many times, elated by the happy issue of mild or average cases treated by the expectant plan, has not realized the sense of utter powerlessness attending it when he has stood face to face with cases in which *to do* rather than *to wait* has been necessary to save life.

2. Enteric fever is the very type of the general diseases, of affections *totius substantiæ*. The tissues are universally implicated in the morbid processes; no function of the body wholly escapes perturbation. For this reason plans of treatment suggested by the prominence of certain groups of symptoms, or by the known lesions of particular organs, even though of undoubted benefit as far as they go, are in theory unsatisfactory because they are directed in effect against conspicuous manifestations of the cause of the sickness, rather than against the cause itself.

Whilst in actual practice the treatment by turpentine, by alcohol, by opium with lead, or the silver nitrate, or by agents capable of controlling the febrile movement, as quinine, digitalis, salicin and the salicylates, even the cold-water treatment itself, although at times and in the hands of certain clinicians showing favorable results—all these have failed of general acceptance on the part of the profession.

3. The general character of the disease, the specific nature of its cause, the unsatisfactory results alike of an expectant and of a symptomatic plan of treatment, or rather of the two combined, have united to render the idea of a specific treatment, a true cure for enteric fever, a most attractive one, to stimulate thoughtful observers to renew again and again the disappointing search for it. To this idea may be traced the treatment by the mineral acids, by chlorine-water, by carbolic acid, by quinine alone, by quinine and digitalis, by iodine, by the potassium iodide, by calomel.

4. Not only is the conception of a specific treatment for specific diseases a most attractive one, and the attainment of such a treatment for enteric fever brought within the bounds of a reasonable hope by the analogy of syphilis and the malarial diseases, but the search after it with due caution and judgment has also the warrant of the very highest medical authority.

Passing by some earlier names, I refer to Da Costa, who has said: "It would be as illogical as absurd to suppose that we shall never possess the coveted means really to cure the continued fevers. Doubtless to the physicians of the time of Charles V. the radical and specific treatment of the malarial fevers appeared as hopeless and remote as the radical and specific treatment of the continued fevers appears to the scientific inquirer of our day."

I refer also to Liebermeister, who treating about 800 cases, part with calomel, part with iodine, had with the former drug a mortality of only 11.7 per cent. with the latter of 14.6 per cent. against 18.3 per cent. for cases treated without those remedies, but in other respects upon a similar plan.

Bartholow has also spoken in favorable terms of the treatment by iodine in combination with carbolic acid.

The treatment adopted is thus seen to consist of the use of the two remedies that are proved to exert a favorable influence upon the disease, iodine and calomel, with the addition of carbolic acid in minute amounts. I am aware that no positive conclusions as to the efficacy of particular plans of treatment can be deduced from a limited series of cases. I am also aware that few acute diseases show greater variations in intensity and in the percentage of mortality at different periods, and under different circumstances, than enteric fever. Nevertheless I have ventured to occupy your attention with this subject to-night, because the results of the treatment encourage me to hope that its discussion in this way will lead to its trial on a more extended scale. That it amounts to a specific treatment in the narrow sense, is not affirmed. It is tentative, provisional, but it is nevertheless to be regarded as a contribution to the subject of the specific treatment of enteric fever.

The *total number of cases treated* by this plan is sixteen: all recovered, one being now in the second week of convalescence.

Of these, eight were severe, the temperature reaching or exceeding 104° F. (40° C.).

Of these eight severe cases, one was characterized by uncontrollable vomiting in the third week. The patient retained no food taken by the mouth for five consecutive days.

One case was very irregular in its course, and was complicated by an obscure abdominal abscess which discharged by the bowel. The temperature in this case on two occasions attained 105° F. (40.5° C.). This case presented the characteristic eruption of enteric fever.

A third case was prolonged by a severe relapse.

Of the eight cases in which the observed temperature did not at any time attain 104° F. (40° C.), and which were therefore looked upon as medium or mild cases one was complicated by crural phlebitis, and another by the occurrence of intestinal hemorrhage.

The average duration of the eight severe cases was about 31 days; that of the eight mild and medium cases was about 25 days.

Of the whole number ten were treated in hospital, six in private practice. All from the time of their coming under observation were under my personal care.

In two cases the special plan of treatment was abandoned about the beginning of the third week, on account of the supervention of unusual symptoms of great gravity. These related respectively to gastric irritability and an obscure abdominal abscess.

These sixteen cases are unfortunately not a consecutive series. During the year in which I have had the opportunity of observing them, two other cases of enteric fever have occurred in my hospital practice, in which this plan of treatment was not employed. One was that of a man suffering from rheumatism, who, after a stay of several weeks in the wards, and in a bed near that occupied by a patient very ill of enteric fever, was observed to be febrile, and to have the typhoid eruption. This person, previously greatly reduced, was not regarded as a suitable subject for a special treatment, the efficacy of which was not yet established in my mind. The other was a man who, with an obscure history of a sickness of many weeks, and a very irregular temperature, developed the typhoid eruption, and within forty-eight hours had general peritonitis. These two fatal cases have however no bearing upon the result of the treatment.

In private practice several cases of mild continued fever of long duration were treated upon this plan during the past winter. I believe them to have been anomalous cases of enteric fever, but as the rose-spots of that disease were absent, and their departure from the typical disease was wide, I have not included them in the above collection of cases treated. They all recovered.

The result of this plan of treatment has not only been satisfactory in respect of the recovery of all the cases treated, an accidental circumstance not liable to mislead persons familiar with the disease, but it has also been satisfactory in respect of the general course of the attack, and the appearance of the patient. These were in the main, despite the severe type of the disease in several of the cases and despite the occurrence of grave complications, favorable. I make this statement with due regard to the personal equation, and with no willingness to permit the observed fact to differ from the actual fact; for I desire any who may make trial of this plan to be more favorably impressed with the results of it, than they have been impressed with my account of it.

After the reading of the preceding paper:—

Dr. George Hamilton spoke of the great importance of preventing hypostatic congestion by changing the position of the patient from time to time. This was one feature of the plan of treatment recommended some time ago by Dr. Wm. Pepper, in typhoid fever, by which he obtained the unequalled result of 98 per cent. of recoveries. He was not, however, at the time, able to recall in detail the method of treatment.

Dr. J. T. Eskridge stated that the treatment to which Dr. Hamilton referrred consisted in the administration of nitrate of silver, and was that which had been introduced by the late Dr. J. K. Mitchell some years ago.

Dr. Roberts Bartholow said that the plan of treatment of typhoid, advocated in the very interesting and able paper just read, is, as all present probably know, in part, the so-called "specific" method. The administration of calomel in full purgative doses during the first week serves a double purpose: it has an effect on the range of temperature, and it acts on the typhoid germs present and multiplying in the intestinal canal. The use of iodine—usually Lugol's solution—throughout the disease, is also one mode of the specific treatment. By the use of this medicine, it is attempted to prevent the multiplication of germs in the intestine, to check fermentation, and to maintain an antiseptic action in the blood.

Although the existence of typhoid germs has not been proved, it must be regarded as possible. Klein, a few years ago, announced the discovery of the specific organism of typhoid in the affected intestinal glands, but Creighton of Cambridge showed that the supposed germs were produced by the mode of preparation. This *fiasco* threw

great discredit on the whole question of germs. Nevertheless, the course of treatment directed against supposed germs—the antiseptic method—has had a most favorable influence on the progress and mortality from typhoid. Whilst the specific plan has been advocated in Germany, the Montpelier school have brought forward carbolic acid as the remedy, and the success which has attended the use of this remedy has been really remarkable. Quite a different complexion has been put on the statistics of mortality since they began the use of carbolic acid. It is probable that the combination of carbolic acid and iodine gives better results than the use of either singly. According to my observation, this method of treatment diminishes the diarrhœa, lowers the fever, and renders the disease much less violent, consequently lessening the mortality. Dr. Wilson has, therefore, rendered us a real service by drawing attention anew to this plan of medication, and especially by supporting his position with valuable cases and statistics. Besides this use of medicines, Dr. Wilson's treatment contains many valuable suggestions and practical methods, which, no doubt, contribute materially to his success.

Dr. J. M. Da Costa spoke of the purgative treatment in enteric fever, as that which had been tried in the French Hospitals and for a time sanctioned by Louis. As regards calomel it was partly by its purgative action that it was supposed to be beneficial. In his hands the calomel treatment had not yielded favorable results. He had found carbolic acid useful in controlling diarrhœa and in lowering the temperature. He had also employed thymol in one-half to one grain doses. He suggested the use of this remedy in the place of carbolic acid, as more acceptable to the stomach.

Dr. Wilson, in reply to the question of Dr. Hamilton, said that he considered it necessary to frequently change the position of the patient to prevent pulmonary hypostasis. He had intended to emphasize this point in his paper. He called attention to the fact that carbolic acid and like drugs probably exert a favorable influence upon the course of enteric fever by their power to stay the rapid decomposition of the intestinal contents, which, for lack of the antiseptic influence of the intestinal juices, the bile, etc., all of which are changed, is a secondary cause of irritation, diarrhœa and tympany. Calomel also, he thought, probably exerted an indirect beneficial influence in the same direction.

Editorial Department.

Periscope.

Physical Exploration of the Lungs by Auscultation and Percussion.

We should recognize the fact that the signs obtained by means of auscultation and percussion are not directly diagnostic of peculiar diseases, but that they represent abnormal physical conditions which are common to a greater or less number of different diseases.

To establish, says Prof. Austin Flint, *Medical News*, January 6, 1883, physical diagnosis purely on the basis of principles of physics, is to build upon a sandy foundation; he would explain by physics simply the connection existing between morbid physical conditions and their representative signs. Many of the most important signs may be studied in healthy and diseased lungs removed from the body.

We should recognize individual physical signs as such only when their constant connection with distinct abnormal physical conditions has been established; by so doing, we would have a security against an undue multiplication of signs by individualizing sounds which may be variations of established signs.

As far as may be, the differential characters of different signs should be distinct, clear, and simple.

Intensity, pitch, and quality are the points on which the distinctive characters of the sounds obtained by auscultation should be based.

The duration of the sound, the rhythmical succession of respiratory and expiratory sounds, and the apparent distance from or nearness to the ear of the listener, are all minor points not to be overlooked.

The nomenclature should be clearly and correctly expressed; it should also be uniform, "consonating," "full," "empty," "indeterminate," "wooden resonance," "band-box resonance," are all objectionable, but especially so in the designation of signs after those who have described them, as Williams, Skoda, Gerhardt, Buriner, and Wintrick.

"When it is considered that all the knowledge furnished by percussion, which is available in the physical diagnosis of pulmonary diseases, may be comprised in four signs, one is led to exclaim, What is to hinder the possession of this knowledge to the fullest extent of every practitioner! There is no hindrance beyond unanimity in the recognition of the existence of these signs, and that practical acquaintance with their differential characters, which requires but a very moderate amount of time and attention. Arranged in pairs, the four signs are: 1. Flatness and dullness. 2. Tympanitic and vesculo-tympanitic resonance."

Flatness and dullness are simply degrees of the same morbid physical conditions. Flatness is absence of sound; there are, of course, no degrees or varieties of flatness.

In dullness, the resonance is more or less diminished; "in dullness the pitch of the sound is invariably higher than that of the normal reson-

ance of the person examined:" this is important in recognizing slight degrees of dullness.

Tympanitic and vesiculo-tympanitic resonance relates to quality of sound.

There is absence of the vesicular quality of normal resonance, in tympanitic resonance; *a resonance in which the vesicular quality is absent is always tympanitic.*

It does not follow that a resonance, in order to be tympanitic, must be louder than the normal resonance; but a tympanitic resonance is invariably higher in pitch than the normal resonance: the contrary is, however, stated by many writers. Other things being equal, the pitch is lowered, the larger the free space containing air: a practical point of importance pertaining to tympanitic resonance, is its ready conduction for a greater or less distance beyond the limits of the space whence it comes.

A practical point in developing the cracked-metal resonance is, that the intonations may very often be perceived by the ear close to the open mouth of the patient, when otherwise they escape observation.

Vesiculo-tympanitic resonance is distinguished from the normal resonance by the presence of more or less of the tympanitic sound, by greater intensity, and by a higher pitch. It is the sign of pulmonary emphysema, "there is a liability to error in the non-recognition of this sign in certain cases of pulmonary emphysema; and consequently to an unfortunate mistake in diagnosis. As a rule, in emphysema, the upper lobes of both lungs are affected, and the lobe of the left in a greater degree than that of the right lung. Now, under these circumstances, the upper lobe in both lungs yields a vesiculo-tympanitic resonance, but this sign is more marked on the left than on the right side, the difference corresponding to the difference in the degree of emphysema. The error is in regarding the lesser degree of resonance on the right, compared with the greater degree of increased resonance on the left side, as dullness which, taken in connection with the symptoms, would point to a phthisical affection." This mistake is not infrequent.

Pyæmia from Syphilitic Bone Disease.

From the *Medical Times and Gazette*, December 30, 1882, we learn that before the Pathological Society of London, Mr. Victor Horsley related the case of a man who came under his care with eleven large abscesses in the cellular tissue, secondary, he believed, to necrosis of his frontal bones. At the post-mortem examination there was found to be acute necrosis of the malar, frontal, nasal, and inferior turbinated bones; the frontal bone was also excessively sclerosed. The mucous membrane of the nose and pharynx showed acute hyperæmia and recent ulceration. The lungs were somewhat cirrhosed at the apices. The brain contained an excess of cerebro-spinal fluid; the arachnoid and pia mater at the base were opaque and milky; the left lobe of the cerebellum was congenitally deficient, the flocculus being absent. The ventricular surfaces of each cusp of the aortic valves were ulcerated and covered with a layer of fibrin, which he regarded as pyæmic. The interesting point was that there was no visceral lesion of pyæmia, except the heart affection. He also showed some micro-organisms found in an abscess in another case of pyæmia. In regard to the presence of these organisms, he recollected a case of pyæmia in which they were found, and as the patient improved they diminished in number in the newly-formed abscesses, until before his recovery they had quite disappeared.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Medical journalism is as popular a field as ever. The *Medical Age*, Vol. I., No. 1, comes to us from Detroit. It is edited by Dr. J. J. Mulheron, who is no novice to the pen, and published by George S. Davis, as a semi-monthly.

——*Godey's Lady's Book* for February contains the usual amount of matter interesting to the domestic circle.

——Dr. Wade Minor Logan, of Cincinnati, has reprinted his articles on the "Curability of Consumption" in a pamphlet of 20 pages, with illustrations. Price 10 cents. His views merit consideration.

——The New York *Medical Journal*, formerly a monthly, has become a weekly. We are informed that to take its place another monthly is projected in New York. There is a definite field for a monthly medical journal, and in some respects a better one than for a weekly. The monthly is the proper medium for long, serious, studied articles, and we hope that New York will appreciate this.

——The New York *Medical Record* is emulating the blanket sheet dailies, and has extended its superficial area. It is determinined to give more square inches of printed paper than its competitors.

BOOK NOTICES.

American Hero-Myths. A Study in the Native Religions of the Western Continent. By Daniel G. Brinton, M. D. etc., H. C. Watts & Co., Philadelphia, cloth 8vo., pp. 251. Price $1.75.

The Maya Chronicles. Edited by Daniel G. Brinton, M. D., etc., Philadelphia. Published by the editor. 1 vol., 8vo., pp. 278. Price $3.00.

Some wise man has given the advice that every professional worker should also cultivate some branch of study outside of his profession, to which he can turn for change of mental activity. This has evidently been the theory followed by the

senior editor of this journal, as the two handsome volumes named at the head of this notice abundantly testify. They are contributions to a field of learning in which he has already become pretty well known, to wit, the history, myths, and languages of the aboriginal inhabitants of America.

The "Hero-Myths" deals with a series of traditions which appear to have been found over both North and South America, all very much alike, though told by tribes wholly apart in language, in culture, and in location. The hero of the myth is the venerable man to whom the tribe attributes its political organization, such as it was, its religious doctrines, and its knowledge of the arts of life. He was generally supposed to have come from the east, and at the conclusion of his mission returned there, not to die, but to remain for a time, and was expected back again some day. What is curious is that he was very often spoken of as a white man and bearded, and this by tribes who had no knowledge whatever of the existence of a white race of men. Dr. Brinton explains these singular facts by an ingenious hypothesis, too extended to give here.

The "Maya Chronicles" is a publication entirely for specialists. A member of the profession, the late Dr. C. H. Berendt, obtained, while traveling in Yucatan, copies of some ancient manuscripts in the language of the natives of that country, the Mayas. They contained, among other records, five brief chronicles of the nation, carrying its history back about to the beginning of the Christian era. On the death of Dr. Berendt, these manuscripts were secured by Dr. Brinton, who studied the Maya language sufficiently to make translations of these chronicles; and he has published them in this volume in the original tongue, with his rendering into English, and backed by an introduction and an ample apparatus of notes, philological and historical. Any one touched with the mania of the antiquary, will find here solid food enough to give him a full meal. M.

A Text-Book of the Diseases of the Ear and Adjacent Organs. By Dr. Adam Politzer. Translated and edited by Dr. James P. Cassells. Phila., Henry C. Lea's Son & Co., 1883. Cloth 8vo., pp. 800.

The name of Dr. Politzer is indissolubly associated with the progress of aural surgery during this generation. The treatise which he has written on this branch has long been a standard in Germany; and this translation of it, with the author's approbation, and by one of the most eminent aurists of Great Britain, will certainly take rank as a standard work of reference for years to come.

The volume begins with a complete exposition of the anatomy of the ear and the physiology of audition. Then follows a discussion of the diseases of the several portions of the organ, the middle ear, the mastoid process, the internal ear, etc. Injuries of the organ, and the relations of ear-disease to life assurance, are also treated of. The book closes with chapters on malformations of the ear, deaf-mutism, hearing instruments for the deaf, and a satisfactory index.

The text is elucidated by more than two hundred and fifty illustrations, and the manufacture of the book is generally quite satisfactory, though some of the cuts are not quite all that one could desire.

Early Aid in Injuries and Accidents. By Friedrich Esmarch. Translated from the German by H. R. H. Princess Christian. Philadelphia, H. C. Lea's Son & Co., 1883, 8 vo. clo., pp. 117.

There is in Germany a so-called "Samaritan Society," whose members fit themselves to render aid in the accidents and emergencies of life and in sickness. It was founded, we believe, by Prof. Esmarch, and this volume contains the translation of five lectures which he delivered before it.

The first lecture gives a popular synopsis of anatomy; the second, third and fourth are on various injuries; and the fifth is on transport of the sick and wounded.

While they contain nothing which is not familiar to professional men, they present in a clear manner a great many points which it were well for all to know who are liable to be called upon to aid the injured and sick—and who is not?

Hygiene and Sanative Measures for Chronic Catarrhal Inflammation. Second edition. By Thos. F. Rumbold, M. D., St. Louis. Medical Journal Publishing Company, 1882.

As a specialist on catarrh, Dr. Rumbold ranks among the first we have in this country. The appreciation of his works is shown by the appearance of this second edition, the first having been exhausted in less than a year.

The present one has been rewritten and material additions made. The author has no specifics to recommend nor mysterious cures to report, but distinctly lays down the principle, which all scientific physicians will endorse, that the most successful treatment of chronic catarrhal affections is "through the enforcement of proper hygienic measures."

The work has a number of illustrations, and is well printed and bound.

THE

Medical and Surgical Reporter,

A WEEKLY JOURNAL,

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D. G. BRINTON, M. D.,
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With January 1st, 1883, the COMPENDIUM OF MEDICAL SCIENCE, formerly published half yearly, has been commenced as a *quarterly*, to be issued on the 1st of January, April, July, and October.

It is especially adapted to be taken with the REPORTER, as few or none of the articles in it appear in our weekly journal.

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THE SANITARY INSPECTION OF SCHOOLS.

The fate of the future is held by the children of the present age, and it is this consideration which should be ever present with legislators and those who pursue state-craft. They have no more solemn duty than to provide every wise facility that these children be educated in sound moral principles, solid intellectual culture, and the most judicious physical surroundings.

It is a pleasure to record that the citizens of Ohio appear to appreciate this axiom of a free government.

The following amendment of one of the revised statutes (section 2135) is now before the Legislature of that State, and no doubt will be passed without difficulty. The portion in brackets is the amendment proposed:

SEC. 2135. The Board of Health may take measures and supply agents, and afford inducements and facilities, for gratuitous vaccination and disinfection, may afford medical relief to and among the poor of the corporation, as in its opinion, the protection of the public health may require; and during the prevalence of any epidemic, may provide temporary hospitals for such purposes [and the said Board is hereby required to inspect semi-annually, and oftener if in the judgment of the Board it shall be deemed necessary, the sanitary condition of all schools and school buildings, within the limits of the corporation].

All who are interested in the future of the enlightened State which has thus taken an efficient measure to provide for the physical welfare of its school children, will read the above with pleasure.

It is clearly not sufficient to leave such an important matter as the hygienic condition of schools to chance visits of competent persons, or to occasional inspection by school boards. The latter, however well intentioned, have not the special training needed.

Still more deplorable is it when through neglect of preventive measures an epidemic breaks out in a school. Every parent is interested in this question, every community should feel it as a personal matter. The sad loss of the bright faces around the family board will be a matter of lasting self-reproach to those who are indifferent to claims on their attention like these.

We confidently expect that Ohio will promptly

adopt this amendment, and we feel that by so doing it will set a noble example to many other States.

A FOOLISH EXPERIMENT.

A man in New York has gained a certain amount of notoriety by making a wager that he would eat thirty pairs of quail in thirty consecutive days, one pair each day. That nothing is to be gained to science by this experiment, whether it succeeds or not, is self-evident, and we suppose the party interested cares not, so long as he wins his wager. But a man ought not to be allowed to thus foolishly trifle with his stomach.

Were he to try how long a man could live on any one exclusive article of diet, and place himself under the care of an intelligent physician, for observation, while so experimenting, he would prove a benefactor to science. Such meaningless exhibitions are useless and disgusting.

A STATE BOARD OF HEALTH AND ITS DUTIES.

It is to be hoped that no further delay will take place in organizing a Board of Health in this State. That it has been delayed this long is a disgrace—neither more nor less—and a discredit to the Commonwealth.

The bill now before the House of Representatives is a well-matured one, and should be promptly passed.

The duties of such a Board of Health, embracing as the field of its operation the whole State, are of vast importance to the people. Their health, their lives, and consequently their prosperity and happiness, are protected and advanced by the judicious exercise of the powers of such a sanitary body.

This is conceded on all hands when it refers to the crowded areas of cities, and it is not a whit less true when it is applied to rural districts. The difference is only that in the one instance the benefit is palpable, and immediately before the eyes of thousands; in the other it is just as real, but there are fewer to note it.

A Board of Health should stand in close relation to the medical profession. In no sense should it be a political machine, nor should it have the immediate expenditure of much money. It should be observant and advisory, and its opinions should be heeded as those of unbiased experts.

It is quite proper that it should have the general supervision of medical practitioners, and be the body which officially decides on the propriety of admitting applicants to practice. In this view the following bill now before the Legislature deserves the support of the profession:

An Act Supplementary to an "Act to Provide for the Registration of all Practitioners of Medicine and Surgery."

Sec. I. *Be it enacted, etc.*—That the duties imposed upon the Faculties of the Medical Colleges and Universities in this Commonwealth set forth in the fourth section of an "Act to Provide for the Registration of all Practitioners of Medicine and Surgery," approved June 8th, 1881, are hereby transferred to and imposed upon the Board of Health of this Commonweath; in like manner the duties imposed upon medical practitioners set forth in the same section of said act are hereby extended to and imposed upon all persons who may desire to commence the practice of medcine or surgery; and said Board of Health being satisfied as to the genuineness of the Medical Diploma presented to them for inspection, and also being satisfied as to the qualifications of the holder of such diploma to practice medicine or surgery, shall direct their secretary to endorse the same: after which the prothonotary may register such practitioner as indicated in said act of Assembly.

Sec. II. Said Board of Health shall have the supervision of the registration of all practitioners of medicine and surgery; they shall appoint a committee in and for each county, to be composed of three or more resident practitioners, whose duty it shall be to prepare a report in such manner and as often as may be ordered by said Board of Health, giving in it the condition of the Medical Register of their county; they shall make affidavit before the prothonotary of their county that the report is correct and true, and shall forward the same to said Board of Health.

Sec. III. If any practitioner has registered or shall register the degree of Doctor of Medicine, and has set forth or shall set forth that the same has been conferred by a medical society, or by an institution which has had a doubtful or precarious existence, or by an institution whose name does not indicate that it has been or is a medical college or university, and it cannot be ascertained that lectures on Human Anatomy, Human Physiology, Materia Medica, Chemistry, the Practice of Medicine and Surgery and Obstetrics have been regularly delivered in such institution, said Board of Health shall notify such practitioner to appear before them, and to present for inspection his or her medical diploma, together with any catalogue or announcement by which information may be given concerning such institution; and the practitioner, failing to show that his or her diploma was issued by a legally-chartered medical college or univer-

sity, and obtained in a regular manner, as provided in said act of Assembly, said Board of Health shall direct the prothonotary to cancel such registration.

It is further specified that the registration of physicians, who practice without a diploma shall cease in three months from the passage of this act.

As other states are busy purging from their confines the unworthy parasites of the profession, who batten on the public and bring discredit on medicine, so we hope that Pennsylvania will no longer be a laggard in this race for advancement.

We ask all our readers in this State to help along the good cause by personal appeals to their representatives.

THE NEW CODE OF ETHICS.

Notwithstanding the fact that numerous County and State societies, as well as the American Medical Association itself, have placed the seal of disapproval upon last year's action of the New York State Medical Society in allowing its members to meet in consultation with Homeopaths; and in spite of the fact that the Homeopaths themselves have not seemed generally overjoyed by this action; yet the New York County Medical Society, at a largely-attended meeting last Monday evening, defeated, by a large majority, a motion to instruct their delegates to the State Society to vote to rescind the innovation, and by a very large majority endorsed last year's action.

This seems very much like the story of the obstinate jury, wherein *eleven* men were reported to be so *perverse* that they actually stood out against *one*.

We trust the American medical profession will be equally obstinate, and will at Cleveland repeat the lesson it read at St. Paul.

It is but just to note that the leaders of the profession in New York city, such men as Sayre and Flint, bitterly denounce the action of the County society.

—The scientific world and the many friends of Professor Owen will be sorry to learn that the state of his health is such as to cause great anxiety.

NOTES AND COMMENTS.

Paralysis After Fracture.

At a recent meeting of the Societé de Chirurgie, M. Trelat presented a patient who was brought to his service with a fracture of the femur and of the left forearm. The usual apparatus was employed. Towards the end of May it was found that the patient was affected with complete radial paralysis of the left forearm; the callus was exuberant.

On June 1, an incision was made over the callus, and after considerable difficulty, the radial nerve was found compressed in an oleo-fibrous canal towards the superficial surface of the callus. The nerve was disengaged with the chisel and mallet, and the surface of the callus resected.

From previous experience, M. Trelat did not expect any immediate favorable result, and no movements were observed until two months later; after that, a period of two months passed before the paralysis completely disappeared.

An Improved Vaginal Douche.

The Boston *Medical and Surgical Journal* contains an article, by J. B. Gerauld, M. D., upon an improved method of the vaginal douche. Dr. Gerauld says that this practice is not extensively used outside of hospitals, and that the apparatus for its execution is too expensive for many. He deprecates the use of pillows, rubber cloths, chairs, etc., because the patient is overcome by the "manifold directions," and generally saturates herself and surroundings with water, and from this cause becomes disgusted with the treatment. There is considerable truth in the doctor's deductions, but we cannot see that he makes the matter much plainer as regards *manifold directions*. An ingenious and simple contrivance described by the doctor is no doubt very efficient, but its manifold directions seem confusing, viz.: blanket, syringe, chair, hot water, board constructed as follows: either pine or white wood, from ten to twelve inches long, ten inches wide; on under side of which two strips, two and a half by twenty-four inches, are nailed; uniting the two free ends is a short strip which hooks over round in chair, thus preventing slipping. It is not necessary to mention the other half of directions; but besides these, a skillful gymnastic movement must be performed in order to mount and start the stream. Taking everything into consideration, it seems as if a fairly interesting case of hysteria might be originated by these *manifold directions*. But the doctor's idea is good.

Early Diagnosis of Pulmonary Tuberculosis.

The *Medical News*, in an extract from *L'Union Médicale*, says: "That more value than has heretofore been believed can be attached to the presence of anomalous respiratory movements in the early diagnosis of tuberculosis of the lungs; and when the irregularity is localized in the apex of the lung, particularly on the left side, and is permanent, it permits of a positive diagnosis, seen in the absence of other signs, such as crackling or alterations in the vocal fremitus or pulmonary resonance. These respiratory anomalies, in the order of their importance, are rough and deep inspiratory murmur, feeble and jerky respiratory movements. Harsh and deep-toned inspiratory murmur is the most valuable sign, as it is the earliest which appears."

These points, which Dr. Grancher calls attention to are of undoubted value to the early diagnosis. The only point on which we would differ is the fact of the doctor laying particular stress on the localization of these anomalies in the left apex: private statistics of ours on a hundred cases of early or incipient phthisis show quite a respectable majority in which these signs were confined for a time to the right apex alone, the left only becoming tuberculous after a time.

Ether Injections vs. Transfusion.

From the *Gaz. des Hôp.* we learn that Professor Hayem recently read a paper before the Académie de Médecine, in which he related the results of his experiments, in controversion of the accuracy of Prof. Verneuil's statement that transfusion is a useless operation, which may be superseded by hypodermic injections of ether. Having bled a dog almost to the point of death, he found that the injection of ether was attended with no durable effect, while transfusion produced a "true resurrection." When a large quantity of blood was withdrawn, the dilution of what remained by the transfer of the serum derived from another dog was also attended with the same success. The stimulation by ether only produces an increase in the energy of the cardiac contractions and a notable increase in the number of the pulsations, but does not give rise to any increase of the pressure of the blood nor of the rectal temperature.

Pelletierine and Kousso.

In a recent discussion in the Soc. Médicale des Hopitaux, M. Laboulbéne, in answer to a question on the subject by M, Féréol, said that he had always found Tanret's Pelletierine successful for the expulsion of tænia, but he considered the usual dose (grains 3 to 5) rather feeble, and generally gave 7 grains. The drug should be given in doses sufficient to induce vertigo and nervous phenomena. It was the opinion of most of the members (Dujardin-Beaumetz, Tenesson, Mesnet) that a purgative, castor oil or a black draught, should be given half an hour after the administration of the anthelmintic.

In one case where Pelletierine proved unsuccessful, a druggist took pepsin and passed the tænia in a softened mass. M. Laboulbéne remarked that kousso when fresh is purgative and anthelmintic, but the active principle is a glucoside which becomes altered with time.

Pregnancy.—Cancer of Cervix.—Cæsarian Section.—Recovery.

Dr. Edis presented this case to the Obstetrical Society of London, and we take the report from the *Lancet*, December 30, 1882:

"The patient came to Middlesex Hospital in November, 1881. She had begun to suffer pain, hemorrhage, and discharge eleven months previously. She presented the signs of six months pregnancy, and there was epithelioma involving nearly the whole circumference of the cervix and the greater part of the posterior vaginal wall. Palliative treatment was adopted until February, 1882. Labor pains then came on, and the os dilated to the size of a five-shilling piece. It being judged impossible for delivery *per vias naturales* to take place, Cæsarian section was performed by Dr. Morris. The child was born in a state of suspended animation, but recovered. The mother recovered, and when seen in September the disease had made but little progress.

Correspondence.

Hæmaturia—Diphtheria—Typhoid Fever.

Ed. Med. and Surg. Reporter:—

I think I have made a discovery. We had during the past summer many severe cases of hæmaturia *with* intermittent and congestive type of fever. I found that quinia alone did not succeed well. But with the infusion of the spicewood, benzoin odoriferum, as a drink in the place of water, as much as two or three cups full every day would soon control the hæmaturia. Since I have treated several milder cases of hæmaturia with the spicewood tea, I am persuaded from my 9 months experience with the remedy that it is worthy of confidence in bloody urine, particularly if all complications are remedied.

I see so much written about diphtheria, sore throats and the like, and the prescriptions given —may I add one to the list that has never failed

me, if the remedy touches the ulcer or part inflamed:

R.	Potass. chlor.,	℥ jss.
	Argenti nitratis,	gr. x to xx.
	Tr. opii,	℥ j.
	Acid. carbol.,	gtt. xxv.
	Aq. rosæ,	ad ℥ vj.

Directions.—Gargle or touch the surface every four to six hours.

Another: In our typhoid type of fever that drags along so slowly—(after all complications removed, if any) and with just oil enough to regulate the bowels—(sometimes the discharges are small and too frequent, etc.) I consider the following a panacea, changing ingredients as required.

R.	Ol olivæ,	
	Tr. opii camph.	
	Spts. ætheris nitrosi,	āā ℥ ss.
	Acid carbol.,	gtt. xxv.
	Aq. tamarind,	ad ℥ vj.

M. Sig. 1 tablespoonful every 3 hours.

One can see a benefit in the course of 36 hours.

Louisiana. R. M. Nicholls, M. D.

The Opium Habit.

Eds. Med. and Surg. Reporter:—

I have seen and read much of the distressing effects of the morphia habit: and I know of a case that is an unusual one to me, and I write to know if you or any of your readers have met any similar.

A young man of nervous temperament, delicate, about 35 years of age, had used from two to three drachms of sulphate of morphia per week for over two years. He quit taking it some four weeks ago—stopped it at once, without any inconvenience or the ill effects so usually experienced from its use. Had no effect upon him perceivable. Says he feels as well as ever he did in his life, and has from the day he stopped. Why does its effect vary so much in different individuals? Any light that I can procure on this subject would be gratefully received by me. W. S. Martin, M. D.

Kingwood, Preston county, W. Va.

News and Miscellany.

The National Association for the Protection of the Insane and the Prevention of Insanity.

The annual meeting of this Association was held in this city on Thursday, January 25, 1883. Dr. Joseph Parrish, of Burlington, N. J., presided, and Miss A. A. Chevaillier, of Boston, acted as secretary.

Dr. S. D. Gross delivered an address of welcome, in which he pictured in eloquent words the misery of the insane and the nobility and grandeur of the effort to prevent insanity and to protect the insane. In the State of New York alone there are upwards of 10,500 insane locked up. The great duty of those interested in this cause, in Dr. Gross' opinion, is the proper classification of the insane, and a decision as to how they should be treated in and out of the asylum, and whether with medicine and restraint. He called attention to the few recoveries recorded among the insane, and referred to the necessity of prompt attention to the subject of restraint, numerous frightful occurrences among patients injudiciously allowed their freedom making this imperative.

Professor Traill Green, of Easton, followed Dr. Gross in a paper on the functions of a medical staff of an insane hospital. He said that the last census showed that there were 37,000 insane and 24,000 simple-minded people in the United States; but he believed these figures were far below the actual ones, and that there were 100,000 insane persons. If there were only 50,000, the matter was one which claimed attention. He condemned the present management of our insane asylums in regard to their limited medical staff. In most of the asylums there are only two physicians to 400 and even 600 patients; whereas in the Pennsylvania Hospital for the Insane, Dr. Kirkbride has had for the past five or six years one physician to every 86 patients. Why cannot the State do the same? Dr. Mary Jacoby strongly confirmed Dr. Green's views.

Dr. Gross submitted a resolution, as follows:

Whereas, Numerous facts have recently been brought to light tending to show that insanity in women, in many of its worst and most embarrassing forms, is caused by sexual diseases, often of a curable nature; therefore be it

Resolved, That it is the deliberate opinion of this association that there should be upon the professional staff of every insane asylum a thoroughly trained gynecologist, competent to make all necessary examinations of, and perform all operations on, women with sexual maladies.

After some discussion, the resolution was adopted.

Dr. Charles K. Mills read a paper on "The Duty of Medical Colleges toward Mental Disorders." He said:

The number of insane people in 1880 was between 89,000 and 96,000, or 1 to every 520 of the population. There is great need for larger asylums, and greater necessity for more and better persons to take charge of them. Diseases of the mind should be the subject of special study in our medical colleges. At present they are limited to one or two lectures, and they are didactic. In my opinion they should be clinical. The University of Pennsylvania and Jefferson College should have departments in their hospitals for insane patients, with whom the students can be brought into daily contact. Attendance on the lectures should be compulsory. Physicians, wherever they practice, may have them to treat; they may be called upon to sign certificates of insanity or pass upon a patient's lunacy; in short, it is a matter of the most vital import.

Dr. Joseph Parrish read a paper on "How to Protect the Insane," in which he deprecated the building of any more asylums, and advocated the placing of the insane and inebriates in cheerful homes.

Dr. Dana offered a resolution of regret at the recent death of Dr. George M. Beard.

Miss Chevaillier recommended the appointment of a temporary lunacy commission, to go to Congress and urge the creation of a permanent one.

A resolution by Miss Chevaillier, petitioning every college to have a course of clinical and didactic lectures on psychiatry was adopted.

The Society then adjourned to meet at 8 p. m.

In the meanwhile Dr. Gross entertained the members at his home.

At the evening session the Rev. R. Heber Newton, of New York, read a paper on "The Obligations of the Sane towards the Insane"; in the course of which he dwelt upon the incarceration of sane persons for family purposes.

At the conclusion of his address his remarks were challenged by Dr. C. K. Mills, Frank A. Wells, Dr. Atlee, of the State Hospital at Harrisburg, and Dr. Morton, of the Pennsylvania Hospital.

Dr. Atlee said there may be many cases where sane persons are unjustly incarcerated in asylums in New York—in fact, the papers are full of such stories; but in Pennsylvania we can take care of our institutions and ourselves.

There was an evident disposition to carry the dispute to personalities between Philadelphia and New York, and Dr. Parrish, the President, was compelled to end the matter by ordering the discussion closed.

Clark Bell, a New York lawyer, read a long paper on the "Legal Rights of the Insane," that touched on every side of this aspect of the case—the principal point urged being as careful a supervision of the superintendents as was exercised over the patients themselves.

The officers elected for the year are: President, Dr. Joseph Parrish; Secretary and Treasurer, Miss A. A. Chevaillier; Executive Committee, Dr. Parrish, Miss Chevaillier, Clark Bell, Dr. William B. Atkinson, Dr. C. K. Mills.

The Association adjourned.

Officers of the Northern Medical Association of Philadelphia for 1883.

President.—Dr. J. T. Eskridge.

Vice President.—Dr. Henry Beates, jr.

Recording Secretary.—Dr. I. G. Heilman.

Corresponding Secretary.—Dr. Ida E. Richardson.

Reporting Secretary.—Dr. Henry Beates, jr.

Treasurer.—Dr. L. Brewer Hall.

Counsellors.—Drs. Jas. B. Walker, Edward R. Stone, Robt. J. Hess, Henry W. Rihl, Daniel Longacre.

Another Cremation.

On Friday, January 26, the body of a child three years old was cremated in the Le Moyne furnace at Washington, Pa. The subject is the child of Dr. Samuel Holm, of New York, who himself was cremated in the same furnace in 1880.

Personals.

—A physician in this city was lately sued for malpractice in the treatment of warts! He made a successful defence.

—Dr. Oliver Wendell Holmes has not lost his inclination for dining out, and his hosts find the autocrat's inexhaustible table-talk as brilliant and good-humored as ever.

—A man calling himself Dr. C. L. Blood, publisher of a book called *A Century of Life, Health, and Happiness*, was recently arrested in this city on the charge of defrauding by means of false pretences.

—Dr. R. S. Sutton, whose studies in abdominal and pelvic surgery have already gained him a widespread reputation, returns from Europe in a few weeks, after passing eighteen months in the examination of foreign methods of teaching these branches.

Items.

—Dr. S. Pollak, in the St. Louis Medical Society, reports a case of sciatica promptly and permanently relieved by the hypodermic injection of ice-cold water. The needle of the syringe was buried deeply in the tissues.

—There are thirty-four or thirty-five counties in New York State that have voted against the new code, to three or four in favor of it, or of no code at all.

—Spanish physicians are not allowed to practice their profession in Lisbon, although Portugese doctors are freely admitted in the cities of Spain. This lack of reciprocity is causing a commotion among the Dons.

—To promote the growth of the hair, Professor Ratlin, of Leipsic, recommends (says the *Pharm. Zeitung*) a mixture of 10 parts of tincture of capsicum with 50 parts of glycerine.

—An Obstetrical Society was recently formed in Washington city, Dr. S. C. Busey, President.

—Dr. Hughlings Jackson, in a recent address, says very truly that too much specialism in teaching tends to produce prigs rather than practitioners.

—The *Quarterly Journal of Inebriety* for January, 1883, says: "A man who becomes an inebriate after forty years of age, is always the victim of some profound disturbance of the nerve centres. Some condition of disease or exhaustion is present, that has broken up the normal integrity of the brain centres, and demands alcohol simply because it brings relief to this state of irritation."

—At the close of Dr. Morell Mackenzie's lecture at the Bellevue Medical College, New York, one of the students from "out West" remarked to his neighbor, "That feller talks our language very well for a foreigner."

QUERIES AND REPLIES.

Junior, W. Va. Write to the Surgeon General of the Marine Hospital service, Washington, D. C., for the information you desire.

MARRIAGES.

PERCY—HARVEY.—On Wednesday, January 24, at Calvary Church, by the Right Rev. Horatio Potter, D. D., Bishop of New York, assisted by the Rev. H. Y. Satterlee, D. D., Professor Samuel R. Percy, M. D., and Miss L. Jennie Harvey.

SEYMOUR—MINTURN.—At Shoreham, Vermont, January 23, by the Rev. J. Isham Bliss, William Watkyns Seymour, M. D., of Troy, N. Y., and Frances, daughter of the late Lloyd Minturn.

DEATH.

BEARD.—At the Grand Hotel, New York city, January 24, Dr. George M. Beard, aged 43 years.

THE

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

ALCOHOL, ITS USE AND EFFECTS AS A BEVERAGE AND MEDICINE.

BY FRED. HORNER, M. D.,
Of Virginia.

First. Alcohol is defined in pharmacy to be rectified spirit of the specific gravity 0·835, containing 13 or 14 per cent. of water, and is obtained by the distillation of a fermented, saccharine, or vinous liquid, and is expressed by the chemical formula $C_4H_6O_2$ produced by the breaking up of an equivalent of grape sugar, $C_{24}H_{28}O_2$. Alcohol does not exist in plants. It was extracted from fermented liquors first by the Arabians, and may be divided into three classes, viz.: Ardent spirits, wines, and malt liquors. Alcohol is a colorless, limpid liquid, and of a pungent, aromatic, and agreeable taste and odor. It is volatile, and boils at the temperature of 176° F., producing a high degree of cold during evaporation. It retains its fluidity under every degree of cold to which it has ever been exposed. It is highly inflammable, and burns with a lambent, bluish flame, unattended with the least degree of smoke. The sole products of the combustion are water and CO_2; when transmitted through a red-hot tube of porcelain CH_3 is produced, and a trace of charcoal. It unites with water in every proportion, with diminution of volume and increase of temperature; the two together, when redistilled, and with half its weight of quick-lime, making pure or absolute alcohol. It dissolves soda, ammonia, and the vegetable alkalies and resins, such as camphor, manna, the balsams and essential oils, is largely used in the manufacture of tinctures of which the United States Dispensatory recognizes as officinal nearly 300, not including the ethers and chloroform, and forms definite compounds with the chlorides of calcium and zinc. Its component parts are, carbon 52.17, hydrogen 13.04, oxygen 34.79. It exists ready formed in wine and spirituous liquors, and may be collected without heat. Mr. Brande, in a table, has proved that brandy, rum, gin, and whisky contain 40 to 50 per cent. of alcohol; port, sherry, and Madeira wines, 19 to 25 per cent; claret, champagne, and gooseberry wines, from 12 to 17; and cider, ale, and porter, from 4 to 10. Alcohol is simply combined with water in all spirits, whereas in wine it is combined with mucilaginous, saccharine, and other vegetable principles which tend to diminish the activity of the alcohol upon the system—a fact explanatory that while brandy, contains but little more than twice as much alcohol as good port wine, it has an intoxicating power considerably more than double. Ardent spirits, as already stated, are obtained by the distillation of vinous liquids, e. g., that from the fermented juice of the grape is brandy, that from molasses is rum, that from an infusion of grain is whisky, from rice arrack, from the peach and apple is another form of brandy, whilst gins, Hollands, Scotch and Irish whisky are corn spirit flavored; the volatile oil contained in all is termed by the chemist fusil oil. The essential oils are present in small quantity, either generated during fermentation or purposely added by the manufacturer, with adulterations of strychnine, hops, etc.

The toxicologist defines alcohol to be an acro-narcotic poison. In small quantities it causes

mere excitement. In large doses it produces delirium, confusion of intellect, nausea and vomiting, and even coma, apoplexy and death. When taken in excess, it often proves instantly fatal, or by occasioning or aggravating other diseases, may be attended by the same result. Tanner, "Memoranda of Poisons," mentions the case of a man who drank two bottles of port wine, containing eleven ounces of alcohol, in less than two hours. He died from congestion of the brain and lungs. Two wine-glasses of brandy proved fatal to a boy seven years of age in thirty minutes. The writer knew of a naval officer who drank a single bottle of wine while standing on his head, to win a wager, and died suddenly with symptoms of apoplexy; and of another example of a sailor, his patient, on board the U. S. steamship Jamestown, who drank freely from a bottle of alcohol used for lamps, and died from congestion of the lungs. In connection with the subject of the toxic effects of alcohol, it may be here added that the habitual use of alcoholic stimuli will cause diseases of the viscera, and various cerebral and nervous disorders, and the symptoms of poisoning thus induced may be mistaken for those of epilepsy or apoplexy. The morbid appearances, are inflammation and softening of the mucous membrane of the stomach with an odor of alcohol, and congestion of the cerebral vessels, with sanguineous and serous extravasation in the brain or lungs. The blood is less coagulable than is natural, owing to a deficiency of fibrine, the principle which gives strength to the muscles. The blood is also liquid and fermentable, and has an excess of temperature. Memory, the faculty of the soul which enables man to recall and reproduce sensations and ideas, according to Dr. Winslow, in his volume "On the Brain and Mind," is either impaired or lost, and finally the morbid conditions end in insanity.

Secondly. *Its Use and Effects as a Beverage.* With the majority of men the appetite for alcoholic stimulants is acquired, though in a minority of examples the appetite is hereditary. The social habits of mankind at present in high and low life tend to encourage their use, owing perhaps to the excessive waste of brain, nerve and life forces now expended in the varied pursuits, intellectual and mechanical, which occupy the attention of mankind, to the exclusion of comfort, sleep and needful diet—and thereby violating the common rules of practical hygiene. On ship board, in cities, and in every clime, intoxicants have come into universal use. The Anglo-Saxon has by statute made beer drinking a legalized fact, the Latin races drink wine, and the Anglo-American whiskey, all ignoring the solemn warning and Scriptural rule, "Give strong drink to him who is ready to perish." The first record we have of the use and effects of wine drinking in excess is recorded in the Bible in the history of Noah. "And Noah began to be a husbandman, and he planted a vineyard, and he drank of the wine and was drunken." The love for alcoholic stimulants is not natural to the normal man, as already affirmed; the palate rather rejects them, excepting in the case of the drunkard's offspring, in whom the appetite is innate and transmitted. In proof of this assertion, an example is furnished by the records of the Tombs Prison in the city of New York, of a youth fifteen years of age, who was arrested for drunkenness; but he was not drunk, nor had he been drinking. He had never been able to walk without staggering. His speech was that of a person intoxicated, and when excited he would mutter and reel. He had been born a natural drunkard, and had always acted like one. The evils physical and moral growing out of the use of alcoholic stimulants as a beverage throughout the civilized world, as well as in heathen lands, where the savage has been taught to drink the well named fire-water of the so-called Christian races, cannot be described. The child at the mother's breast is made to acquire a taste for stimulants by a vicious midwife—the physician, oblivious of the responsibility to protect his patient from temptation, prescribes them often without restriction as to time and quantity. And the operative classes in this country look forward to the harvest and holiday seasons as occasions for self-indulgence, even to a condition of inebriety. It can be readily proved that such is the nature of alcohol and such the nature of man, that he cannot continue to use them as an ordinary beverage without in many cases forming intemperate habits leading to drunkenness; and the assertion can be sustained by numerous examples, that the common and ordinary use of ardent spirits in American homes, towns and cities, has already peopled them with drunkards. The quantity consumed annually is well nigh incredible. The tax upon intoxicating liquors is $70,000,000—the interest paid in one year, according to the statement of U. S. Senator Blair, for alcohol, would relieve the American nation of all taxation for the support of public schools. Philadelphia has 4,160 drinking saloons, covering the space of five acres of ground, and spends on the purchase of ardent spirits $30,000,000—Chicago $40,000,000, and New York $60,000,000. In the

latter city 65,000 arrests for intoxication were made in a single year, and 80,000 were committed to public charities. In the United States 400,000 more people are engaged in the liquor traffic than in preaching the Gospel. In England, by the use and effects of alcohol, 100,000 individuals are annually sent to prison, 150,000 die drunkards, and 200,000 women and children are reduced to destitution; while in this country only $12,000,000 are expended for the support of the Gospel, $90,000,000 is required to keep up jails, penitentiaries, hospitals for the insane and for inebriates, and to pay the fees of lawyers and the criminal courts. In Great Britain the drink bill amounts to £108,000,000, with an annual loss to the nation for value of food destroyed, waste of capital, destruction of property on sea and land, cost of police and public charges, by pauperism, vice and insanity, traceable to drink, footing up the enormous sum of 216,000,000 pounds sterling. Villermé, a French savant, declares that "the use of wine with its ultimate effects is the greatest curse to the laboring classes of France. At the tavern they contract debts. Hatters, tailors, printers, marble cutters, and ship carpenters in that country, are the greatest sufferers." M. Fleury "Lectures concours d'Hygiene," alluding to the vices traceable in France to the use of ardent spirits, affirms that workmen at the cabarets learn to revolt against social inequalities, and there begin to dream of communism. The reports of asylums in Great Britian and in the United States disclose the fact that three-fifths of the cases which come under the notice of inspectors of such institutions were caused by the use of alcoholic stimulants. Out of the jail population in Canada of six thousand convicts, not less than five thousand owed their condition to the use of such intoxicants. While the above facts are well known, it is to be deplored that the legislation of our national Congress and the State Legislatures, and even the judiciary, encourage by statute law the liquor traffic, the support of barkeepers and of revenue agents, worse than the locusts of Egypt.

Third. *The Use and Effects of Alcohol as a Medicine.* Alcohol is used as a vehicle of medicines, or for convenient administration. In small quantities it is valuable as a cardiac and brain stimulant, and in medical practice the use of either wine or some form of ardent spirits is recommended for dyspepsia, where articles difficult of digestion have been eaten, and gastrodynia results —for diseases of an adynamic character, such as typhus and typhoid fever, diphtheria, phthisis pulmonalis, and puerperal septicæmia. During the progress of these affections, often a marked benefit may be derived by a prompt and judicious application of vinous or alcoholic stimuli—the former to be preferred, especially in long protracted fevers, in which it is important not to hurry too much the organic actions. Whenever there are signs of great prostration, with feeble action of the heart and pulse, and a comatose condition, along with a dry red tongue and hot skin, or septic or uremic poisoning of the blood has occurred, the life of the patient may be saved by the administration of brandy or milk-punch. They act as stimulants and antiseptics. Under such circumstances, rubbing the limbs or body with spirit, as whiskey, will tend to rouse the vital powers, and avert the tendency also to death by asthenia. Alcohol in some form is especially demanded when hemorrhage occurs after parturition or from a dangerous wound or nervous shock by accidents. Captain DeLong, the gallant though ill-fated Arctic explorer, in the last items of his diary, states that alcohol in small quantities appeared to appease the intolerable craving of the stomach for food, during the period he and his noble companions were dying by inches from starvation and cold.

According to the principles of sound physiology, as well as of pathology, the practice of the free administration of alcoholic stimulants for the cure of acute inflammation of the lungs, rheumatism, etc., recommended by Robert Bentley Todd, M. D., in his clinical lectures on certain acute diseases, is not generally accepted by the profession in England or in this country. Within the past decade, there have been ardent advocates for the whiskey cure of phthisis pulmonalis and pneumonia. The effect of the remedy does doubtless retard the destructive processes induced by tubercles and subsequent disintegration and ulceration, though the suggestion has contributed to add to the scores of dipsomaniacs and inebriates. It may be asserted that alcohol exerts a pernicious influence in many instances upon the heart and arteries. The heart's action is not increased under its influence, but positive alterations in the structure of the blood vessels take place. In some examples, we find the movements of the heart permanently quickened, and the blood is therefore driven more forcibly to the brain, while the coats of the arteries, having lost their elasticity by thickening, thinning, or ulceration of their substance, are more readily ruptured by this forcible current, and hence the tendency to hemorrhage in the brain is vastly increased. In some constitutions,

speedy impairment of the cerebral functions and apoplexy occur under such circumstances. The toxicant effect of alcohol is most clearly exhibited in cases of delirium tremens and mania-a-potu. Though we have no antidote to so subtle a poison, an effort can be made to restore the secretions, and by warding off dangerous complications, may thus prove to be remedial, and contribute to the elimination of the poison from the system. The use of alcoholic stimulants during the early period of life, as practiced by the habitual tippler, causes, without doubt, serious functional and organic disease of the secretory organs, and especially of the kidneys. Dr. Bright, who first described acute nephritis, accompanied by granular degeneration, specifies intemperance to be one of the causes of this common and serious affection. Among confirmed inebriates, the organs of the body undergo physical changes tending to the perversion of their function. Thus the origin of alcoholic phthisis, of cirrhosis of the liver, disease of the membranes and substance of the brain and spinal cord and heart, and of those varied modifications of organic parts which the anatomist soon learns to observe as the devastations incident to alcoholic indulgence. The annual reports of the various hospitals for the insane in the United States ascribe intemperance as a cause of insanity second only to ill-health and pecuniary and domestic difficulties. One-third of the inmates admitted to such institutions, and in the proportion of 243, 194, and 117 to 1,000, have reduced themselves to a condition of "non compos mentis" by the use of ardent spirits. In the penitentiary of Ohio, 90 per cent. of the convicts who had been inebriates and had committed crimes, were subjected to imprisonment as the penalty; those who have charge of the young of feeble minds assert that children who have been conceived at the time the father was partially intoxicated are pretty sure to be either idiotic, epileptic, or to be feeble-minded and of irritable and nervous temperaments. How horrible the reflection that the idiotic boy or the tortured girl owe their wretchedness to the self-indulgence of the parent! It has been truly asserted that not only does such indulgence affect the health, morals, and intelligence of the offspring, but that the latter inherit the fatal tendency, and feel a craving for the very beverages which have poisoned the fountain of life, physical and moral, of the parent. Modern preventive medicine has assumed inebriety to be classed among the diseases to which man is liable, and philanthropists of every clime have founded hospitals for the relief and cure of the dipsomaniac.

In view of the fact that hundreds and even thousands of the human family perish annually from the use and effects of alcohol as a beverage and medicine, the physicians of the country, bound by the law of the code of medical ethics to warn the public of matters connected with hygiene and appertaining to their welfare, have a dread responsibility in the exercise of their authority, by example, and also by observance of strict caution as to the prescription of alcoholic stimuli—should seek to stay the destructive plague of intemperance, so often the result of the injudicious prescription of this class of stimulants. A substitute for them is found in the fluid extracts, rather than the tinctures and so-called elixirs, as recommended by Dr. Warren, of Boston. The druggists are alike responsible, since it is well known that quite a number of this class have amassed large fortunes by retailing drugs in minute forms, presented for sale and exhibited as specimens of elixirs, whose most potent ingredient is alcohol and wine —thereby increasing the public taste for stimulants. In this way has also occurred the abuse of the ethers and of chloroform. Corrupt politicians, and even the judiciary, for greed of gain and revenue, also encourage the use of alcohol; and for many years the liquor traffickers have in this and other lands controlled and shaped the legislation in Congress and in the Legislatures to complete the demoralization of society.

Finally, it should never be forgotten that alcohol, like other potent drugs, is accumulative in the system, and the effects of its excessive and habitual administration and use will ultimately expose the individual to become a confirmed inebriate.

Professor N. S. Davis, editor of the Chicago *Medical Examiner*, commenting on the fact that three hundred physicians of the city of London have lately declared the opinion that the prescription of alcoholic liquids by medical men often gives rise to the formation of intemperate habits in the patient, adds that "the medical profession are largely responsible for the evils resulting from the use of alcoholic drinks, and that the neglect to limit their use as to time and quantity is often the direct means of creating an appetite that has led many to the drunkard's goal. The custom also of speaking of such drinks as restoratives, supporting and stimulant, has impressed erroneous ideas upon the public mind; hence often no amount either of moral or legal suasion will stop the drinking customs of society, until our profession reverses its teachings and thoroughly revises its practices in regard to these agents."

In his learned treatise, "The Principles of Human Physiology," Dr. Carpenter declares:

1st. That alcoholic preparations cannot answer any of the important purposes for which the use of water is required in the system.

2d. That they do not supply anything which is essential to the due nutrition of the body.

3d. They are incapable of transformation into albuminous or fatty compounds, their alimentary value consisting merely in the power of contributing to the production of heat, though on chemical grounds, in this respect, they are inferior to fat —a fact proved by the experience of the late Dr. Kane and other Arctic explorers.

And lastly, the author asserts their action on the living body is essentially that of a stimulus increasing the vital activity of the nervo-muscular apparatus, but being followed by a corresponding depression of power, and dangerous to be used habitually.

In conclusion, it may be added that in an important paper read before the late British Medical Association at Worcester, Dr. Norman Kerr presented statistics showing all the deaths in his own practice due, either directly or indirectly, to alcoholic causes; and after carefully sifting the cases, he applied the result to the whole number of medical practitioners in Great Britain. He thus calculated that 40,500 persons died annually in that country from personal intemperance. Compared with this statement, the returns of twenty colleagues, engaged principally among the middle classes, and not including hospital or workhouse cases, show a grand total of deaths wholly due to alcohol of 54,453 for 1880.

ABSCESS AND STRICTURE OF THE ŒSOPHAGUS.

BY J. H. VOIGT, M. D.,

Of Fredonia, Wisconsin.

Late in the evening of October 25, 1882, a young German woman was brought to me, a distance of fourteen miles. She was delicate and pale looking, and stated that she had not been able to eat anything for the last two days, and if she would try to eat, that it felt as if the food did not reach the stomach, and would regurgitate immediately. She stated further that she was very hungry, but perfectly well otherwise. I offered her a drink of water, which she readily swallowed, but it was immediately thrown up.

On inquiring into the cause, she related that during the first part of her first and only pregnancy she had suffered from excessive vomiting, and at the end of the fourth month, during a prolonged painful spell of vomiting, felt suddenly something give way just above the stomach, after which some blood was thrown up, but not much. Soon after she experienced that she was unable to eat solid food, and was therefore obliged to live on soups until her confinement, April 20, 1882. During the following two weeks she could again eat a little bread and some fine-chewed meat; after which she had to live on soups again, until the 23d of November, 1882, at supper-time, when she was unable to keep anything down, not even water. She said that she only had pain when she tried to swallow solid food, when she would feel it in the back and right behind the ensiform cartilage. She had consulted several physicians, but her œsophagus was never examined, and they had prescribed for her pills or gargles, probably taking her trouble to be of hysteric origin.

I found her temperature a little below normal, and a quick small pulse, but no other evidence of a disease, and came, therefore, to the conclusion that I had to deal with stricture of the œsophagus, caused by excessive vomiting; the spasmodic contractions having probably torn the mucous from the muscular coat of the œsophagus right above the cardia; the resulting cicatrix having formed the stricture. I now tried to enter the stomach with a stomach tube, which went down readily until a little above the cardia, where it was arrested, and no allowable force could pass it further; the pressing also caused a little pain. I then took smaller instruments, until I came down to a No. 4 Engl. catheter, with its conductor nearly bent straight, which passed with some difficulty. I left it in situ about two minutes, and after withdrawing, I offered the patient a glass of new milk with an egg and two tablespoonfuls of brandy, of which she could take about one-third, taking one mouthful after another; the rest regurgitated, but she felt very much refreshed, and I told her that she had to stay in the place, and must come twice a day to my office, when I would dilate the stricture, to which she consented. The first nine days I passed the stricture twice a day with the No. 4 catheter, but was unable to pass a high number; the patient swallowed liquids with difficulty, and always regurgitated a portion. Then came two long days, when I could not make anything pass the stricture, and my patient could not even swallow water. She had for a few days already complained of horripilations and flushes of heat, and her tongue became covered with a thick brownish coat; all these symptoms now increased;

she had also thirst, an elevated temperature and a very quick pulse; it was, in short, almost a typhoid condition. On the third morning I thought seriously of making a gastric fistula, when I could again pass a No. I catheter; after which the patient drank a little milk. The same evening I passed a No. 2 catheter, and the next morning a No. 4, which, on withdrawing, was half filled with very offensive thin pus.

This event at once gave a different aspect to the case. I had not only to deal with a stricture, but there also was an abscess of the œsophagus. After this, I could rapidly go to the largest size catheter, which I now always filled with iodoform vaseline, and emptied the same at about the seat of the abscess. All bad symptoms gradually disappeared, and the fifth day no more pus was found in the catheter. The sixth morning I passed a small-sized œsophagus bougie; my patient could now eat thick soup and gruel, and somewhat satisfy her great appetite. Every two days I increased the size of the bougie, passing it twice a day; her capacity for swallowing increased in proportion, until at the end of the fourth week of her stay, when I had passed a $\frac{7}{16}$-inch bougie quite easy for four days, she could almost eat anything. She had to go home then, and I told her to return after four weeks. My patient did not return until January 5, 1883, robust and healthy-looking, stating that she had been well ever since she left, and only when she would eat and swallow fast it would feel as if the food did not pass into the stomach right away, and would sometimes come back; she then also would feel a little pain at the old place. I passed at once the $\frac{7}{16}$-inch bougie, which passed with some tightness, and my stomach tube, with $\frac{1}{2}$-inch olive, did not pass. I therefore kept the patient and introduced the large bougie twice a day for five days, always leaving it in a few minutes, when the $\frac{1}{2}$-inch stomach tube passed; with this I continued three days longer, after which it passed very easily. She could eat now without difficulty, and had increased twenty-six pounds in weight. The patient went home now, and I told her to return when she should have trouble in swallowing again.

In this case the mucous membrane had probably received a small rent during the prolonged attack of vomiting, as there was but little blood lost, but was evidently freely torn from the muscular coat; the rent in the mucous membrane had soon healed, forming a small stricture and leaving a cavity between the mucous and muscular coat, where the cellular tissue formed a good soil for an abscess. Probably this case will remain cured, as the abscess seemed perfectly healed, and the stricture was small. What part the iodoform vaseline played in the healing process of the abscess, I do not know; but certainly did the daily dilatation by bougies aid in so far as it effectually evacuated the abscess and smoothed out the mucous membrane.

SOME DELUSIONS REGARDING THE OYSTER.

BY CHARLES L. DANA, M. D.,
Of New York City.

The oyster does not present a very lofty theme, and I venture to apologize first for calling attention to it at the present length.

Mr. Herbert Spencer, in his address upon America, made no reference to this interesting animal, and we are left to infer that it has no importance in American society, and no definite relation to the problems of evolution. But one may fairly claim that this is a neglect, and that he went too far in ignoring what is so unobtrusive. For the oyster represents, very typically, that absence from work and worry which should characterize the evolved life toward which Americans are advised to strive. Furthermore, the oyster, besides thus offering us certain valuable ideals, is a very considerable factor in the social life of the "R" months.

With this preamble, I venture to submit some corrections of prevalent errors regarding the mollusk in question.

First. That the oyster digests itself. For several years the statement, quite uncontradicted, has been going the rounds of the press, that the oyster digests itself. I believe that Dr. Wm. Roberts first gave currency to it. The theory is that the oyster has a large liver, which contains a diastase, and that this diastase, in some inscrutable way, digests the whole animal, under suitable conditions. Thus it has become a wide-spread belief that the oyster, taken into the stomach, does, by virtue of its liver, execute a kind of *felo de se*. Such a belief is very consoling when a person is committing midnight indiscretions with *ostrea edulis*, and it is unpleasant to be obliged to dispel it. Yet it is a fact, which the accompanying record of experiments will show, that an oyster has no more self-digestive power than a man. The hepatic diastase referred to has no power except to change glycogen into sugar—a very trivial matter. It cannot even digest the liver tissue. I have kept oysters, previously crushed between the teeth, in water (temperature 100° F.) acidu-

lated, and neutral, for hours, with no resulting digestion whatever. (See experiments iii., iv., v.) I have even dissected out the liver, and given it the best possible chance to eat itself; but neither the mystic diastase nor any other ferment at all affected its succulent autonomy. The oyster does not and cannot digest itself.

Second: That raw oysters are always more digestible than the cooked. I quite admit that the ordinary stew is less digestible than the plate of raw oysters. The stew generally contains milk, butter, and a larger number of oysters, all of which complicates the question. Half a dozen oysters, however, roasted* in the shell, or simply boiled a short time, will be digested nearly if not quite as rapidly as the same number of raw (See exper. i., ii.) Cooking coagulates the albumen, but coagulated albumen may be more digestible than raw. Thus the the white of an egg, unless thoroughly beaten, is slowly digested, and similarly, raw beef has to be finely minced in order to be quickly affected by the gastric juice. Cooking, on the other hand, loosens the tissue binding together the muscular fibrils, and allows the peptic juices to penetrate.

Third. That fermented liquors dissolve or digest the oyster. Currency has been given in the Reporter and many other journals to the following highly instructive tale: Rev. Dr. Houghton, of Dublin, clergyman, physician and physiologist, was sitting with a friend at a restaurant. Raw oysters had been brought them. Believing, however, that it is proper *desipere in loco*, Dr. Houghton's friend ordered brandy: he himself ordered ale. Wishing to demonstrate the wisdom of his choice and the beauty of physiological processes, Dr. Houghton poured some brandy into one glass, and ale into another, and then dropped an oyster into each. The oyster in the brandy grew hard and shrivelled; that in the ale gradually melted away into a diffusible invisible solution. *Moral:* Drink ale with oysters.

Now Dr. Houghton's name and authority have great weight. I doubt if the incident related really occurred, yet it is widely circulated and credited. But it is quite as well, if one is bound to have bad and bibulous habits, to put them upon as near as possible a physiological basis. Therefore I venture to deny the possibility and accuracy of Dr. Houghton's alleged experiment, at least as regards American oysters. These grow hard in ale or beer, instead of dissolving. (Experiment vi.)

When any one becomes so dissolute, therefore, as to drink fermented liquors with his oysters, he should not allow his habits to be confirmed by a false confidence in the potency of malt diastase.

The following is a brief record of experiments made:

Oyster.	*Test Solution.*	*Temp.*	*Dura'n of exp.*	*Result.*
I. Raw, masticated.	Aquæ, ℥ iij. HCl. 1 per ct. Pepsin (pure) gr. v.	100° F. to 110° F.	3½ hours.	Almost dissolved. Fine fragments and a piece of adduct or muscle left.
II. Boiled for 30 seconds.	Same solution as above.	As above.	As above.	About same result. Possible a few more fine fragments.
III. Raw, masticated.	Aquæ, ℥ iij.	As above.	As above.	Little, if any apparent change. Liver not affected.
IV. Raw, masticated.	Aquæ, ℥ iij. Sodæ bicarb, gr. x.	As above.	As above.	Same result apparently as in III.
V. Raw, masticated.	Aquæ, ℥ iij. HCl., 1 per ct.	As above.	As above.	Oyster tissue much softened; liver nearly gone.
VI. Raw, cut into once to expose liver.	Beer, ℥ viij.	As above.	4 hours.	Oyster hardened; liver not appreciably affected
VII. Raw cut into once as above.	Aquæ, ℥ ijss. Brandy, ℥ ss. or 6 per ct.	As above.	4 hours.	Oyster tissue a little softer.

*Beaumont found the difference in his single case to be only 20 minutes.

DRAINAGE AND THE DOCTORS.

BY C. C. VANDERBECK, M. D., PH. D.,
Of Philadelphia.

In a conversation with a plumber a few days ago, he suddenly exclaimed, "What in the —— does a doctor know about plumbing?" This started up some reflections, which I beg you to present to the attention of your readers.

Certainly there is a new spirit hovering over the land — reform, breathing encouragement to workers in politics, reviving energy in the ranks

of sanitary folk, manifesting itself in the demands for purity in office, in the regard hygiene is receiving, in the sturdy efforts to prevent disease by sanitation, through the teachings of the press and platform, and through the efforts of legislation. When corruption rules the land, the "*dear people*" is simply a political war-cry; when the people are truly represented, their needs are listened to and acted upon.

The plumber's query is one doubtless asked or *thought* by very many of them in these days. They are being considerably stirred up throughout the country generally, and because the doctor has told the citizens and the law-makers what he knows about the contemptibly poor, almost criminal plumbing that has been done for years and years. We may not be able to make a joint secundum artem, but we can tell when it is not made properly. The study of sewer-gas poisoning came not from the plumber's craft, but from the medical profession. We know a great deal about plumbing, my friend, and we propose to know more, and we intend to make bad plumbing illegal and good work compulsory.

Let us see what this movement towards *Sanitary House Drainage* may be. Among the many needs of the people, as pure water, clean streets, quarantine of syphilis, pure air and food, etc., there is a most urgent one—both in city, town, and country—both in the palatial mansion of the rich and the farmer's homestead—proper house drainage. At last it is assuming some shape whereby we can be protected from bad drainage by law. Laws regulating plumbing have been passed in New York, Brooklyn, Boston and other cities, and now Philadelphia, at last—but better late than never—proposes to fall in line.

As long ago as May 28, 1879, a bill passed the House of Representatives of the United States, by the decisive vote of 64 to 19, authorizing the appointment of an inspector of plumbing in and for the District of Columbia, and to regulate the plumbing work done in the District. While it possessed the objectionable feature of creating a new office, it certainly was tending in the right direction.

Last year Dr. Benj. Lee tried to secure a general State law for Pennsylvania regulating plumbing, but it failed at that time. He asks for the influence of doctors generally throughout the State, and in fact of other States, to secure finally a law similar to the following:

An act to establish the office of inspector of plumbing and drainage in certain cities and towns in the Commonwealth of Pennsylvania.

Sec. I. *Be it enacted by the Senate and House of Representatives of the Commonwealth of Pennsylvania in General Assembly met, and it is hereby enacted by the authority of the same:* That there shall be appointed by the city councils, town burgesses or other legislative body, of every city, town, borough, or municipality, in this Commonwealth, which is provided with water-works or a system of sewerage, or both, on recommendation of the health officer, or where such officer does not exist, of the board of health, or where such board does not exist, of the chairman of said municipal legislative body, an inspector of plumbing and drainage for such city, town, borough, or municipality, whose duty it shall be, under the direction of the health officer, or such other officer or body as is herein above provided for, to inspect the connections of the drain-pipes of all buildings with the common sewers or with cess-pools, and the condition of the plumbing work in all houses in which cases of disease attributable to sewer-gas poisoning have occurred, or the owners or occupants of which are desirous of having such inspection made. And that from and after the appointment of such inspector no new dwelling or building shall be allowed to be occupied for any purpose whatsoever, until the said inspector shall have decided after due examination that its plumbing and drainage are perfectly secure, and shall have furnished a certificate attesting the same.

Sec. II. In all cases in which said inspector shall report that defects in plumbing or drainage or sewer ventilation exist, it is hereby made the duty of the officer or body under whose direction the inspection was instituted, to enforce such regulations in regard to said defects as shall insure their complete correction. And any person who shall neglect or refuse to comply with the requirements of said regulations shall be punishable by a fine of from twenty-five to two hundred dollars for each and every such offence, or in default of payment of fine to imprisonment for thirty days.

Sec. III. This act shall go into effect immediately after its passage.

Sec. IV. All laws or parts of laws inconsistent herewith shall be and are hereby repealed.

Dr. Lee, in his address before the State Medical Society of 1880, when urging the appointment of a committee to memorialize the Legislature, summed up his reasons as follows:

First. That much defective plumbing and drainage exists in the city of Philadelphia, even in houses which are handsomely built, of pretentious exterior, renting at high figures, and warranted by both contractors and agents to be perfectly secure in these respects.

Second. That many of our plumbers are imperfectly educated in their art, and entirely incapable of detecting faults of plumbing and drainage.

Third. That typhoid fever or typhoidal diseases existing in this city have been directly traced to defective drainage and plumbing as their cause.

Let us now see if we can discover why the plumber should taunt us with lack of knowledge of plumbing. He did not mean alone the mechanical part, but he did not see that the doctor had anything to do with sanitary plumbing.

First. It is true sanitary science is receiving more and more attention from the medical profession, but still it is a fact that it is given over too much to other set of men. The plumber and architect know this. They find that the average medical man grades his ability and standing from a therapeutic standpoint. This same doctor feels that hygiene is yet undeveloped—rather belongs to a funny set of physicians, a little inclined to "a screw loose," etc. Is it not so? Thus we allow the honor of disease prevention to be secured by another class of men. Preventive medicine is the grand medical field of the future. There is as much honor in teaching the world how to escape the pangs of pain and the miseries of a sickroom as to introduce a new and doubtful remedy gathered from—the shade of Hippocrotes only knows where. Still, progress moves onward, and it is becoming no rare thing to see a prominent medical man also a noted sanitarian. Hygiene is no longer synonymous with starve-you-to-death mountain homes. You can be a doctor of the first water and a sanitary man without a sneer—without a stigma. Such is fashion! Yes, and such is progress!

The medical fraternity is looked up to as the protector of public and individual health. Each member of it should feel it his bounden duty to promulgate the laws of health, and earnestly to plan out systems of disease prevention. Hippocrates did not despise health laws—his works abound with hygienic suggestions and treatments. Doctors as a rule are large-hearted and unselfish, curing disease as quickly as possible. Their slowness to act in sanitary matters is due to thoughtlessness and the cares of active professional life. It is hard to conceive of such a monster who would not stay the progress of disease if he could—who would chuckle over the advances of an epidemic—who can bear to hear the cry of pain and anguish. From the one who enters medicine *only* as a field of easy money-making, hygiene no doubt will get a cold shoulder. We must make money — we must live and educate our children as well as any professional men—but let us increase our income by decreasing the number of doctors "ground out" each spring, and not by retarding the progress of the noble science of hygiene.

Looking at this matter squarely and honestly, medical brother, what profession or set of men know the most about sanitary science? We are allowing a craft of workmen to demand of us what we know about hygiene. We are having the offices of inspectors of drains, sewers, plumbing, and other sanitary matters, placed in the hands of men outside of our profession. We are supposed to be givers of medicine. We are called doctors of medicine, and the populace associates the word "medicine" with its limited significance—drugs. It is too bad that doctors are not more of politicians—for more than one reason. We could accomplish more for public weal before our legislative bodies, and we could secure some of the positions honestly due us. Well, at any rate, it is high time that we do not allow our sanitary knowledge to be of such a low type and of such a pacific style that we must permit a plumber or any other artisan to reproach us with "What in the —— does a doctor know about plumbing?" It is true, we must not dictate to a practical, skilled mechanic the character of work which he should know best about; but as to the best methods of preventing the ingress of sewer-gas—of ventilation of drains, trap sewers—or in toto, the relation of house drainage to health—we do propose to know something, and demand our rights to be heard along with the plumber and architect.

I sometimes feel as if we were not yet fully aroused to the dangers of sewer-gas. The rural doctor passes it by as a subject alone interesting the citizen, and the city physician thinks it is a bugbear—a cry of the trades—a scare. If these medical brothers will spend one week's spare time in reading up fully on the subject, they certainly will have to agree that it is the great question of the day. The sewer-gas question means pure water—pure air—pure food. It means safety on the farm—in village, city, and at the seaside. It means that diphtheria, typhoid, etc., can be better controlled.

Dr. Lee, in a late essay, sums up the effects of sewer-gas as follows:

"It is a remarkable—to my mind almost an inexplicable—fact, that members of the profession are still to be found in this county and city who deny the noxious character of sewer-gas and cesspool emanations."

In Europe, where experience on this question has been more extended, no doubts now remain.

Dr. J. Brown, Medical Officer of Health to the Bocup Local Board of London, has been able to trace directly and unquestionably to sewer-gas poisoning, cases of the following affections:

1. Submaxillary abscess and enlarged cervical glands.
2. Cervical abscesses.
3. Axillary abscess, with summer diarrhœa.
4. Inguinal abscess, with summer diarrhœa.
5. Facial abscess.

6. Pelvic abscess, with summer diarrhœa.
7. Multiple abscess.
8. Temporal abscess.
9. Typhoid fever.
10. Diphtheria.
11. Puerperal septicæmia.
12. Summer diarrhœa.

Those of you interested in these matters—and this is the object of my communication, to stimulate interest in hygiene—will not be able to find much of your material in classic volumes of medicine. You must seek from the various State and local health boards their reports. You must watch closely for the monographs that are noticed in your medical journals, and send for them. By the way, this is one grand object of your medical journal, keeping you fully abreast of the times. Very few works of sanitary science are published by the regular medical book houses. You will find more in the catalogues of some general scientific publisher.

Finally, I am thankful that I am writing in a journal upon whose circulation the sun never sets. I appeal not alone to Philadelphia and local doctors, but to the profession scattered over the four quarters of the earth, simply suggesting to them the claims of sanitary science, and the need of drainage even in the village—even on the farm. Take the town of 1,000 people, and what system of cleanliness have you? A mass of reeking cess-pools, privies cleaned only at haphazard, wells and cess-pools near by each other, and no end to the cases of typhoid, diphtheria, sore throat—and you wonder why these should be diseases of the country! Filth is at the bottom of most of these, and it is your duty to aid cleanliness now by legislation.

Hospital Reports.

NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAPER.

Reported by W. H. Seelye, A. M., M. D.

Asthma.

Patient's name is Chas. V. Age 39. A German by birth. Occupation, a book-seller. Physically, of medium height, large frame, and heavy. Complexion light, with blue eyes, and thin sandy hair and beard.

History.—His father, he says, died suddenly, at the age of 68, of heart disease and the rupture of a blood-vessel, which was probably an aneurism or apoplexy; and he had always suffered from hemicrania. His mother is still living, but is very nervous and subject to frequent hysterical attacks. The patient was the fifth one of nine children. Up to within the last four years he was accustomed to drink a good deal of beer, but since then he has been more moderate. He has also used tobacco to excess. Except for a chancre seventeen years ago, he was never sick before he came to the United States. He lived in St. Louis until the last year and a half, and while there he had his first attack of rheumatism, which lasted three months. Last winter he had a second attack in the knees. Last June he was employed as a book-seller in a publishing house in this city, where the air was impure and damp, and the ventilation was poor. At this time he began to lose his appetite, and he found that his nose itched and his eyes became dry, and he sneezed frequently. Soon he noticed that he coughed and became short of breath on exertion, and he expectorated large quantities of frothy mucus. Before long he noticed that these attacks of asthma occurred only in the morning after breakfast, and at about eight o'clock; and that they recurred at the same time every day while he remained in that building. He was not troubled with dyspnœa at all during the rest of the day. But soon the attacks became more frequent and violent, so that he was obliged to give up his work. He found then that in pure air he was almost free from dyspnœa. For several years before this he had been somewhat short of breath, but he had never had any other nervous trouble. Last Friday a severe attack of asthma came on, which he found that smoking cigarettes, his usual remedy, did not relieve. So on Saturday he came to the hospital for treatment.

Remarks.—Gentlemen, the first step at the bedside is to get the past history of the patient and his family, if possible. If he is intelligent, he will tell you this clearly himself; but if he is not, it will be necessary to elicit it by questioning him. This you will sometimes find to be a difficult process, and you will have frequent opportunities for observing the different degrees of perspicuity in the minds of patients, from their ability to make a clear statement of facts. You will therefore have to examine and cross-examine them, and learn all you can besides, from their friends. It is necessary to make yourselves familiar with the subjective phenomena of disease as well as the objective, which you can observe for yourself; and the subjective history often includes the history of the patient's family—for every individual is a link in a very long family chain, and many of the diseases, which will fall under our observation, have an important hereditary history. You will also find, on studying the history of diseases, that there are certain correlative affections which though apparently different, are connected together by a common cause, and manifest themselves in one form or another in succeeding generations. The history of this patient, therefore, opens with two very important facts, viz.: that the father died suddenly from apoplexy or heart disease, and had previously been subject to hemicrania, while the mother, still alive, is nervous and hysterical. These two ancestral conditions bear directly on this man's nervous trouble.

Having now completed the subjective history, we come to the objective examination of the patient. As you see him at present, he does not present the favorable conditions for study that he

did when I first saw him, soon after his admission into the hospital. He was then suffering from an asthmatic paroxysm, and I found him sitting up with great orthopnœa, his lips and cheeks swollen and puffed out, and he had great distress in breathing. Dyspnœa was the most prominent objective symptom, and you would all have said, it was evident that his trouble was located in the chest. For those who have had little experience in diagnosis, the reason why it is so difficult for him to get air enough can only be ascertained by making a physical examination.

Inspection.—Place the patient first on his back, or in that position which will be most favorable for inspection—and so also for all other physical examinations. Observe now that his face is congested, his eyes prominent, and his lips distended, and his breathing is difficult and labored. On sitting up he is more comfortable, and you see that his breathing is mostly done by the diaphragm and the abdominal muscles. The chest moves symmetrically on both sides. I suppose you all know the possible causes for dyspnœa. If you do not, you should look them up, and carefully study dyspnœa as a symptom. As the patient breathes, the forcible exit of the air from his mouth is plainly audible. He coughs frequently, and expectorates large quantities of a light greenish, frothy sputa.

Palpation.—First, I place my hands over the anterior and upper part of the chest, and now I can easily appreciate the symmetry or want of symmetry in the expansive movements of the two sides. I find them symmetrical in this case. Now I place my hands on the sides of the chest, and on his taking a full breath I get a symmetrical motion.

I will next examine the chest, to find out whether or not the density of the lungs on the two sides is at all modified. To appreciate this or any other pathological fact, we must know the action of the organ in health. The object of percussion is to see if there is any difference in the density of the lungs on the opposite sides of the chest, or in different portions of the same side. Percussion may be either mediate or immediate, and there is a right and a wrong way of performing both. Cultivate delicacy of touch, and do not "thump a thorax." Forcible percussion is sometimes necessary, but this does not mean that you must pound the patient with your fist. Delicate percussion is as a rule, I think, more useful than heavy. Mediate percussion consists in striking upon some medium placed over the region to be examined. Immediate is applied directly upon the surface of the body. The mediate method is the most common. The medium percussed is ordinarily the finger of the examiner, though many are accustomed to use a plexímeter of hard rubber or other material, and this is tapped upon with a hammer or the finger. The fingers are preferable, because they dispense with the necessity of carrying around so many unnecessary instruments, and the results obtained are perfectly satisfactory. It is a good plan to place the patient against a door or other object which acts as a sounding-board, and intensifies the effects of the percussing. This we cannot do in this case.

Percussion.—First, by the mediate method, the resonance is found to be about normal and symmetrical on both sides of the chest in front. The same conditions prevail behind, with a slight difference in favor of increased resonance on the right side. Percussion under the axillæ gives the same result. There is no apparent difference then in the two lungs as regards density, by mediate percussion.

Immediate percussion, by slapping the back with the palm of the hand, elicits likewise no variation of sound on the two sides. Where the patient is very fat or the muscles unusually large considerable force is necessary, but delicate percussion usually answers every purpose.

It still remains to examine the patient's breathing, by the ear. And this, too, may be done either immediately or mediately. The mediate method is by the use of the stethoscope, and the immediate is by the direct application of the ear. It is better to cultivate the latter method first. But many students begin at once to use the stethoscope. The most information is obtained by the direct application of the ear. And this is the best method for examining the lungs; but, in examining for heart disease, the stethoscope is indispensable, for by it small localized areas may be more accurately examined, as it shuts off neighboring sounds.

Auscultation.—On applying my ear in front, over the right chest, I hear no clear respiratory murmur, but there is a complete absence of the inspiratory sound, and it is as if the time of inspiration was represented by zero. I hear no air entering the lungs. The expiratory sound is slow, and prolonged, and feeble. If I were to listen behind, I would probably hear the air entering the lungs, and the coarse whistling rales characteristic of asthma: and, at the base of the lungs, coarse moist rales associated with dry sibilant rales.

As the result of our examination, we conclude that this is undoubtedly a case of asthma. But the question arises next, is it simply uncomplicated asthma? On account of the large amount of his expectoration in the twenty-four hours, and from his constant cough, and the presence of moist rales, we conclude that he has a bronchial catarrh added to his asthma.

This catarrh is probably located in the large ramifications of the bronchial tubes. The man's distress of breathing is not as great as when the action of the lungs is interfered with by a catarrhal process in the minute ramifications of the bronchial tubes. There is no collapse of the air-cells, but the air is freely admitted to them; and there is a little emphysema, shown by the slightly increased resonance of the chest. And in this connection, if you do not know what emphysema is, and all about it, find out, and see how many varieties there are, and their cause and symptoms. I have often thought that it would be a good thing for the student, if a course of lectures were given on the symptoms of disease, rather than on diseases themselves. Lectures on the prominent symptoms in a great variety of diseases, would form a very valuable part of any didactic course of lectures, in our medical colleges.

As we have seen, then, the physical examination of this man shows that he is suffering from asthma, which is a spasmodic affection of the muscles of the bronchial tubes; and as complications,

he has bronchial catarrh, and slight emphysema.

This does not complete all the interesting points in this case, but it is all that we have time to consider to-day. I may call your attention to this case again, at our next meeting, in the hospital wards, and then I will bring out some additional points concerning asthma.

Medical Societies.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Thursday evening, January 11th, 1883. The President, Dr. Tyson, in the chair.

Condylomatous Tumor of the Labium.

Exhibited by Dr. Nancrede for Dr. C. M. Seltzer.

Mrs. ——— contracted syphilis nine years ago from her first husband. Has had specific treatment at intervals, but never prolonged beyond a few weeks each time. Condylomata and ulcerations around the vulva, anus, and perineal region were first noticed about three years ago. She first came under my observation and treatment June 1, 1882, at which time symptoms of her disease were very pronounced, such as cachexia, nervousness, nocturnal headache, ulcers on various portions of the body, numerous condylomata, of which the specimen exhibited was the largest, being a cauliflower-like excrescence springing from the left labium majorem, having a pedicle about 2½ inches broad. The clitoris was hypertrophied, forming a knob one inch in diameter. There was urinary incontinence, and consequently severe excoriations of the external genitals. Potass. iod. and hydrarg. bichlorid. were given, upon which there was pronounced systemic improvement. Local treatment failed to remove the condylomata, hence on the 13th of November, two double ligatures were passed through the pedicle of the largest, so as to divide it into three parts; then tied tightly and the mass removed, and the stump cauterized with nitric acid. The clitoris was so sensitive, even under profound anæsthesia, that it was thought best not to remove it. The patient made a good recovery in 10 days, including the cure of the urinary incontinence. Her second husband, to whom she has been married about six years, has no evidence of having syphilis. Her only child by her first husband has stricture of the rectum and obstinate fissure of the anus—improvement of which only began upon the recognition of their specific origin, and the consequent line of treatment.

Dr. Nancrede suggested the reference of this specimen to the Committee on Morbid Growths, since two somewhat similar specimens had been presented by Drs. Formad and Baer, which were myxomatous fibromata, although not due, as in the present instance, to the irritation of some sore or abrasion by the discharges, etc., in a syphilitic, yet probably their histological structure was identical.

Small Tumor of the Head of the Pancreas.

Presented by Dr. E. T. Bruen.

The mass here exhibited occupies the head of the pancreas, and is about as large as a pullet's egg, or about two and a half inches in diameter. When removed from the cadaver, it was closely adherent to the common bile-duct. The growth is of a colloid nature, but its histological character is as yet unsettled by microscopic examination. There were no secondary deposits in any other viscera, as is the rule in colloid growths. The patient was a male. æt. about 65 years. For two years prior to date of his death, there had been intermittent attacks of jaundice. This had been attributed to catarrh of the biliary duct, which had developed itself during an attack of malaria. The case was under my care for two months. At first the symptoms of chills and fever led to treatment for malaria; but as the jaundice gradually deepened, treatment for the supposed catarrhal state of the bile-duct was instituted. The futility of a well-directed and usually successful treatment was the special indication of some more substantial cause. Hepatic trouble or biliary calculi were readily excluded in this case, but there was nothing to fasten suspicion on the pancreas. There was constipation, with clay-colored stools. There was a febrile movement of the hectic type—the so-called hepatic fever, accompanied by irregular chills. The intestinal indigestion, so valuable a symptom in many cases of pancreatic disease, was not marked.

Indeed, without exception, the negative results of the clinical record are of the most discouraging character. The case is presented because each case of pancreatic disease ought to be recorded, so that many cases viewed collectively may contribute to the clearness of a future distinct picture of pancreatic disease.

Dr. Formad said that he had now on record the notes of five or six cases of cancer of the pancreas with marked jaundice, where he had made the autopsy. It seemed to him that the jaundice was most persistent in primary pancreatic carcinoma from pressure on the bile-duct. He was present at the autopsy of this case, and did not think that the tumor was carcinomatous, as there would then probably have been secondary growths in the liver. The growth was probably a cystic colloid.

Dr. Bruen would like to call the attention of the Society to the fact that he had about a month ago presented a specimen of carcinoma of the pancreas, and had then referred at length to some forty cases of jaundice due to primary carcinoma of the head of the pancreas, lately reported by another observer. From these records it was demonstrable that jaundice was an invariable symptom of primary hard carcinoma of the head of the pancreas, while it was uncommon when the disease was secondary or affected other parts of the organ.

Diaphragmatic Hernia.

Exhibited by Dr. Jas. Tyson.

The patient from whom these specimens were removed was a German, between 27 and 28 years of age at his death. He first consulted me on June 21, 1880. He had been ailing since February, 1878, and had been unable to work in that time. At the date referred to he was stretching, when his wife suddenly pretended to tickle him. He quickly threw down his arms, and at that moment felt a sensation of "pain on the left side in the neighborhood of the heart." At the same time he felt faint and cold. In five or ten minutes

these sensations passed away, but he remained very much frightened. When he first visited me, he complained of shortness of breath and beating of his heart, although the latter was better when he was quiet. He could not even walk across the floor without becoming completely out of breath, but he said he was not short of breath when the accident first occurred. He had also a peculiar puffing respiration, which did not occur, however, with every act of expiration, but once in four or five. This was so characteristic that one of my friends, to whom I sent him, spoke of him as my "puffing German." There was no cough. Physical examination revealed on inspection almost total absence of movement of the chest wall in the upper half, the respiration being almost purely abdominal. The upper percussion border of the heart corresponded with the junction of the third rib with the sternum, and the right border with the middle of the sternum. The apex beat was in its normal position, but was more diffuse than in a strictly normal state. Pulmonary percussion appeared normal except below the left scapula, where resonance was less than in the corresponding situation in the right side. Vocal fremitus was however impaired over the whole of the left lung. There were no abnormal cardiac murmurs. His pulse was 72 after the examination was over. He was treated at various times with digitalis, bromide of potassium, chloral, tonics, etc., and even a blister was put over his heart, with the view that there was some cardiac or pericardial affection, although the physical signs were wanting. There was no improvement, although at times the dyspnœa, which was the most distressing symptom, seemed somewhat less; but it always interfered with any exercise whatever. He would walk sometimes half a mile with great difficulty. Notwithstanding this, he was encouraged to take exercise. His sleep was unsatisfactory, he would dream and wake up in a great fright. He could always lie upon his left side with more comfort than upon his right. He continued under my observation for a year. I saw him in the latter part of August, 1881, when he seemed a little better. After that I heard nothing of him until I learned of his death, which occurred December 15, 1882, from obstruction.

At the autopsy it was ascertained that about 20 inches of the large intestine, with its corresponding mesentery and almost the whole omentum, had ascended through the œsophageal opening of the diaphragm into the left pleural sac, encroaching upon the space occupied by the left lung, until the latter was compressed into the apex of the left plural sac, and was reduced to a cylindroid mass about 15 centimetres in length and half as many in diameter. There was no hernial sac, the opening being that for the œsophagus. The case would therefore be technically called one of hernia diaphragmatica spuria. The heart was displaced to the right, but was otherwise normal; the liver was slightly fatty; but the other viscera were normal. It is not unlikely at the moment referred to in the history when the patient threw down his arms, that a small portion of the omentum or mesentery slipped through the œsophageal opening, and that subsequently and more or less gradually the vacuum tendency of the pleural sac in each act of respiration caused the remainder of the mass to be drawn in until the entire cavity was occupied. This accounts for the fact that there was no dyspnœa at the beginning, but that it gradually increased as the thoracic space was intruded upon. In vol. 81, 1882, of Virchow's archives, will be found an exhaustive article on diaphragmatic hernia, in which 291 cases are collated. In a somewhat hasty examination of this paper, I have been unable to discover a single case so long under observation as this—nearly four years. Many cases were discovered at the autopsy and had been unsuspected, others were congenital, and others were traumatic. Dr. Formad related some facts confirmatory of the history given by Dr. Tyson. Dr. Bruen asked if there had been any hiccup! If so, was there any dysphagia with solid food? Finally, did the physical signs suggest pneumothorax? Dr. Roberts made some remarks with reference to the diagnosis and to the possibility of laparotomy in similar cases. He also asked whether the symptoms just preceding death were those of strangulation. Dr. Davis referred to thirst as a prominent symptom according to Lawrence. Dr. Tyson replied that Dr. Formad had told him that there was decided hiccup. There was no true tympany with the absence of the vocal fremitus. Nothing gave rise to any suspicion of its true nature. Thirst was marked. There was no dysphagia.

Ulcer of the Stomach in the Anterior Wall; Adhesions to the Abdominal Wall; Hemorrhages and Pain: Death from Morphia Habit.

Exhibited by J. H. Musser, M. D.

I am indebted to Dr. J. Henry Musser, of Lancaster county, for the privilege of presenting this specimen. I abstract from his notes the following history: I. J., aged 71 years, millwright. Fourteen years before his death he was attended by the doctor for hæmatemesis occurring after three days of nausea. Over a pint of blood was vomited, and considerable was discharged by stool the next day. In ten days he returned to work and enjoyed good health for two years, with the exception of occasional attacks of indigestion. Then a recurrence of nausea, followed by a profuse discharge of blood, per anum, occurred. He made a full recovery, but pain after eating was now noticed. Two years subsequently he bled very much from a wound of the foot, and was much prostrated thereby. This was succeeded by severe pain after eating, with marked epigastric tenderness. The constant use of narcotics alone gave him relief. November, 1873, he was again under Dr. J. Henry Musser's care, and was treated for gastric ulcer without any avail, save when he exhibited narcotics. He resorted to the use of morphia, and continued its use during the remainer of his life. Change of diet did not influence the pain, and he partook of laborers' fare. In 1877, a small tumor to the left of and several inches above the umbilicus, hard, tender and apparently involving the abdominal wall, was discovered. For several years he worked in a country saw-mill, using one drachm of morphia a month. Heavy lifting aggravated his pain. August, 1882, the doctor was again called in, to find the patient confined to bed, much emaciated and with complete anorexia. Death took place three weeks later, during which time he had taken no nourish-

ment, but had used morphia freely. The habit had been acquired, and his friends thought he suffered but little pain. The only anatomical alteration noted at the autopsy was the change in the stomach. The organ was enlarged and contracted (hour-glass) towards its fundus. The anterior wall, one-third of the distance from the fundus, and at the point of constriction, was adherent to the abdominal parietes to the left of the median line, three inches above the umbilicus. Opposite to the point of adhesion in the mucous membrane there was a small ulcer two lines deep and six in diameter, with clean-cut edges, a healthy floor, and surrounded by cicatricial tissue for a radius of one inch. Undoubtedly the ulcer would have healed entirely had not the morphia habit cut off the patient.

Remarks by Dr. J. H. Musser. It is plausible to theorize that the first hemorrhage, taken with the profuse foot hemorrhage, was due to the patient having been of an hemorrhagic diathesis, and that the second gastric hemorrhage was from the same cause, and was attended by a hemorrhagic infarct with subsequent development of the ulcer. Especially is this possible as it was only after the second hemorrhage that pain occurred, and this symptom is never absent, "except in cases which run a rapid course." [Da Costa.]

Dr. Nancrede related the case of a "bleeder" then under his care, a female infant only thirteen months old, where death was imminent from epistaxis.

Dr. Dunn made some remarks on the general subject of hæmophilia and its treatment.

COLLEGE OF PHYSICIANS OF PHILADELPHIA.

Heart-Puncture and Heart-Suture as Therapeutic Procedures.

BY JOHN B. ROBERTS, M. D.

[Read January 3, 1883.]

It is more than probable that, in a few years, puncture of the heart-wall (cardicentesis), with direct abstraction of blood by aspiration, will be recognized as the best treatment in cases of greatly dilated or much distended right heart, with intense pulmonary engorgement; and that incision of the pericardium with suture of the heart muscle will be accepted as proper in cardiac wounds. Hence these latest novelties in cardiac surgery deserve the attention of the Fellows of the College.

That punctures of the heart are comparatively harmless has been well known to many for some years. In 1872, Roger, while performing pericardicentesis on a child with pericardial effusion, thrust the needle into the right ventricle and withdrew about 6¼ Troy ounces (200 grams) of pure venous blood. The boy, who was aged five years, became pale, sweated, and had an imperceptible pulse. The withdrawal of the pericardial fluid, accomplished prior to the heart injury, was beneficial; and the cardiac puncture did no permanent mischief, for the patient recovered. Death occurred five months later from long existing dilatation and valvular disease of the heart (*Bull. de l'Académie de Médecine*, 1875, p. 1276).

In Hulke's case (*Trans. Clinical Society of London*, viii. p. 169), a woman with pleuro-pneumonia was supposed to have large pericardial effusion, and a trocar was introduced through the fourth left intercostal space. Nothing escaped except a drachm of venous blood, after which the patient seemed relieved of dyspnœa. She died four weeks later from a complication of diseases, and the autopsy revealed cardiac dilatation and valvular changes.

I have said elsewhere (*Paracentesis of the Pericardium*, 8vo., Philadelphia, 1880), in commenting upon this case: "The abstraction of blood seemed to relieve the distended heart much better than phlebotomy would have done, as was evinced by the diminution of threatening symptoms and the decrease of the area of dullness."

Cloquet, Bouchut, Legros, and Onimus have also observed the apparent innocuousness of wounds of the heart made by capillary trocars. Steiner found, ten years or more ago, that electropuncture needles could be quite safely introduced into either ventricle, provided they were at once withdrawn (*Medical Times and Gazette*, May, 1873, p. 492 from *Langenbeck's Archiv für Klin. Chirurgie.*)

It has been considered less safe to puncture the auricles; but the interesting paper of Dr. Benj. F. Westbrook, just published in the *Medical Record* for December 23, 1882, seems to show that our fears are as unfounded as were those of our predecessors in regard to ventricular puncture. It is, in truth, to call attention to his case of harmless *intentional* cardicentesis and to his researches in the surgical anatomy of the operation, that I have been led to refer to the corroborative evidence of the cases mentioned above.

I have with much satisfaction, as have many others, done venesection at the bend of the arm for the temporary relief of the distressing symptoms of dilated heart, and for the dyspnœa due to the pulmonary engorgement of acute pneumonia. If, however, a few *drachms* of blood drawn directly from the heart give the relief that could only be afforded by taking a similar number of *ounces* from the veins of the arm, it seems proper to adopt the former measure. The subsequent circulatory depression from anemia would undoubtedly be less than after the latter operation.

It is manifestly necessary, however, to determine that cardicentesis is innocuous, before it can take the place of venesection. The above-mentioned cases and Dr. Westbrook's experience tend to show that such is the fact.

Dr. Westbrook believes that the proper place to perform the operation is in the third costal interspace, close to the *right* edge of the sternum. This situation enables the operator to tap the right auricle without injuring the right internal mammary vessels, and with little danger of striking the tricuspid valve. My own preference would be to perforate the ventricle of the right heart by introducing the needle through the fourth interspace, about one and a half or two inches to the *left* of the median line of the sternum. Dr. Westbrook's opinion, however, is entitled to more deference than mine, because he has studied the subject with special reference to cardicentesis, while my special investigations have been limited to the consideration of pericardicentesis.

Further experimentation in heart-puncture for the relief of cardiac distension and pulmonary en-

gorgement is requisite, but it is probable that it will soon become a well-recognized surgical procedure in selected cases. Pericardicentesis has already taken that position, and there is no reason to believe that cardiac surgery will stop its march with the demonstration that the pericardium can be treated as the pleura.

In October, 1881, I read a paper before the Anatomical and Surgical Society of Brooklyn (*The Surgery of the Pericardium; Annals of Anatomy and Surgery*, December, 1881), in which I advised resection of costal cartilage and incision of the pericardium for removal of foreign bodies in the pericardial sac; and at the same time said: "The time may possibly come when wounds of the heart itself will be treated by pericardial incision, to allow extraction of clots, and perhaps to suture the cardiac muscle."

It seems as if this time had now almost arrived, for Dr. Block has not only expressed a belief that death can be averted in many cases of heart-wounds by simple incision of the pericardium to allow escape or extraction of the clots which cause pressure and death, but has also undertaken to demonstrate by vivisectal experiments that suture of the heart is a simple operation, and requires but three or four minutes. *Amer. Journal of the Medical Sciences*, January, 1883, p. 276: from *Journal de Méd. de Paris*, October 28, 1882; from *Gaz. Méd. de Strassburg*, October 18, 1882). He finds that opening of the right and left ventricle, and entire compression of the heart for the application of sutures, can be supported by rabbits for several minutes. During suturing, he seizes the apex of the heart and draws the organ forward until the traction prevents the escape of blood from the wound. Sutures are then introduced, or the orifice closed by ligation. Even if cardiac pulsation and the respiration stop during this mechanical interference with the heart's movement, death, he asserts, does not necessarily ensue.

These experiments are even more important than the researches spoken of in regard to heart-puncture. I regret that as yet I have not been able to consult Dr. Block's original memoir, but I hope at a future time to do so, and perhaps to be able to report some investigations of my own which I desire to make in the same direction.

Editorial Department.

Periscope.

Removal of Uterine Appendages for Arrest of Hemorrhage.

It is now just ten years since Lawson Tait (*British Medical Journal*, Dec. 30, 1882) introduced the operation of the removal of the uterine appendages for the arrest of hemorrhage. At first the ovaries alone were removed, but it was found by experience that the results were more speedy and satisfactory when the tubes were removed. Increased experience, says Tait, has taught me that it is with the tubes that we have chiefly to do, and that the function of menstruation has little or no dependence on the ovaries.

If the tubes are removed and the ovaries left, menstruation may be entirely suspended.

Two cases of bleeding uterine myoma are cited of exactly parallel nature. In the first case, the woman would not consent to the operation. She married in June, and died of hemorrhage in August.

In case second, the patient submitted to removal of the appendages, and made a speedy recovery, regaining perfect health.

The hemorrhage in both these cases was caused by uterine myoma, in each of which it was enucleated with but little amelioration of the symptoms, as the growth soon returned. From a study of these cases we learn that a hemorrhage due to a myoma may be fatal; that the secondary results of enucleating are not gratifying, and also the high primary mortality of the proceeding.

Mr. Lawson Tait has published a series of cases which prove, "That the primary mortality of the removal of the uterine appendages for bleeding myoma is very small, and is limited to those cases already so reduced by loss of blood as to be practically unable to stand any surgical proceeding - that the secondary results of the operation are extremely satisfactory, and are permanent, the arrest of the hemorrhage being followed by the shrinking of the tumor, and in many cases by its complete disappearance."

It is said that this operation deprives a woman of her sexual powers; this is, however, not the case; but granting it to be true, nothing could be more immoral than to refuse to relieve a suffering woman on such a plea.

Another objection to the operation is that it *destroys* the possibility of impregnation; but it strikes us that as the chances of a womb in which there is a myoma being able to contain and nourish a fœtus are infinitely small, the fact of the woman becoming pregnant is placing her life in jeopardy.

Lithotomy in Children, and the Advantages of a Long-Beaked Staff.

Dr. J. Ward Cousins read the following at the last meeting of the British Medical Association. (*Brit. Med. Jour.*) Lateral lithotomy in children with a special modification of the ordinary staff, can be made easier of performance, and many of the common difficulties of young operators can be avoided.

The staff is a modified rectangular staff, with a rounded-off angle, and a long beak, and the point

slightly turned upward. The lateral groove commences half an inch above the angle, and terminates about the same distance from the point. The main peculiarity is the length of the beak, and this varies regularly with the size of the staff.

The Shortness of the Angle permits the instrument to be easily felt, and so assists the operator in making the deep perineal incision. As soon as the angle is exposed, he readily learns by the finger the point of the staff he has reached. When the finger enters the groove, the position is indicated exactly by the part of the nail engaged in it. The point of the finger-nail informs the operator he is on the angle; but, directly the side of the nail is well insinuated in the groove, he can be sure that he has reached the beak, and that a simple movement of the knife will open the bladder.

The Beak is nearly straight, and is fixed at a Right Angle in the Staff.—When the instrument is held firmly in position under the pubic arch, the floor of the bladder is steadily depressed; at the same time the beak is parallel to the rectum, and so protects that organ from injury. The horizontal beak forms a straight guide into the bladder, and a straight movement of the knife in the groove is very readily and safely accomplished.

The Long-Beak.—This part of the staff enters the bladder a little more than an inch, and is kept in contact with the stone. The long-beak affords important advantages, especially in operations upon children; for, during early life, the urethral structures are more soft and delicate, and the bladder is situated high up behind the pubic arch. It is a simple safeguard against one of the most common and painful accidents which occur during lithotomy, as the point cannot be pushed out of the bladder.

Lastly, the long beak renders the introduction of the finger into the bladder over the staff both easy and safe. The upper concave border of the staff is the best guide to the stone in all operations upon children; for not only is the upper wall less prone to shift under the finger, but by gentle pressure in this direction, the bladder is brought down, and its neck very readily dilated. It, moreover, effectually prevents the operator from slipping the finger into the areolar tissue of the recto-vesical space, which has often been mistaken for the interior of the bladder itself.

The Inoculation of Syphilis.

The *Lancet* says: "A few weeks ago we directed the attention of our readers to the interesting observations which have been made in Germany, of the frequent association of bacteria, fairly definite in characters, with the tissue changes produced by syphilis; and we pointed out that the relation between the organisms and the disease cannot be more than probable until culture experiments and inoculations shall have given some positive results. The subject has been further investigated by a French syphilographer, M. Martineau, but it may be doubted whether it has been advanced by his researches. His search for organisms in the blood, chancrous induration, and cutaneous manifestations of the disease, has been fruitless, but another method of procedure has led to results which he regards as more definite. A recently-excised chancre was placed in a closed vessel which had been previously heated to a red heat. A concentrated 'bouillon' was prepared and boiled for about two hours. It was then placed in a flask with a long neck, the temperature was lowered to 30° C., the chancre was introduced, and the neck of the flask was sealed at the lamp. The liquid was found, next day, to contain numerous bacteria of a special form, and a day later some of it was injected into the peritoneal cavity of a pig five months old. In a month seven or eight prominent papules appeared on the abdomen, followed by others. A few days afterwards conjunctivitis appeared in one eye, and a tumor on the penis. For the sake of comparison another pig was inoculated with pus from a syphilitic chancre, with the result of causing an eruption exactly similar to the first. Some bacteria were found in the blood of the second animal, and were injected into a third pig, a goat, and a monkey, but without result. The blood of these animals presented no bacteria. M. Martineau thinks that the cutaneous affection observed on the first two pigs presented the characters of a syphilitic eruption, and he concludes that syphilis is transmissible from man to the pig, but not from it to other animals, nor to other animals from man—a conclusion for which the facts of his experiments certainly give him only the most slender basis. His operations are to be reported on by a committee composed of MM. Bouley, Pasteur, Fournier, and Lancereaux.

Tubercle of the Choroid.

The *Medical Times and Gazette* says: The debate on the relation of tubercle of the choroid to tubercular meningitis at the Ophthalmological Society, was of interest both to ophthalmic surgeons and to physicians. It is not so very many years since the possibility of the recognition of tubercles by the ophthalmoscope was, to say the least of it, doubted. The point that was really in debate was raised by Dr. Warner, viz., is tubercle of the choroid more likely to be found in cases of acute miliary tuberculosis where there is no meningitis than where this is present? The case which he detailed to the Society was an instance in favor of the former hypothesis. It may be said at once that the views of all the speakers tended in the same direction. Now, if it is a fact that choroidal tubercle is rarer in cases with meningitis than without, there must be some good reason for this, and we hope that those who have the opportunities will set to work to discover it. The only explanation which occurs to us is that the deposit of tubercle in the choroid in a case of acute miliary tuberculosis is a late occurrence, and that in the majority of cases of tubercular meningitis the patient dies before the tubercles have had time to appear in the choroid. We do not say we believe this ourselves, but it is a plausible explanation, and it is one which can be verified or not by careful statistics.

To revert to the original question, for ourselves we venture, with all deference to the majority (if not, indeed, to all) of those who took part in the debate, to think that there is no connexion whatever between choroidal tubercle and acute miliary tuberculosis without meningitis; we can see

nothing more than a somewhat unusual coincidence.

Before giving our reasons for this opinion we would make one general remark, that will do away with some of the objections to our views that might be based on the remarks of some of the speakers at the debate. We consider that a negative examination during life, even when made by an ophthalmic surgeon of the utmost skill, is by no means a proof of the non-existence of choroidal tubercle, and we would not accept any statistics relative to their presence or absence that were not based on post-mortem examination. Of course, in cases where a microscopical examination is made, this affords the most conclusive evidence; but we have generally found it sufficient to strip the choroid from the sclerotic, and examine the supposed tubercle from behind, when, if real, it will be found to present the same grey appearance that it shows in the pleura or elsewhere. If we were to leave out of consideration the remarks of Dr. Barlow and Dr. Coupland, we should be led by the rest of the speakers to the belief that tubercle in the choroid was an exceedingly rare occurrence. This we attribute mainly to the fact that they were speaking from a clinical, and not from a pathological point of view.

Developmentally, the choroid is the homologue of the pia mater and the other serous membranes; there can, therefore, be no *à priori* reason why tubercles should not occur there. We all know that tubercles are much more likely to be found at the base of the brain than on the convexity, but we do not know the reason of this; and in the same way we do not know the reasons why tubercles are not found in the choroid in every case; but our own limited experience leads us to believe that they are much more common than is generally supposed. We should say, for instance, that they are decidedly more common in the choroid than on the pericardium. It seems to us that, in the debate, clinical and pathological evidence were mixed up in a manner that was hardly fair, though, of course, quite accidental. Thus, those who spoke of the extreme rarity of choroidal tubercle in tubercular meningitis were referring to clinical experience, whereas those who spoke of choroidal tubercle in general tuberculosis without meningitis were obviously referring to post-mortem evidence. It is hardly necessary to point out what a difference this makes.

Congenital Keratomatous Degeneration of the Epidermis.

At a late meeting of the New York Medical and Surgical Society (*New York Medical Journal and Obstetrical Review*), Dr. G. G. Wheelock showed the body of an infant that had recently been born at the Nursery and Child's Hospital. Labor was protracted, there was inertia uteri, and the House Physician sent for Dr. Wheelock, saying there was an abnormal feeling about the child's head, and it was probable instruments would have to be used. When Dr. Wheelock arrived the woman had been in labor about thirty hours; the cervix was about two-thirds dilated, its tissue being rather thick and œdematous. The head presented, but the position could not be determined. The surface of the head was rough and granular to the touch, and reminded one very much of the feeling of carious bone. There was no hair, and the sutures seemed to be so numerous that their individuality could not be recognized. The head was drawn down to the vulva by the forceps, and delivery was completed with the hand. It was difficult to extract the head, on account of the chafing of its rough surface against the soft parts. At birth the child appeared dead and macerated, and he regarded with surprise the House Physician's statement that an hour before it was alive, and the pulse beating 140 a minute; but in a few moments the child breathed, and continued to live for six hours. On first looking at the child, the appearance of its skin suggested that of an alligator or an armadillo. The epidermis was thick and horny, and, being divided by fissures, seemed to be composed of large and small sized plates. Between the plates on the abdomen the true skin beneath could be seen as a raw, red surface. The ends of the fingers and toes projected through the horny skin. The condition presented corresponded very closely with that of a similar case reported by Sir J. Y. Simpson, which he called congenital or intra-uterine ichthyosis. Dr. Wheelock, however, thought it might more properly be classed as a keratoma. Simpson had collated eight cases, and a Boston physician had known of three in one family. Four were to be found in recent German literature. In the present case there was ectropion of the upper lid of the right eye; the eyes were normal. Thick skin gave the nose a flattened appearance. The external genitals (the child was a female) appeared to be perfectly formed. It was the mother's first child. At the post-mortem it was found that the lungs could be inflated only partially, and they scarcely floated in water. There were hæmorrhages in various parts of the brain, and quite a large one was found in the posterior part of the left lobe; there was great congestion in both ventricles. The kidneys were normal, except that they were very much congested. The liver, also, was very highly congested. The mother was perfectly healthy, and gave no syphilitic history. The same was true, so far as was known, of the father. It would seem that the condition of the skin determined the blood to the internal organs, all of which were found much congested, and thus caused death. In reply to a question by the President, Dr. Wheelock said that in several of the cases reported by Simpson, life continued fifty or sixty hours, but in none over four days. The President had seen this case with him, and had reminded him that the condition was such as had been described by Simpson.

Reviews and Book Notices.

Notes on Current Medical Literature.

——As far back as 1870, Dr. Arthur E. Spohn, of Corpus Christi, Texas, used elastic rubber ring tourniquets, and at various times since has brought their advantages to the notice of the

profession through different medical journals. The advantages he has derived from them are so obvious that his experience and methods should be studied by those who would employ this effective and painless means to control hemorrhage. Reprints may be had by applying to him as above.

——Mr. Frederick Treves' essay on "Scrofula and its Gland Diseases," has been reprinted by H. C. Lea's Son & Co., Philadelphia, for the nominal price of ten cents. It is badly printed on poor paper, but has 77 pages, and is of course cheap for the money. But we regret to see a publishing house of this character going into that kind of business.

——The Sanitary Protection Association of Newport, R. I., is an excellent institution, the like of which ought to be organized in every city. This Association examines by its skilled inspectors into the condition of dwelling-houses and their surroundings, and advises concerning the plumbing, heating, ventilation, drainage and water-supply of residences already built or in process of construction. Also, the Association recommends to persons hiring houses or portions of houses, at any season of the year, to ask its certificate that the premises in question are in safe condition for residence. It makes the same recommendation regarding boarding-houses and hotels. Its members obtain all these benefits for only five dollars a year. It also publishes various health tracts, etc., the most recent of which is one on the dangers of impure ice, by Prof. Raphael Pumpelly. These and further particulars may be obtained of the Secretary, Dr. Horatio R. Storer, Newport, R. I.

——The annual address of Dr. Traill Green, of Easton, Penna., before the American Academy of Medicine at its last meeting, has been published in pamphlet form by the Academy, and will be found an interesting and instructive review of the origin and progress of the Academy.

——The National Temperance Society, New York, have republished an address by Dr. W. B. Carpenter on "The Physiology of Alcoholics." It assumes the ultra, teetotal position on the question, and is an able plea for absolute abstinence.

——In several papers published within the last few years, Dr. G. De Gorrequer Griffith considers that he has at last conclusively demonstrated that one poison—one *origo mali*, whatever it may be—will originate scarlet, typhoid and puerperal fevers, diphtheria, sore throats, erysipelas, diarrhœal affections, and many other diseases, the character of the symptoms depending on the idiosyncrasy of the individual, his habits, surroundings, etc. Those who would study his arguments to this effect can probably obtain reprints of his papers by addressing the author, 34 St. George's Square, Belgravia, London.

——Under the title "What shall we do for the Drunkards?" Dr. Orpheus Everts, of Ohio, argues in a pamphlet before us that a prohibitory liquor law is impracticable and unwise, while an *in*hibitory law would be ample and protective. In other words, he would not enact a general sumptuary law because a few people become inebriates, but he would make it easy to segregate by force an inebriate from society. His arguments are timely, and they impress us as sound. (Pp. 51. Cincinnati, Robert Clarke & Co. Price, 50 cents.)

——Godey's *Lady's Book* now enters its fifty-third year, and its annual announcement holds out strong inducements to subscribers. It is an excellent family magazine.

——The value of Aiken, South Carolina, as a health resort during the winter months, is set forth in a neat little pamphlet, which may be had of Mr. B. P. Chatfield, Aiken, on application.

BOOK NOTICES.

Manual of Gynecology. By D. Berry Hart, M. D., and A. H. Barbour, M. A. Vol. I. New York, Wm. Wood & Co.

This volume is that for January of Wm. Wood's Library of Standard Medical Authors. It is more neatly printed and on better paper than its predecessors. The illustrations are moderately good and about two hundred in number. The text of the book is by two professors in that specialty in Edinburgh, pupils of Professor Simpson, and is written with that care and thoroughness—and also with those prejudices — which we expect from attachés of that famous and ancient university.

The Functions and Disorders of the Reproductive Organs. By William Acton, M. R. C. S. Sixth edition, Philadelphia. P. Blakiston, Son & Co., 1883. 1 vol., cloth, 8 vo., pp. 267. Price, $2.

Mr. Acton has now been dead for some years, and we do not see that this treatise has been revised by any one since his demise. Hence, in many passages it is behind the age. Nevertheless, were we asked what better monograph exists on the subject, we could not name any. What especially distinguished Mr. Acton were his rare good sense and fine discretion in treating of subjects the most difficult of all to write about in the correct tone. In this respect his book is a model, and probably will long remain so.

THE
Medical and Surgical Reporter,
A WEEKLY JOURNAL,
ISSUED EVERY SATURDAY.

D. G. BRINTON, M. D.,
JOSEPH F. EDWARDS, M. D., } EDITORS.

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IODOFORM IN DIPHTHERIA.

Diphtheria is a constitutional disease—this is not denied any more; but whether it is constitutional from its very beginning is not only very doubtful, but contrary to all sound reasoning. In case micrococci form really the pathogenic cause, they are first seen on the place of primary local affection, and from here they migrate and affect the blood in a similar, only more rapid, manner as the syphilitic virus. But granted that the disease is first purely local, and effective local treatment should be followed by such results as prove that the constitutional affection has been prevented by early destruction of the primary, local, exciting evil. Dr. J. Benzon in Buccari (*Wiener Med. Wochschrift*, 35–82), and Dr. S. Korach in Cologne (*Deutsch Med. Wochschrift*, 36–82) both have made experiments with the local treatment of diphtheria by iodoform. The former treated one man, two women, two girls, respectively aged 18 and 22, and a four-year-old child; and notwithstanding the cases were all of grave type, under the local treatment mentioned they all ran a very favorable and rapid course. B. treated his cases as follows: He took a painter's brnsh, 1 ctm. wide, and dipped it into finely-powdered iodoform till the points were all colored yellow. He then depressed the baek of the tongue and applied the iodoform with the brush to the diphtheritic membranes. This procedure was repeated by B. in the beginning of the disease every two hours, about eight times during the day and six times during the night. With the exception of ice application to the neck, this formed the whole treatment.

He made use of this treatment under and by direction of Prof. Leichtenstern, the physician-in-chief of the Cologne City Hospital. For nearly a year all the patients in this institution suffering from diphtheria were treated with iodoform alone; cleansing injections with unmedicated water being the only local or internal medication used besides. First, iodoform triturated with amylum, was insufflated; then the dried powder alone was put by a brush upon the membranes. Later these methods were dropped, and instead of them iodo-

form with collodium (1 : 10) brushed six times daily over the diphtheritic exudations, the latter having each time been previously totally dried with a linen rag. Sometimes a solution of 2.5 in 25.0 sulph-ether, and 5.0 Tolu balsam, was made use of. The splendid results gained—of 213 cases only one death by laryngeal diphtheria—should induce far more extensive trials with this drug.

MUTUAL AUTOPSY SOCIETY.

M. Gambetta, the great French statesman, belonged to the "Société d'Autopsie Mutuelle," the members of which direct that a scientific examination of their brains shall be made after death.

The wisdom which caused him to become a member of this association is not by any means the least evidence of his transcendent greatness. It requires an intellectual power of more than ordinary magnitude to enable a man to so rise above his surrounding influences as to be capable of looking down with indifference upon the foolish sentimentalities and the ridiculous display of morbid feeling about ourselves after death, which is so characteristic of and so strongly imbued in the average man. Recognizing that every dead body scientifically examined throws so much additional light upon science, and tends to explain still further the mysterious phenomena of life, of health and disease, and by so doing aids materially the physician in his healing ministrations, these great minds cheerfully and eagerly will their bodies to the scientific scalpel.

But we should go further than did Gambetta. Not alone the brain should be donated for scientific investigation, but every organ as well. The viscera may all be enucleated without rendering the body unsightly when prepared for burial. If the family physician, who had known and recorded the various ailments from which the body had suffered during life, was to compare notes with the pathologist who examined the organs after death, symptomatology would receive a great *boost*. Let us have a *Mutual Autopsy Society;* it must emanate from physicians, who realize its value; therefore let us set the example.

THE SALE OF POISONS.

Every now and again we hear of some poor unfortunate, who, tired and weary of battling with the world, seeks relief in self-destruction.

Laudanum, morphia, strychnia, prussic acid, or some equally dangerous drug, has been the means of carrying into execution this morbid determination.

Now then, where are these drugs procured? From some druggist, of course. On physician's prescription? In the majority of instances, no!

We have in every city a limited number of dispensing drug stores, in which it is utterly impossible to procure any poisonous drug save on the written prescription of a known physician. But on the other hand, we have also many stores into which any one may go and buy an ounce or so of laudanum, without let, hindrance or question.

That such is wrong, we all know; let us stop it—how? By new legislation or by the enforcement of existent legislation, imposing an exceedingly heavy fine upon any druggist selling any poisonous drug to any person without a physician's prescription for the same. Compel all druggists to place their names upon every box and bottle that leaves their stores, thus giving a clue by which offenders may be traced. Of course it may happen that the name attached to the prescription is unknown to the druggist; he should then make inquiry, satisfy himself thoroughly in some way that the physician is all right. We ourselves, one time, in a neighboring State, had occasion to prescribe a dangerous drug; we were totally unknown to the druggist, but the character of the family to which our patient belonged was a guarantee of our respectability.

We cannot prevent men from shooting themselves, or from jumping over Niagara, or from drowning in lonely rivers; but we can, to a great extent, prevent this wanton waste of life from poisonous drugs, and it is the imperative duty of every one of us to look to it that we leave no effort untried to strictly limit the traffic in deadly drugs to its ordained and legitimate channels.

COMMISSIONS TO PHYSICIANS.

More than once in this journal we have pointed out why commissions paid to physicians, either by druggists or proprietors of sanitariums, private hospitals, or other health resorts, are against sound ethics, and in the end debasing to the profession.

Before us lies a circular sent out broadcast to the profession by a physician who runs a sanitarium in this State. The circular contains this "confidential offer:"

"For each and every paying patient which you send to this sanitarium, we will remit you two dollars in cash per week as long as your patient remains," etc.

We ask any one of our readers whether he would like his patients to know when he sends them to such a place that he receives about 20 per cent. of their board bills as his share?

If he would not like them to know of it, let him ask himself, why not?

He must honestly answer that he would be ashamed of the fact. He would consider himself lowered in their estimation. In other words, he knows he would be doing a mean thing.

Is not this reason enough for condemning any such offer, and for rebuking the man who extends it as a bait to his professional brethren?

Again, it is the duty of the physician when asked by his patient to recommend a health resort, to select one without being at all influenced by his personal interests. Unless his choice is entirely unbiased, it is dishonest. Now, even the sum of two dollars a week has its attractions, and will obscure the judgment to a certain extent. Hence any such offer is a direct incentive to dishonest advice.

All this business of commissions, and discounts, and sharing in profits derived from treating the sick, is lowering to the tone of the profession. Such practices belong to trade, where they are expected and customary, and where they do no hurt. They cannot be introduced into professional relations without direct injury to the public.

It were sound advice for all physicians to take to repudiate every such offer, and to decline to send any patients to institutions which show such a lack of moral sense as to make them.

RELIGION OF DARWIN.

During the meeting of German natural scientists and physicians, held last year in Eisenach, Prof. Ernst Haeckel lectured on the natural religion of Darwin, Goethe and Lamarck. In the course of this lecture he made the following remarks:

"That Darwin also adhered to the same natural religion as Goethe, and that he was no adherent of any special church-confession, is apparent to any one reading carefully his works. But as some of his countrypeople have immediately after his death contended the contrary, and as some bigoted ministers have praised Darwin as an orthodoxical adherent of a special confession of the English church, we will be permitted to contradict them by the following undeniable proof. I am so fortunate as to be able to introduce here an exceedingly valuable, so far unknown document, which will remove every doubt that might possibly exist.

"A young German student, whose Christian religion had been shaken by the perusal of Darwin's work, and who had entered the intermediate stage of doubt, wrote to Darwin, for the purpose of getting the advice of this eminent natural philosopher. At first one of the relatives of Darwin answered by excusing the latter's ill-health, great age, and want of time, which prevented him from deciding the questions put to him; but the German student was not satisfied, and so he once more, driven to it by his anxious doubts, wrote to Darwin, begging him to help him in his dilemma. He then received the following letter, written and signed by Darwin himself:

"Down, June 5, 1879.

"*Dear Sir:*—I am very busy, an old man and in bad health, and I cannot gain the time to perfectly answer your questions, supposing that they may be so answered. Science has nothing to do with *Christ*, excepting in so far as the habit of scientific exploration makes a man cautious in recognizing proofs. As far as concerns myself, I do not believe that there has ever taken place any revelation. But regarding a future life, everybody has to decide for himself between contradicting uncertain probabilities.

"Wishing you future welfare, I remain, dear sir,

"Very respectfully yours,

"Charles Darwin."

Notes and Comments.

Hardening Plaster Casts.

Thos. Fletcher in the *English Mechanic* says, "that plaster casts or moulds can be hardened by boiling them for half an hour in a strong solution of potash alum." Another and more convenient way is to paint the plaster cast after it has become thoroughly dry with ordinary shellac varnish, repeating the coats until the plaster will not absorb any more of the varnish.

A New Evacuator.

The simplified evacuator for litholapaxy of Henry J. Bigelow, M. D., described in the *Boston Medical and Surgical Journal*, is indeed an ingenious and useful instrument that is a great improvement upon those formerly used by Sir Henry Thompson and others. The principal defect in these evacuators is that they all allowed the return of a few fragments of stone after they had been washed out, and in this way the surgeon furnished a nucleus for the formation of the very evil he was working so faithfully to root out. A minute description of Dr. Bigelow's improvement cannot be given here, but he overcomes the difficulty by prolonging the catheter into the bulb of the evacuator, which prolongation may have a valve at the end, and whose sides are perforated. The fragments of stone are easily washed by the current through the trap end into the bulb. When the bulb is compressed, the water readily finds an exit through the perforations, but no fragments can pass through. The instrument possesses slill another advantage in being easily taken apart and cleaned when clogged by mucus and other matter.

Sympathetic Ophthalmia Following Extraction of Cataract.

From the *Dublin Journal of Medical Scienee* for December we note that Mr. W. J. Milles, House Surgeon to the Royal London Ophthalmic Hospital, relates eleven cases of "undoubted sympathetic inflammation" following extraction of cataract, and due to that cause. He states that one of his "reasons for giving an account of these cases is that often more may be learned from the disasters than from the successes of surgery." "All the cases were fairly good subjects for operation; the cataracts were not complicated by any other disease of the eyes; the pupils were active, projection good, tension normal." The interval between the extraction and the onset of sympathetic ophthalmitis was, as a rule, two to three months. The shortest period was six weeks, the longest fifteen months. In the sympathizing eyes the tension varied from time to time; one day it would be normal, another day increased. This variation in the degree of tension is, he believes, one of the characteristics of sympathetic inflammation.

Sulphur as a Disinfectant.

M. d'Abadie recently read a paper before the Paris Academy of Medicine on "Marsh Fevers," in the course of which he made a strong plea for the properties of this rather neglected disinfectant. He cited many illustrations in favor of his argument, among others, that in the dangerous regions of African river mouths immunity from such fever is often secured by sulphur fumigations on the naked body. Also that the Sicilian workers in low ground sulphur mines suffer much less than the rest of the surrounding population from intermittent fevers. M. Fouque has shown that Zephyria (on the volcanic island of Milo or Melos, the most westerly of the Cyclades), which had a population of 40,000 when it was the centre of sulphur-mining operations, became nearly depopulated by marsh fever when the sulphur-mining was moved farther east, and the emanations prevented by a mountain from reaching the town. A simple way to use this article is to drop a quantity of flowers of sulphur on a *red*-hot stove.

Orbital Cellulitis.

Orbital cellulitis, as a sequel to facial erysipelas, is ably dealt with by Prof. Williams in the Boston *Medical and Surgical Journal*. It cannot be said that this lesion usually follows an attack of facial erysipelas, but any case is liable to it, and should its cause and treatment be misunderstood by the physician, fatal consequences may result. It begins with a full and tense feeling in the eye—the pain, at first dull, soon becoming more intense; the eye protrudes; vision, primarily not affected, suddenly fails. The ophthalmoscope shows little change in the disc, except that the retinal vessels are much smaller than usual, owing to pressure of inflamed tissues upon vessels of the orbit. The treatment must be prompt and decisive, or irreparable damage may ensue from pressure upon the optic nerve and blood-vessels; besides, the protrusion of the eye-ball beyond the lids is likely to be followed by ulceration of the cornea. Septic matter conveyed by the ophthalmic veins may cause pyæmic abscesses or heart-clot. The treatment

consists in introducing a bistoury or Graefe knife betwen the eye and orbit at that point nearest which the abscess seems to be forming. The back of the blade should enter next the eye-ball and the point pass well back to the fundus of the orbit. Even if pus has not formed, the tension will be relieved by the escape of blood. This treatment, though it does not always save the vision, gives speedy relief to other symptoms, and the patient usually makes a rapid recovery.

Physiology of the Cerebrum.

Since Hitzig, Ferrier and others started their experiments to determine the localization of the functions of the brain, hundreds of industrious investigators have continued their labor in the same direction. The latest of this kind we see in Pflüger's Arch. xxviii., p. 579, where Fr. Goltz publishes the results of his experiments on dogs. He found that these animals, if both temporal lobes are extensively and deeply destroyed in them, not only show diminished intelligence, but that also their character, if we may use this word, or their very nature, becomes profoundly altered. Harmless and good-natured animals become after this lesion very irritable; bad-humored show inclination to fight and bite even their masters. But in case the destruction affects the posterior lobes of the cerebrum only, the animals not only continue their harmless and good-natured character, but seem to become milder still, while their intelligence is, if anything, still more affected. We may conclude from this, that the temporal lobes seem to exert a kind of inhibiting influence on the animal passions, and that the latter are instigated in the posterior lobes, which again, as far as intelligence is concerned, seem to be in intimate connection with the anterior lobes.

Poisoning by Gelsemium Sempervirens.

In the *Medical Times* for December 30, 1882, Dr. L. L. Friedrich, of Washington, D. C., reports an interesting case of poisoning by gelsemium sempervirens, in which a teaspoonful of an old fluid extract was taken by a girl 14 years of age by mistake for bitter wine of iron. The first symptoms manifested themselves forty-five minutes after ingestion of the poison, viz., dizziness, headache, muscular relaxation, and slight convulsive movements. Improvement took place under a hypodermic injection of one-eighth of a grain of morphia. Soon after, however, the untoward symptoms returned with increased severity. Excessive muscular relaxation and incoördination manifested themselves. The pupils were dilated, diplopia, ptosis, paralysis of the facial muscles and excessive salivation were present. The face became congested, the tongue "thick," and deglutition well nigh impossible, together with other symptoms, resembling hydrophobia. Finally, the patient passed into a semi-comatose condition and the symptoms of collapse supervened, until the girl was totally unconscious, with a feeble, thready pulse, gasping respiration, cold, clammy skin, and failure of circulation in the extremities. A judicious treatment by emetics, cardiac and respiratory stimulants and artificial respiration was instituted, with the gratifying result of restoring the patient to health. No sequelæ are noted, except weakness and dizziness. The original improvement which was noted under the use of morphia is interesting as being confirmatory of an observation made by Dr. G. S. Courtright (Cincinnati *Lancet and Observer*, 1876, p. 963), that morphia was antagonistic to gelsemium, detailing a case in which recovery took place after the ingestion of two teaspoonfuls of the tincture, the treatment having been hypodermic injections of morphia.

Contagion of Leprosy.

The question of contagion in leprosy was the subject of controversy before the American Dermatological Association, in August, 1882. One case occurring in Louisiana, was that of a Catholic priest, who was ministering to a family of lepers. He contracted the disease, and died in a short time. In sixteen years, only two cases have been observed in the State of New York. One of these had associated with lepers in Mexico. the other had never been out of the State. A case was reported before the Philadelphia Pathological Society in November, 1882. The larynx and also a cast of the hands was exhibited. The patient was originally from Cuba, and contracted the disease there. Leprosy is not supposed to be communicated in the ordinary way, that is by atmospheric influence or ordinary intercourse, but more like syphilis, requiring the blood or secretions to come in contact with a healthy person. The disease is thought by some to be an outgrowth from syphilis. The period of incubation varies from one to sixteen years. Inoculation is admitted to be the principal method of communication. In 1843, a child was inoculated by being vaccinated with matter from a leper. Subsequently it came to this country and died at the Bellevue Hospital. Leprosy is due to the bacillus lepræ, which have been found by a number of noted gentlemen in the profession, such as Koch, Cornil, Schmidt, and others.

Effect of Potash and Sodium Salts on the Muscular Tissue of the Bowels.

From several notices published in the Medical and Surgical Reporter, our readers will have learned the results of investigations recently made by Nothnagel for the purpose of determining the mode by which potash and sodium salts cause purgation. Prof. Bardeleben has taken up the same subject (Virchow's Archiv., lxxxix., p. 190). He found in the intestines of a murderer, who had been decapitated, that when touching them with potash-salts, a few seconds later a depression was induced at the place of contact; later a transverse strangulation, which gradually spreads itself in ring-form all around the intestine. At the same time motion is noticed to be increased above and below the place, for a distance of about 10 ctm. The same observation had been made by Nothnagel, but what he was not able to determine, Bardeleben succeeded in establishing, viz.: That the same results were achieved also with sodium salts, only in a less degree. B. agrees with N., that the phenomena caused by sodium salts cannot be ascribed to direct muscular, but to nervous irritation, and he believes that in the intestines such contractions are easier shown in the long- and ring-muscles, as they can be seen better and run separate from each other.

Influence of Electric Light on Health.

The influence of the electric light on health was lately discussed at a meeting of the Hygienic Society of Hamburg, and Dr. Kruss gave his views on the subject at some length. He referred to the influence of the electric light on the human eyesight, and expressed his opinion that it produces no evil effects, the light having a violet tinge under most circumstances. The electric light being free from the disadvantages incidental to the combustion of gas, in the consumption of oxygen and the production of carbonic acid, he considered its development as being a hygienic measure of importance.

Intermittent Spinal Paralysis.

Generally speaking, malaria causes far more frequently affections of other parts of the human organism than such of the nervous system, if we except neuralgias. That, however, sometimes the nervous centres suffer severely, and especially the spinal cord, has also been attested to by many cases on record. Very interesting is the following case which Dr. V. O. Gibney publishes in the *Jour. of Neurol. and Psych.*, 1882, 4. Five times a boy, 7 years old, was attacked by diffuse paralysis due to malaria, and especially of the lower extremities. Each time an energetic treatment with quinine and removal out of the affected locality induced a cure. The electric excitability of the emaciated and paralyzed muscles was greatly diminished; typical reaction of degeneration was, however, wanting. In a second case, a boy æt. 6, had twice similar seizures. Dr. Gibney supposes that congestion of the spinal marrow, first active and later passive, hyperæmia accompanied by œdema, form the pathological-anatomical basis for these paralyses. The cord surely is not affected organically, otherwise the cure due to quinine would not be so effective and radical.

Correspondence.

A Question in Pathology.

Eds. Med. and Surg. Reporter:—

About a dozen physicians met on the 9th ulto. to hold a post-mortem examination on the body of the late Mr. B., in order to determine whether he had been suffering from structural disease of the heart, or Bright's disease of the kidneys. The first thing apparent was extensive pericarditis, which had resulted in considerable adhesion of the pericardium to the walls of the heart. The organ was somewhat enlarged from the normal standard, weighing 18 ozs., the normal weight being from 10 to 12 ozs., or in proportion to the weight of the body as 1 to 169. According to this the hypertrophy would be very slight, as Mr. B. was a man weighing some over 200 pounds. There was no evidence of endocarditis, as the cavities of the heart presented nothing abnormal more than a slight calcareous deposit about the mitral valves. The valves were not enlarged at all, there were no red or ulcerated spots, nothing save this slight deposit which consisted of several small incrustations on the walls of the auricle and one on the valves. By passing the finger through the valves one could detect the bony projections.

The kidneys were imbedded in adipose tissue; and were examined and measured after the capsule had been removed, which took with it small particles of the substance of the kidneys as it was peeled off. The size was very nearly the normal standard, but slightly diminished. The surface of both kidneys after the removal of the capsules was rough and studded with numerous small and rounded elevations, with several cysts on both kidneys.

It was therefore apparent to all that in case of the heart there were pericarditis, a calcareous deposit above the valves of the left ventricle, and also an hypertrophy of the left ventricle. It was also apparent that the kidneys were slightly contracted and granular, which is one of the forms of Bright's disease of the kidney. Therefore the question was raised as to which was the primary disease. This question raises another, viz., will either disease produce the other, and do statistics show that one is concomitant to the other? It is

stated in Cornil and Ranvier's Pathological Histology, page 626, where speaking of the contracting granular kidney, that "the surface of the kidney stripped of its capsule presents slightly prominent, sharply raised small granulations, the size of millet seed." On the kidneys under examination these granulations were so plainly marked as to be pathognomonic of that form of Bright's disease of the kidney.

In the January number of Wood's "Library of Medical Authors," Dr. Dickinson says (page 94): "In kidneys which have acquired granular surfaces, there has invariably taken place a certain definite change in the fibrous tissues by which the tubes are separated. Of this the alteration of the surface is at once the result and the proof." On page 95, Dr. D. also states that "Granular degeneration begins in a slow and insidious manner, the departure from health being most gradual and indefinite." The fact cannot therefore be denied that when we get the granular kidney we have the incontrovertible evidence of a long-standing disease. Prof. Da Costa, in his work on "Diagnosis," page 698, says it may exist for years unsuspected, and that there is tendency toward convulsions, coma, hypertrophy of the left ventricle, and cysts of the kidney. In Flint's "Practice of Medicine" the professor says, "One of the most constant accompaniments of the small granular kidney is the hypertrophy of the left ventricle. There may be hypertrophy of the whole heart." He also speaks of the increase of adipose tissue around the kidney, which was decidedly marked in the case of Mr. B.; and Prof. Flint states on page 884 of his last work that "pericarditis is secondary, especially to the granular kidney," and that vomiting and delirium are common symptoms of this disease. In Reynold's "System of Medicine," vol. ii., page 591, it is shown that in one-half of 259 cases of Bright's disease of the kidneys there was hypertrophy of the left ventricle. There is abundant proof by this author to show that every heart complication that was found in the autopsy of Mr. B. is a common result of Bright's disease of the kidney, especially of the granular form; but whether it be granular or fatty, acute or chronic form, the action of the left ventricle is always unduly strong, and the tendency towards hypertrophy is great.

I could quote authority and give statistics to almost any extent to prove that the heart lesions as found at the autopsy are often the direct result of the granular kidney; and when we remember that the granulations found upon the kidneys of Mr. B. are *prima facie* evidence of a long-standing renal disease, and also when we recall to mind the fact of the itching and the vomiting, the delirium and the convulsions, the heart complications and coma, that were present with Mr. B. during the last of his illness, all of which point directly to Bright's disease, we can come to no other conclusion than that the granular kidney of Bright's disease was the primary trouble of this patient, and that the heart leisons were concomitant.

OBSERVER.

[The gentleman who forwards the above description desires our opinion as to the justness of his conclusion. Of course, we can speak from the record only. As it stands, we should think his position is the correct one.—EDS. REPORTER.]

Hives.

EDS. MED. AND SURG. REPORTER:—

The "information concerning 'Hives'" asked for by your correspondent, Dr. J. E. F., will vary greatly in its character and value, as it may be the result of observation confined to the surface of the body; or, contemplates its deeper springs in the vitiation of the physiological processes of the animal economy. He who is most successful in detecting the occult origin of nerve irritation, will be likely to throw the most light on the source of obscure affections, and to relegate to their proper place those phenomena which, being only symptoms, are ranked as diseases. My experience being in the lighter and less recondite cases, may be useful only as a suggestion as to the cause of the manifestations, which, once ascertained beyond question, puts one upon the high-road to their cure by sapping the fountain.

Early in my practice, I was sent for in the greatest haste to see Mrs. H., who was said to be "choking with *the bold hives*." A quick response to the call showed how urgent was the necessity for relief; the patient gasping in great excitement from constriction about the throat. Ascertaining that she had recently partaken of fish, an emetic was given, with prompt subsidence of the alarming symptoms.

In REPORTER, Vol. XLIII., p. 353, article "On Quinine in Fevers and Disorders accompanying Them," I related the following case, which is here reproduced for the sake of any who may not have seen it. "Mrs. H. W. S. has had a chill, followed by fever and severe pain in the region of the liver; the skin being elevated in wheals by urticaria. Laxative doses of calomel, with citrate of potash, were employed during the first two days of treatment, after which full doses of quinine were given, the symptoms all disappearing with the fever. Subsequent attacks of like character, in the late summer and autumn, were treated in the same way with good results." This lady, who had always been treated by her former attendant for "hives," would not at first believe that these manifestations, so named, were only the symptoms of another disease.

As in the case under observation, "dyspepsia or profound impression of the nervous system usually precedes the attack," it would appear that connected therewith lay the grounds of a reasonable etiology, and a rational and successful treatment. If we can remove the dyspepsia, which is also probably only a symptom, we shall at the same time get rid of the nervous trouble of which the "hives" are a part. The following case may be suggestive in this connection: A gentleman, whose stomach was so irritable as to be constantly rejecting food, and was the focus of all those varied discomforts denominated dyspepsia, was treated by remedies having direct application to this organ. When all means thus directed had failed, I was enabled, on taking charge of this case, to find the *fons et origo* of all the trouble in the liver; and to make a rapid cure by pil. hydrarg., seidlitz, and vegetable bitters.

A valuable hint may therefore be found as to the etiology and cure of "hives," as of many of the diseases of the human race, in the sage remark of Sylvius, in his "New Idea of the Prac-

tice of Physick" (London, 1675): "Man's health is manifested by the perfection of all his functions, and his sickness by the hurt and deficiency thereof." E. T. Blackwell, M. D.

Paterson, N. J.

The Influence of Alcohol on Bright's Disease.

Eds. Med. and Surg. Reporter:—

In your issue of November 25, 1882, page 604, Dr. Meigs concludes his very valuable paper on "Albuminuria" with a sentence concerning the influence of alcohol on kidney disease. While one case proves nothing, I would like to present the following singular case, to say the least, to your readers:

A. W., age 33, is to-day a man weighing about 180 pounds, is strong, robust, and apparently as well as any man can be. Well, about eight years ago, feeling a little out of sorts, he consulted his physician and found he had kidney disease, there being both albumen and casts in the urine. A careful life was enjoined, which was followed for maybe six months, when he relapsed into his old habits, viz., the quite free use of whiskey and tobacco. He had been addicted to both of these habits since very early manhood. About three years ago he contracted a most terrible case of syphilis, suffering with enormous lupoid sores all over the body and the most profound constitutional symptoms for more than a year. During this time he drank and and smoked harder than ever; in fact, so depressed was he by his misfortune that he did little else but loll about and keep all the time to a certain extent under alcoholic influence. Finally the sores healed and he commenced to improve; having been reduced to 120, he now, as I have said, weighs 180 pounds. While he drinks less than formerly, yet he now daily consumes at least ten to twelve ounces of whiskey. I should add that he has a sanguine temperament and the most remarkably *easy-going* disposition I have ever encountered, which may, perhaps, account for the mystery. X.

Ohio.

News and Miscellany.

Free Quinine.

The House, in Committee of the Whole, last week, struck from the Tariff Bill the item placing a duty of 10 per cent. on sulphate and salts of quinia, and cinchonidia.

The vote stood 108—57, and the result was received with applause on the Democratic side.

Why not go a step further, and put on the free list the articles essential to the manufacture of quinine, so as still further to cheapen this valuable remedy?

This is the point that we have repeatedly urged on those interested in this subject.

Nurses' Directories.

The nurse is the assistant of the physician, and a good nurse is often an indispensable assistant, if the patient is to have a chance of weathering the disease. Hence it is an admirable plan now in vogue in Philadelphia and Boston to organize a bureau or directory, where nurses can register their names, addresses and engagements, and where physicians and the public can promptly secure their services.

That in Philadelphia is at the northeast corner of 13th and Locust streets, and is in charge of Miss Emily Thomas, Secretary of the Association, who has the matter in care. She can be communicated with by telegraph, and nurses can be promptly despatched to the country. Particulars as to fees and prices can be obtained by addressing her.

Habitual Drunkards' Act.

A bill has been favorably reported to the Senate of this State allowing habitual drunkards, by order of the Court, to be confined in inebriate asylums by their relatives for care and treatment.

Epidemics.

The Board of Aldermen of Providence, R. I., have ordered that all vessels from Baltimore shall be quarantined.

The reports of small-pox around Salem, Va., are said to be exaggerated.

The Wytheville (Va.) *Dispatch* says that the extent to which the scarlet fever is spreading throughout the Valley of Virginia is appalling. About a month ago it broke out near Staunton, and has since reached that city, and spread to such an extent that many of the schools have been forced to close.

Money for the Feeble-Minded.

Henry M. Diabert, of Philadelphia; Evan Rogers, West Chester; and Dr. Isaac N. Kerlin, Superintendent of the Pennsylvania Training School for Feeble-minded Children, at Media, were before the House Committee on Appropriations at Harrisburg recently, asking an appropriation of $40,000 for the maintenance of that institution, and $30,000 to finish and furnish the building.

A Compliment to American Medical Journalism.

The *Medical Times and Gazette* says: "The surprising familiarity shown by American physicians with the latest researches in this country and on the Continent is, we fear, scarcely enough reciprocated by us." This familiarity is owing chiefly to the enterprise of our medical journals.

Calhoun County (Mich.) Medical Society.

At the recent meeting of this society the following officers were elected for the ensuing year: President, Dr. M. W. Tomlinson, of Battle Creek; for 1st Vice-President, Dr. Joy, of Marshall; for 2d Vice-President, Dr. Alvord, of Battle Creek; for Secretary and Treasurer, Dr. W. B. Sprague, of Battle Creek.

Female Brain Work.

From the *Medical Times and Gazette* we note the following: "Referring to much that had been said and written lately about the overworking of girls and young women in schools and colleges,

and that his friend Dr. Clauston had come forward as the champion of health and ignorance for women, Dr. Tuke thinks that Dr. Clauston had overstated the position of matters, that he had based his opinions more on the observation of isolated cases than on the general condition of highly educated women; that he had mistaken the wail of the one for the murmur of the many. No doubt a certain number of young women suffered and broke down whilst studying, but this did not necessarily imply that study was the cause of the breakdown. Idleness and ignorance were much more prolific causes of disease amongst women than overwork. They were the main producers of hysteria and all sorts of vapourish complaints, of many ills and evils, and of inanity, if not of insanity. As a matter of fact, it was not an easy thing to overtask the energies of the brain by work. It was not work, but worry, that killed the brain. The latter, he feared, must be ever with us all. The most highly educated and hard-working women whom he had the honor of knowing were eminently healthy. Perhaps this might be the 'survival of the fittest'; but, even granting that it was so, the more women worked the more fit women they would have. The breakdown from overstrain did occasionally take place, and the first really important symptom was sleeplessness; when that set in, there was cause for alarm. As soon as a child or young person developed continuous headache, work should be discontinued."

These are sound doctrines and deserve extensive notoriety.

Baby Farming in France.

The French act, passed in 1874, for the protection of children of tender age placed under care of "baby farmers" (a numerous class in France), and other persons, who, for a consideration, undertake the charge of one young child (likewise a large class), has worked sluggishly. The funds allotted for the purpose have been insufficient, and the work has been indifferently seconded by the local boards. But ministers have by degrees improved the service, by additional remuneration to different functionaries already existing, and good results are expected.

Expensive Quinine.

During our war and for a long time afterwards, perhaps still to-day, there has been a widespread rumor that persons who had been entrusted with delivery of articles necessary for the army by contract, had become remarkably rich by charging exorbitant prices. We read in an editorial of the "Wratsch" (Russian medical paper, *The Physician*), that a suit has been instituted in Petersburg against Counsellor Koslow, former chief of the "Sanitary Bureau" during the Turko-Russian War. The main object is to find out, if there was anything "crooked" in the delivery of quinine for the army, which was totally in charge of Koslow. Before the war a pound of quinine was sold for 42 rubles (1 ruble about 80 cents); it became dearer during the war, but Mr. Koslow charged the government from 100 to 208 rubles—nearly 160 dollars per pound of quinine. They seem to understand money-making, not in America only, but even in Russia.

New York State Medical Society.

We have received early reports of this meeting, and in our next issue will furnish a full report. The resolution to repeal all action taken at the meeting in 1882 in regard to changing the Code of Ethics, offered by Dr. Squibb, of Brooklyn, was debated long and fiercely, and finally defeated by a vote of 105 to 99. This leaves the new code in force, and still further alienates this Society from the profession at large.

The Physician's Chance for Saving.

Dr. Cotting, in the Boston *Medical and Surgical Journal*, says that it may reasonably be doubted whether even in the city, where the fees are nominally the largest, the average income of the profession allows a greater margin for savings than that of the laborer who sweeps the streets or carries the garbage.

Personals.

—A portrait of Oliver Wendell Holmes by Alexander, of New York, to be presented by his former pupils to the Harvard Medical School, has been on exhibition in Boston.

—Dr. E. Fletcher Ingals has been made Professor of Laryngology in Rush Medical College, Chicago.

—Dr. Joseph T. Smith has resigned the Chair of Anatomy in the Baltimore Medical College. Dr. Thomas Dougherty has been appointed Lecturer on Physiology in the same institution, *vice* Dr. B. F. Leonard, resigned.

—Mrs. Elizabeth A. Beard, wife of the late Dr. George M. Beard, died of pneumonia at the Grand Hotel, New York, January 31st. Only a few days before, her husband died of the same disease.

—Mr. Lawson Tait has been elected an honorary member of the American Gynæcological Society.

Items.

—In Portland, Maine, where they have a stringent liquor law, the percentage of arrests for drunkenness to the population was, in 1880, 3.56; in New York it was 2.44.

—The continued increase of mortality in St. Petersburg—arising from zymotic diseases—is creating considerable alarm. The municipality has expended 50,000 roubles in sanitary measures, but nothing practically effective against the ever-growing death-rate has been devised.

—A resurrectionist in Washington was recently sentenced to an imprisonment of eleven months and twenty-nine days.

—The Spanish Government has received a telegram dated December 28th, from their Consul at Suez, announcing that cholera has appeared amongst the pilgrims from Mecca and Medina, and that the deaths from the disease at the latter place number ten daily.

—The Académie des Sciences at its last meeting appointed a committee, with M. Milne-Edwards as its president, to co-operate with the English committee for raising a memorial to Charles Darwin.

—Dr. Charles F. Moore reports a case presenting neuralgic symptoms in a man having remarkable patches of white hair, some of which were congenital.

—The New York *Tribune* publishes some statistics of suicides in that city during the last twelve years. In that period 1,687 persons took their own lives; 1,326 were men, and 361 women.

—The proof of numerous inhumations before life was entirely extinct has incited the Paris Academy of Sciences to award a prize of 2,500 francs to the author of the best work on the positive symptoms of death and on the most efficacious means of preventing premature burial.

—A boy of eight years died in England, poisoned by the action of a substance used in dyeing his stockings. Sir John Humphreys testified that several striking proofs had come under his notice of the danger of wearing many of the dyed stockings offered for sale.

—The *Shenpao*, a Chinese newspaper, gives an account of a man thirty-four years old, with thirty-two children—sixteen pairs of twins. The father is a poor farmer, and the children are supported by their neighbors. The *Shenpao* is silent as to the mother.

—The last alleged discovery is that there are horned men in Africa. A Captain J. S. Hay recently read a paper before the British Association in which he stated that he had seen them, and exhibited sketches of them. He thought they belonged to the class of malformations of which there was a noted example in the case of the "porcupine man," who had horny plates on various parts of his body.

—Dr. E. M. Snow, in his annual report as Registrar of Providence, R. I.,—a city of over 100,000 inhabitants—makes the striking statement that there was no case of small-pox in Providence during the year 1882, and the last death in the city from this disease was in July, 1875; indeed, there has been only one death from small-pox in Providence since May, 1873, nearly ten years.

OBITUARY NOTICES.

DR. J. PH. TRAU.

Dr. J. Ph. Trau, a well-known German physician, died at the residence of his son, Dr. Adam Trau, in this city, on Thursday morning, Feb. 1st, aged 73 years. His death was quite sudden; having just returned from his usual afternoon walk, he was prostrated at his doorstep with a stroke of paralysis, and died eight hours later. Dr. Trau was born in Germany, and graduated as a Doctor of Medicine in a Munich College. He took an active part in the German revolution of 1848, and to avoid possible arrest for his participation in that historical event, he left that country in 1850 and settled in this city, where he has since lived. He had a very large medical practice among the German population, but in 1871 he relinquished it to his son, Dr. Adam Trau. He was a member of several German societies, and an active Mason. He was also an organizer of several building associations directly after his arrival in this country. He leaves two sons.

LIEUTENANT-COLONEL CHARLES C. KEENEY, U. S. A.

Dr. Charles C. Keeney, who died January 30, was a native of New York, but was appointed from Michigan as Assistant Surgeon of the United States Army, July, 1842. He served with the Army of Invasion in Mexico in 1848, afterwards being stationed at different points in the South and West until the breaking out of the Rebellion, when he joined the Army of the Potomac as Inspector of Hospitals. In October, 1865, having been breveted Lieutenant-Colonel for services during the war, Keeney was made Post Surgeon at San Francisco, and permanently stationed at that point. In June, 1876, he reached the rank of Lieutenant-Colonel.

DR. GEORGE M. BEARD.

Dr. George M. Beard, of New York city, who had made a considerable reputation by his numerous writings on diseases of the nervous system, and who was prominently identified with the Guiteau trial, died in New York on January 23.

QUERIES AND REPLIES.

EDS. MED. AND SURG. REPORTER: In reply to the interrogatory of "J. E. F., M. D.," I will say that the remedy for "hives" is hot whiskey punch, given at short intervals, until the patient begins to feel the intoxicating effects of the alcohol. Frequently, one strong drink of toddy is quite sufficient to arrest an attack and allay the terrible itching and burning sensations of hives; and in chronic cases, an ounce or two of whiskey or gin, given immediately after each meal, soon remedies the morbid irritability of the nervous system said to be the cause of hives. The next best remedy in chronic cases is, sulph. quinine grs. ij, pulv. capsicum grs. iij, sulph. ferri gr. j, pulv. aloes gr. ss, made into three pills and taken three times a day after each meal. If the tongue is coated, an occasional mercurial purge is always beneficial. As a local application, hyposulphite of soda one drachm, carbolic acid, grains twenty, one drachm of glycerine and seven drachms of water, make the best wash for the itching and burning. J. B. JOHNSON, M. D.

Washington City, D. C.

MARRIAGES.

HARRY—LONGAKER.—At the residence of the bride, in Norristown, by the Rev. A. J. Weddell, on the 31st of January, Dr. C. Howard Harry and Miss Lizzie Longaker, both of Norristown, Pa.

HIETT—DEARMAN.—At the 6th Presbyterian church, on Thursday evening, December 28, 1882, by the Rev. H. T. McClelland and Rev. E. P. Cowan, D. D., Dr. G. W. Hiett and Mrs. M. DeArman, all of Pittsburgh.

RAYNES—DAVIS.—At Lebanon, N. H., January 17, by the Rev. M. V. B. Knox, D. D., assisted by Rev. J. M. Dutton, John B. Raynes, M. D., of Bradford, N. H., formerly of Lebanon and Emma A. Davis, of Lebanon.

VAN FLEET—OAKLEY.—On Wednesday, January 31, 1883, at the residence of the bride's parents, Frank Van Fleet, M. D., of New York city, and Carrie B. Oakley, of Orange, N. J.

RHOADS—DAWKINS.—At the residence of the bride's father, in Dallas, Texas, January 17, 1883, by the Rev. Mr. Moore, H. H. Rhoads, M. D., of Aubrey, Texas, and Miss M. P. Dawkins.

DEATH.

SEEGAR.—At his home, in Fairmount, Ohio, January 22, 1883, Dr. Jabez Seegar, aged 77 years.

THE

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

CLINICAL STUDIES OF INEBRIETY.

TREATMENT BY LEGAL MEANS.

BY T. D. CROTHERS, M. D.,

Supt. of Walnut Lodge, Hartford, Conn.

The State of Massachusetts, in 1879, punished by fines and imprisonment seventeen thousand five hundred and seventy inebriates. Of this number, three thousand four hundred and fifty were convicted of various crimes against persons and property. The punishment inflicted varied from five days' to sixteen years' imprisonment; and the fines imposed ranged from one cent to one hundred dollars. Of the three thousand four hundred and fifty who were convicted of crimes, two thousand and ninety-seven were intoxicated at the time of the commission of the crime, or literally suffering from the toxic action of alcohol, in which the brain is influenced by all forms of delusion, hallucination, and delirium, being therefore in an unsound state of mind. The control of the organism by the brain centres is lost, and diseased impulse takes the place of reason; hence, the want of responsibility for consequences of bad acts. If the three thousand four hundred and fifty sentenced for crime were literal criminals, and inebriety only a complication, the remainder punished were fourteen thousand one hundred and twenty inebriates suffering from no other affection.

These were inebriates, and the State, to care for and prevent any farther extension of the disorder, sends them to jail, or levies from them a certain sum of money under the name of fines. This is based on the theory that inebriety is a vicious element under the control of the patient at all times: a disposition to sin which he makes no effort to check, but from which punishment in jails and loss by fines will enable him to hold this vice in abeyance. Wounding his pride and arousing a sense of fear and alarm, are supposed to act in breaking up all desire for drink. It is assumed by the State that the influences of society and friends are powerless, and that love and persuasion must give way to the strong arm of the law, which will, by force, bring about what is impossible by other means. Thus Massachusetts in one year fined and imprisoned over fourteen thousand inebriates, in the hope of curing and lessening inebriety.

In New York State, in one year, over fifty thousand convictions for inebriety are recorded, and so on in like proportion in all cities and states in the Union. This is evident in the results. Inebriety, pauperism, insanity, and the criminal classes, are steadily increasing. The number of commitments for inebriety is also increasing. The demand for jails, almshouses, and insane hospitals is greater now than ever before. Such institutions are crowded. This fact is startling, coming from the statistics of every jail and prison, that from ninety-eight to one hundred per cent. of all commitments for inebriety the first time, return under similar commitments and become repeated until sent either to insane hospitals, or to die in almshouses.

The New York State Board of Charities, from an examination of the inmates of the almshouses of

the State, found that from the vicious management of these institutions, there were influences which made more paupers than all the other conditions combined. Also, that the State's efforts to control or check pauperism were actually developing this class, and making them more and more incurable.

The same thing is true in the treatment of inebriety by legal means. The State of Massachusetts, with all her intelligence, is every year actually building up insanity, pauperism, criminality, and conditions of incurability, from the commitment and punishment of this vast army of inebriates. If these fourteen thousand inebriates were committed for the first time in Massachusetts, the lowest statistics indicate that ninety-six per cent. would be returned for the same offense over and over again, developing into an army of incurables that are a burden to society and State. Confinement in jails or prisons removes the inebriate from alcohol, but places him in surroundings of physical and mental degeneration from which recovery rarely follows. This is upon the same principle as removal of typhoid cases to small-pox hospitals, or treating insanity by sending patients to the hall of the stock board in Wall street, New York. Every case of inebriety is suffering from a low form of nerve debility and general impairment of all the organic functions. The brain is starved from defective nutrition, alcohol has broken up the healthy action of the nerve centres, and conditions of profound degeneration of both mind and body are present. The treatment by the State may be summarized as follows:

1. In jails and prisons, the nutrition is defective, and though the food is abundant, it is poor in quality and variety, and not being adapted to diseased persons, cannot build up healthy brain or nerve tissue. Prison diet always leaves a low state of nutrition, and opens the door for many diseases.

2. The ventilation is always wanting, and the absence of open air, proper exercise, sunlight, etc., all lower the tone and vigor of the organism.

3. The depressing influence of confinement in narrow, dark rooms, and surroundings that repel every instinct of faith and hope, destroys the central factor upon which recovery depends. The physical influence from the wounded pride merging into despair, and the enforced association with the lowest grades of humanity, leaves an impression more or less permanent.

In jails where inebriates are confined for short terms, the inmates are allowed free intercourse. The results from this contact, are familiarity with the most degrading influences and the sympathy of a class that are outlaws to all that is good and true. In the penal methods of treating inebriates, not a single redeeming feature appears, except the withdrawal of alcoholic spirits. Every other appliance to build up and strengthen the patient to be well and temperate, is wanting. All medical means, all physical influences, and all help from surroundings and conditions, being wanting, they are replaced by the worst possible combinations of exciting and predisposing causes, forming a low chronic state that is incurable.

Of all methods (leaving out the disputed questions) the punishment of inebriates in jails is the most inhuman and unscientific, the effects of which are neither penal, educational, medical, hygienic, moral, nor economic. Hence, every inebriate who serves a term of imprisonment is removed farther from the possibility of recovery.

From the economic standpoint, the penal treatment of inebriates is a most extravagant and vicious system of legislation.

The true remedy is this: Build special work-houses, hospitals, remote from large cities and towns; the revenue to be obtained from the license fund. Then, when a man is declared to be an habitual inebriate, send him to these places, as the insane are sent to asylums. Make restraint from alcohol absolute; and furnish him work that will be a source of revenue to the institution and himself. Have in such places all the means to meet the varied complex symptoms of his case.

All appliances of science, church and state, should be used, which shall build up a healthy body and mind, and keep the inebriate from being a burden to his friends or the State.

This can be done with more ease and certainty than the Albany Penitentiary, which makes thirty or forty thousand dollars yearly above expenses from about one thousand inmates of the worst classes, who are on short sentences, and work only at boot and chair-making.

Other penal institutions, in their financial success, prove the fact that work-houses for inebriates, whose terms are long and who are not treated as outlaws, but as members of a community, can not only be successful, but will restore a large number of its inmates to health and society. Of all classes that society is called on to control by law, the inebriate, as a rule, is more capable of being self-supporting, and formed into work-house communities for care and treatment. Many of the inebriates who now suffer in jails are incurables, but in work-house hospitals they could be quaran-

tined from society, and under the direction of proper managers, be made self-supporting, if nothing more—an inestimable gain to their friends, society and the State.

Others of this class are curable from the application of exact means to meet such cases, and may be returned to society and the world useful and honorable citizens. It is a question not of financial management or proper laws alone, but the adaptation of means which shall build up the debilitated mind and body of the patient—a system of treatment in which all the surroundings and influences controlling the inebriate may be under the direction of a scientific hand.

Laws are essential to enforce the dictates of science, and good management to increase the efficiency of the work. This treatment will not only diminish inebriety by lessening the number of incurables and preventing contagion from this class, but it will do more than all other combined efforts to educate society to avoid the causes of inebriety, and the means of reaching this evil at its fountain head. This will be apparent from a general outline of the workings of such an institution.

The building should be located in the country, built from funds derived from a tax on the sale of liquor, and to accommodate from one to two hundred patients. A large farm should be attached, upon which all the various operations of farming and stock-raising may be conducted by the inmates; also workshops, where various mechanical labors may be carried on. The inmates to be placed under a semi-military discipline, in which all the surroundings and habits of life are regulated with great exactness.

Every patient should be treated medically, and by the Turkish baths, electricity, and all other appliances known to science, to build up the debilitated nervous system. Excellent food, pleasant rooms, and the salutary influences of libraries, papers, lectures, concerts, and religious services, should be had. Regular employment, not exhaustive, on farm or in workshop, particularly that kind which is remunerative and congenial to the patient, would be important curative factors.

Here, removed from all temptations, with the quiet and regularity of these surroundings, and where the above-mentioned agencies are used, permanent cures should be the rule.

These institutions, by requiring their inmates to pay reasonable charges for board, should be self-supporting, particularly when the patients receive compensation depending upon their skill and energy.

Thus, after a few months' treatment, the patient recovers much of his physical and muscular vigor, and is able to do as much as he did in health. In this way the employment serves the double purpose of strengthening and hastening a restoration of the nervous system, and giving physical vitality to all the organs, in the independence of being self-supporting. This practical character of such institutions is supported by evidence from all jails, hospitals, and reformatories in the country, and from the observation and experience of physicians who have treated inebriates.

The practicability of utilizing labor and energy of this class, in making them self-sustaining, admits of no reasonable doubt. The result is only a question of the facilities and surroundings. As a matter of fact, the State of Massachusetts, in the conviction and punishment of fourteen thousand inebriates, expended three hundred thousand dollars, and increased the burden of the tax payers, with no result except to perpetuate the very evils those means were intended to correct. Had these inebriates been confined in work-house hospitals, this large amount would have been saved, besides a great loss to their friends and the communities in which they resided, by changing a multitude of non-producers and persons dangerous to society, to a condition of self-supporters and orderly citizens. The criminal class should be made to sustain itself. A large portion of insane persons, and the still larger number of inebriates, paupers and vagrants, who fix themselves upon society like parasites, should be made self-supporting; and the reality of this will be confirmed from a wider and fuller comprehension of this subject. A mere restraint from alcohol without other means cannot cure inebriety; because the disorder is generally a result of many causes, of which alcohol is only one, and in a large number of cases is only a symptom. But any system of treatment that does not include restraint from alcohol will be imperfect, and produce unsatisfactory results. The State treatment which affords only one curative factor, namely, restraint from spirits, must always fail. To this must be added all the appliances and means of a home, asylum, or institution with exact care and treatment. The combination of such means carried out scientifically with a proper degree of discriminating as to class, sex, age, and condition of the patient, success would be the rule, failure the exception.

The inebriate should be regarded an object of public care, where he does not provide for his own interest and neglects all ordinary duties. Most inebriates who are arrested at this day, belong to

a low chronic class, and have squandered their property, distressed their families and friends, and violated good order and decency by becoming publicly intoxicated. These were arrested because of their continuous excessive use of alcohol, with stupor and delirium, which renders them public nuisances. Most of these unfortunates are unconscious of the nature and character of their acts. The desire for spirits has waxed into a diseased impulse, which has perverted all healthy functions of body and mind. All appeals to their reason, pride, and reputation are useless; however sincere and earnest they may be to respond, the functional activities being too weak to enable them to do so. The mind and sufficient will power to desist can be reached only through the organism, by restoring gradually a normal activity of the brain and the nervous system; and all methods and means which produce this result, are in a line to permanent recovery. Inebriety, like insanity, is a peculiar disorder of the great nerve centres, with diverse complex symptoms, which can only be reached by special adaptations to the organism and its functions.

A common illustration to be seen in almost any community will still more strongly confirm the folly of penal treatment. John Doe, born of healthy parents, and brought up on a farm, became a robust, vigorous boy. At sixteen he was attacked severely by typhoid fever. From this he never fully recovered, and afterwards suffered general debility and much weakness from a feeling of over-exertion. He became a grocery clerk, and at twenty drank to intoxication, at long intervals. At this time acquiring a large property by inheritance, he ceased all attention to business, traveled about, drank freely, and lived mostly a retired life, avoiding fast associates, and generally excluding himself from fast society. In a few years he was a bankrupt, and later being convicted of drunkenness, he was sentenced to jail, for ninety days. Having served out his term of punishment, having lost all pride and ambition to do any good thing, he associated with low characters, and sought to gratify the basest impulses of his nature. Within the next six years, he was convicted eight times and sent to jail. When attacked with a violent form of acute rheumatism, he was taken to almshouse and died.

Robert H. was born of neurotic parents, was sensitive and nervous during childhood, and attaining manhood studied for the ministry. After a disappointment in love, he began to drink; gave up his studies, and became a book-agent. At the age of twenty-four, he was sent to jail for drunkenness and breaking the peace. When released from jail, he began a career of petty thieving and drunkenness, with acquaintances formed when in prison. In the next ten years, he was convicted fourteen times for petty larceny and intoxication, was committed to prison, and served out each term. He died from injuries received while in a condition of intoxication.

Carlos B. was of unknown parentage, a healthy and temperate machinist, and highly esteemed by his acquaintances. After a long course of beer-drinking, he became intoxicated, and destroyed some property; was convicted and imprisoned. After being discharged, he became a bar-keeper and gambler, and associated much with a criminal class. He was sent to jail frequently for drunkenness and violation of the law, and finally was sentenced to imprisonment for life, as an accessory to a murder.

Oscar V., a Swede, with no ancestral history, was temperate, and a musician of skill. After an attack of small-pox, he began to drink. He signed a pledge, attempted many times to reform, but as often relapsed. In one of these relapses he committed crime; he was sent to jail for thirty days. When released at the end of his term, he associated with the lowest class of persons, and drank steadily without any effort at reforming. About every three months afterward he was often imprisoned for drunkenness, during a period of several years, when all traces of him were lost.

These are familiar cases in police practice and to jailors, and are convincing protests against the folly of checking inebriety by such means. The physician should be an educator, and teach the public how to adapt curative means to reach drunkenness; then legislation would be practical, and this disease would be curable as any other. No progress can be expected in legal methods until they are founded on an exact knowledge of the disorder and its remedies.

A NEW REMEDY FOR THE VOMITING OF PREGNANCY.

BY T. C. WALLACE, M. D.,

Cambridge, N. Y.

I know of nothing in the whole range of practice so discouraging to the physician, so unsatisfactory to the wretched patient, and so calculated to cause distrust in the resources of our profession, as a case of the severe and protracted vomiting which so often attends the parturient state. Prof. Horwitz, in speaking of the treatment of this disorder, aptly remarks: "The legion of drugs for this disorder is the best proof of their

utter worthlessness." For the past four years I have used for this complaint a simple remedy, which has uniformly given me great satisfaction, having *always* found it a *beneficial* and *generally* a *sufficient* remedy. It is the quickly-roasted grain of a species of Indian corn, too well known as pop-corn to need any description. It should be popped in a wire popper, not (as is sometimes done) in a spider with grease; should be white and light, sprinkled with a little salt, and eaten freely. I might state many cases in which this simple remedy has "acted like a charm" in this disorder, but will content myself with the relation of the following one:

On the 8th of January, I was called to visit a lady advanced a little over three months in her first pregnancy, who had suffered from almost constant nausea and uncontrollable vomiting from the time of her conception. I found her in bed, to which she had been confined for more than four weeks, pale, languid, depressed in spirits, pulse 120, feeble, and so prostrated as to be unable to raise her head from the pillow. For the past sixteen days her stomach had absolutely refused to retain anything; everything—food, medicine, even a swallow of water, being instantly rejected. During the past six days, absolutely nothing had been taken into her stomach; all nourishment and medicines having been administered per rectum. Even then she had constant nausea, almost continuous violent retching, and frequent vomiting of bilious matter. For a long time she had been under the care of a respectable practitioner, who had faithfully tried nearly all the usual remedies (?) for this complaint. Fowler's solution, oxalate of cerium, bismuth, ingluvin, "*et id omne genus*," had been given internally. Copeman's method of dilatation, nitrate of silver in substance and in saturated solution, had been applied to the os and cervix. Sinapisms, hypodermics of morphia, ether spray to the epigastrium and spine, injections of bromide potass. in beef tea, and I cannot remember what else, had all been faithfully and unavailingly used. Some pop-corn was immediately prepared, a little salt sprinkled thereon, and of which she ate a large saucerful. At my call next day, found she had passed a quiet night, without nausea or vomiting, and had eaten very freely of the pop-corn. She has had no further trouble. January 25, as I was passing her house, I saw her at the door. She informed me that since my first visit she has vomited but once, and then but slightly. Sometimes has slight nausea, which is always relieved by eating some pop-corn.

The remedy is so simple, so easily procurable, so utterly harmless, and with me has always proved so efficacious, that I publish this in the REPORTER, confident that my professional brethren will find it singularly efficacious in the relief of this most distressing disorder.

CALIFORNIA AS A HEALTH RESORT.

BY J. S. ADAMS, M. D.,
Of Oakland, California.

California, as a health resort, has attracted for the last twenty-five years more or less attention from the general public, and especially that portion who have visited the State in search of health; and that she justly deserves the reputation of being second to none, is an established fact, and fully capable of demonstration by any one who is acquainted with her great resources of climate.

Having come to this coast twenty years ago an invalid, and being fully restored to health, I wish to hint to the members of the profession in the East, who have not had an opportunity to know personally, some of the most desirable locations where invalids may come with the greatest hope of benefit.

After visiting many of the health resorts of Europe and America, I feel warranted in saying that for healthfulness of climate, California cannot be excelled. Not only is climate, but comfort and attractiveness, essential to the invalid; and while the first is of utmost importance, the others are valuable aids to recovery.

The health resorts of Europe have their disadvantages, such as periodical cold and sweeping winds, local malaria, foreign language, customs, and accommodations, which, as a rule, are inferior to those of America.

Florida, with its attractions, has a humid atmosphere, and more or less malaria.

Colorado, with some advantages, has extremes of temperature and severe winters.

California, on the other hand, occupying, as it does, an area of country lying between 32° and 42° north latitude, and extending from the Sierra Nevada mountains to the Pacific Ocean, presents the greatest variety of scenery and climate.

Within these limits you may find the semi-tropics of the South, or the eternal snows of the northern Sierras. Here is the greatest variety of altitude and temperature. Along the ocean, the land gently rises from the level of the sea to the summits of the coast ranges, an altitude of from two to four thousand feet.

From San Francisco to San Diego there are de-

lightful resorts to which thousands of invalids come in search of health. During the summer, the trade winds from the southwest, mingle with the Arctic currents, while in winter, the warm currents of air, direct from the tropics, give an evenness of temperature, and a bracing character to the climate, especially along the coast, which is unexcelled, if equaled, on the globe.

The mountain climate for those who have disease of the lungs is delightful in summer, and the altitude generally most beneficial is from one to four thousand feet; of course depending upon the condition of the patient and accommodations offered.

Along the Sierras there are numerous places of resort, but those easiest of access by the invalid are along the line of the Central Pacific railroad, from Auburn, with an elevation of fifteen hundred feet, to Lake Tahoe, which is six thousand feet above the ocean level. At most towns along this route comfortable accommodations can be obtained.

Along the coast range of mountains, from Santa Barbara on the south to San Francisco on the north, the climate is delightful, and generally more even than that of the Sierras, on account of the more or less direct influence of the ocean breezes.

Here I wish to emphasize the remark that, *persons with organic disease of the lungs in an advanced stage should always remain at home, where they can have the loving attention of family and friends.*

I have had many call upon me for advice who were sent to the coast with consumption and beyond recovery, asking the best course to pursue. My invariable reply to those cases is, "If you wish to die among your friends, you will do well to return at once."

The mineral springs of California are *legion*, and many of them upon analysis compare favorably with any of those in the East or Europe; but of these I propose to speak at some length on another occasion.

One object at the present time is to call attention especially to the advantages of some locations on this coast as a winter resort for Eastern invalids. There is a multitude of people in the East who are suffering from bronchial difficulties, incipient consumptions either hereditary or acquired, and nervous exhaustion from over-work and various other causes, who dread a long, cold, and changeable winter. To those I would say, we have a climate and resorts superior to most and second to none in the world.

The coast from San Francisco to San Diego, in winter is fanned by breezes coming from the tropics, beautifully tempered and richly laden with the elements necessary for increased vigor and returning health.

It is generally conceded that an even and proper temperature, good diet, pleasant surroundings, and the comforts of a *home*, are the sine qua non for both the invalid and pleasure-seeker.

Below will be found a carefully prepared table of the mean temperature *for a series of years* of various places of resort, which is worthy of examination and careful study:

PLACE.	JAN.	JULY.	DIFF.	LATITUDE.	
	degs.	degs.	degs.	degs.	min.
Monterey. . . .	52	58	6	36	36
Santa Cruz. . .	52	61	9	37	00
San Francisco .	49	57	8	37	48
Los Angeles . .	55	67	12	34	04
Santa Barbara.	56	66	10	34	24
San Diego . . .	57	65	8	32	41
Santa Monica .	58	65	7	34	00
Sacramento . .	45	73	28	38	34
Stockton	49	72	23	37	56
Vallejo.	48	67	19	38	05
Fort Yuma. . .	56	92	36	32	43
Cincinnati . . .	30	74	44	39	06
New York . . .	31	77	46	40	37
New Orleans. .	55	82	27	29	57
Naples.	46	76	30	40	52
Honolulu . . .	71	77	6	21	16
Funchal	60	70	10	32	38
Mentone	40	73	33	43	71
Genoa	46	77	31	44	24
City of Mexico .	52	63	11	19	26
Jacksonville . .	58	80	22	30	50
St. Augustine .	59	77	18	30	05

While it will be seen that Monterey, Santa Cruz, Santa Barbara, Santa Monica, San Diego and Los Angeles are the most desirable of the many Pacific coast resorts, for a locality combining all the requisites before mentioned, I consider that Monterey stands at the head of the list. It is delightfully situated at the south-easterly extremety of Monterey Bay, about one hundred and twenty-five miles South of San Francisco, and connected with it by the Southern Pacific Railroad, which passes through some of the most fertile and beautiful valleys in the State. Here there is security from cold winds and excessive mid-day heat.

Contrary to the generally conceived opinion that we have an almost continuous rainfall in the winter, this season is more like the eastern spring weather in May and June, and during the rainy season, or winter months, we have more sunny days than any other portion of the United States.

At Monterey, the diversified scenery of bay,

forest, and mountains, the beautiful drives through groves of pine, oak, and cypress, and along the ocean beach, are sources of interest to the visitor, while the clear water of the bay and white sandy beach invite those who are fond of sea-bathing.

Hospital Reports.

EYE CLINIC AT THE MICHIGAN COLLEGE OF MEDICINE, DETROIT.

BY C. J. LUNDY, A. M., M. D.,

Professor of Diseases of the Eye, Ear and Throat.*

Case 1. Gummy Tumor of Iris, with Iritis.

The first patient is Miss Blank, æt. 24. Some days ago she came to consult me regarding a painful affection of the eye, which had become inflamed four or five days previously. I first saw this patient about six months ago, at which time she came to consult me regarding a throat affection, which proved to be syphilitic. She denied having contracted syphilis, at least in the usual manner, and examination did not reveal any evidence that it was so contracted. Upon the lip, however, I discovered a suspicious-looking, swollen, indurated spot about as large as a silver quarter. This, she informed me, had been a "cold sore" which did not heal for more than two months, notwithstanding that it had been locally treated by a physician most of the time. Whether the real nature of the sore was known to the physician, I am unable to say.

Upon interrogation, I learned that this young woman had a lover who was in the habit of kissing her, and that this lover had a suspicious-looking eruption upon his face.

Now, what bearing has this bit of history upon the case? Just this: In my opinion this patient contracted syphilis from her lover, and that the so-called "cold sore" upon the lip was the initial lesion which led to her constitutional disease. Although primary syphilitic sores are not frequent upon the lips, yet they are occasionally observed. Whether the sore upon the patient's lip was truly a hard chancre, is a question which I am unable to decide, for it had healed when I first saw her.

Some time since there was some discussion as to whether a secondary syphilitic sore produced a secondary sore or a chancre. I presume the sore upon the lip of the girl's lover—the sore whence came the virus which poisoned her system—was a secondary sore.

Under treatment her throat affection got well, the mucous patches and superficial ulcers healed, and all signs of active syphilis disappeared. The disease was not cured, however, and of this she was fully warned. She disappeared, and I did not see her again till four or five days ago. So much for her history. She now tells us that her left eye is very painful, and that for several nights the pain has prevented sleep. This pain is not confined to the eye, but involves the supra-orbital region and temple of the left side. The side of the nose, and even the cheek, are also more or less painful. In a word, the pain follows mainly the branches of the ophthalmic division of the fifth nerve. She also tells us that her vision in this eye is greatly impaired, and that exposure to light increases her suffering. These are mainly the subjective symptoms.

What are the objective signs? As you examine the eye, you will observe that there is much ciliary congestion; that the pupil is irregular instead of being round; that it does not respond to light, and that it is in part filled with a large, brownish nodule, which seems to have small spots of hemorrhage or intensely congested vessels upon its surface.

You will also observe the copious flow of tears, and the manner in which the patient shrinks from the light. You will also observe that there is no discharge from the eye except the tears; and this absence of discharge, with the acuteness and character of the symptoms, removes the possibility of your mistaking this for a conjunctival inflammation, as is so often done in similar cases. What, then, is the eye trouble of which this patient complains? I hear from several, "iritis." Yes, it is a case of iritis, and it bears a very close relation to her constitutional disease. In other words, this is a case of so-called syphilitic iritis, although it does not differ, in most respects, except in causation, from other cases of plastic iritis. The nodule which you have seen upon the iris and partially filling the pupil, is a gumma. Now, many authors tell us that you cannot distinguish iritis due to syphilis from other cases of iritis. That is so in the vast majority of cases, but I do not hesitate to state that, occasionally, we meet cases like the one before us, where the diagnosis of syphilitic iritis can be made from the eye appearances alone.

This gummy tumor in this girl's iris, like similar tumors in other localities, is composed largely of cellular elements and nuclei. If no treatment is instituted, the eye is liable to be permanently and seriously injured, while under appropriate treatment the gumma will soon disappear. In this case atrophic changes have already begun, and in the course of ten days, or even less, you will be unable to detect any evidence of it. By some authors we are told that gummy tumors of the iris occur very early, even before the chancre, or primary sore, has had time to heal. Others tell us that they occur only in tertiary syphilis. So far as my observation goes, neither of these views is correct.

It is now about ten months since this young woman contracted syphilis. Therefore, this eye trouble is not an early secondary lesion. In fact, it never is. All of the cases of gummy tumor of the iris which have come under my observation have occurred between the sixth and twelfth months after the appearance of chancre. In a word, they occur about the same time that syphilitic iritis generally occurs—neither very early nor very late. In our patient's case, the prognosis is good so far as the inflammatory action is concerned, but there exists between the iris and the lens capsule an adhesion which cannot be broken up by any mydriatic at our command. These adhesions, or synechiæ, as they are technically called, are some of the bad results of iritis.

*Reported Phonographically by John R. Arnold.

The local treatment of this case of iritis need not differ materially from that which would be appropriate in plastic iritis due to some other cause. The eye should be protected from light by means of a small dark patch, and the sound eye should be covered by a colored glass, for the light which falls upon the sound eye irritates the diseased one. Atropia sulphate gr. iv ad ℥ j, or stronger, should be instilled into the eye four to six times a day. This is done for a two-fold purpose: First, to dilate the pupil as fully and as quickly as possible in order to prevent the formation of posterior synechiæ, or to break up (if possible) the synechiæ which have already formed. Second, to place the eye at rest, and limit the inflammatory action. If you succeed in dilating the pupil, you place the iris in the condition least favorable for inflammatory action. If you prefer to use some other mydriatic than atropine, you may do so, but the intoxicating effects of duboisia and the feeble action of homatropine do not warrant your forsaking the old friend for the new. Besides, they possess no advantage over sulphate of atropia in the treatment of iritis. In severe cases three or four leeches applied to the temple, or the artificial leech applied to the same place, is worthy of trial. You may give anodynes to relieve pain if necessary. The constitutional treatment in our patient's case does not differ materially from that usually followed in secondary syphilis. Mercurials, either alone or combined with iodide of potassium, are here indicated. This patient has taken the proto-iodide of mercury in half grain doses after meals till this morning, when the dose was reduced to one quarter of a grain. On one or two occasions it was necessary to give an opiate to prevent the too free action of the bowels. In this way the drug would be eliminated from the system, and the constitutional effects would be slight were the action of the bowels not controlled. When syphilis attacks such a delicate organ as the eye, prompt action is necessary. Very often your patient's stomach will not tolerate free doses of the mercurials, and then inunction may be resorted to with advantage. The mixed treatment also acts well in many of these cases, especially when the iritis occurs in the late secondary stage. But whatever your plan of treatment, do not injure your patient with large doses long continued. As soon as the disease shows signs of coming under control, diminish the dose.

Case 2. Double Iritis due to Rheumatism.

Wm. J., æt. 40. This patient is also suffering from iritis, and as the two cases have many points in common, I shall now consider this one at length. This patient gives a history of several attacks of iritis in both eyes. As you examine the pupil of his right eye, you will observe it is greatly contracted, and is immovable. The pupillary margin is entirely adherent to the lens capsule, and our efforts to dilate the pupil have been futile. The appearances of the eye and the symptoms, both objective and subjective, do not differ essentially from those present in the preceding case. In the left eye of this patient there is evidence that the whole pupillary margin is not adherent, for you observe that the pupil is dilated upward. For years this patient has had occasional attacks of rheumatism, and his iritis is what is sometimes spoken of as "rheumatic iritis." The older authors classified iritis according to its supposed cause, but this was unscientific, and now cases like this, as well as cases like the preceding one, are classed as plastic iritis. The term "plastic iritis" has the advantage of conveying to our mind some idea of the nature of the inflammation. In plastic iritis like this, the inflammatory product is mainly fibrinous in character, and is capable, under certain conditions, of becoming organized tissue by metamorphosis. When synechiæ remain after iritis, I think they predispose to subsequent attacks, and this may, in part, account for the frequent attacks which this patient has had.

In this man's case, the synechia has become annular in the right eye from these recurring attacks, and this leaves the eye in danger. The natural passage between the anterior and the posterior chamber is closed. The fluids of the eye, which filter through by osmosis from the back to the front of the eye, and find their exit from the anterior chamber, can no longer pursue their natural course, and as a result of this obstruction, there is a liability to increased tension or hardening of the eyeball. Should this occur, it would lead to disastrous consequences, but I cannot now take time to enumerate these or to pursue them further, however interesting they might be.

Now, what can be done for this patient? I have already told you he was of a rheumatic diathesis, and this would suggest your plan of internal treatment. In cases like this, I have usually found much benefit from the administration of the salicylate of soda in free doses. You must give it freely in order to get the desired effect. With its use patients usually recover much sooner than without it. Potassium iodide may also be administered with advantage in certain cases. This is especially so if the rheumatic patient has ever had syphilis. I have seen iritis in so many rheumatic patients, who contracted syphilis years before, that I have sometimes thought they were more liable to iritis than were others. Our local treatment does not differ essentially from that pursued in the preceding case, except that this patient needs an operation, which will be performed as soon as the inflammation subsides. I shall make an iridectomy upon this man's right eye in the near future. The object of this will be twofold. First, to establish a communication between the chambers of the eye, in order to guard against the dangers already referred to; and, second, to give him an artificial pupil for visual purposes.

Case 3. Divergent Squint Corrected by Section of the Rectus Externus and Advancement of the Rectus Internus.

The next patient is Miss M. M., æt. 28. As you examine her eye, you will observe that it turns far outward when she looks at any object in front. In normal eyes the retinal images of an object are formed upon portions of the two retinæ, which correspond to each other, and thus binocular single vision results. If, however, one eye deviates outward or inward, upward or downward, the result will be a disturbance of vision and the images will be seen double instead of single. In our patient's case, rays of light reflected from an object in front do not impinge upon the cornea of the right eye at the same angle that they do upon the

left cornea. The rays enter the right cornea obliquely, and images are formed upon the temporal side of the retina; while upon the left retina images are formed in the region of the yellow spot or fovea centralis. In this case there is no proper correlation of the visual axes, and she sees objects double, for the images are not formed upon corresponding portions of the two retinæ.

However, the double images in this particular case are not very annoying, and it is not on that account she seeks relief. To some extent she has learned to "suppress" the least distinct image, viz: the one formed upon the retina of the right eye. In other words, she does not take mental cognizance of the second image. At best, her sight in the right eye is poor, and we cannot improve it. She comes to be relieved of her deformity—to get her "eyes straightened," as she puts it—and the object of treatment will be cosmetic effect, rather than improvement of vision. Strabotomy is usually the plan resorted to for the correction of squint. As you have observed in numerous cases, this procedure has corrected squint of high degrees. In this case, however, I do not think section of the external rectus would correct the divergent squint. It will be necessary to advance the internal rectus to obtain the desired result, but we will first snip the external rectus and observe the effect. As you see, the operation has not entirely corrected the outward squint, and, as predicted, it will be necessary to advance the insertion of the internus to give it greater control over inward movements of the globe. This is usually done about as follows: The lids being held apart by an eye speculum, with an ordinary fixation forceps, the conjunctiva and subconjunctival tissue, a little anterior to the insertion of the internal rectus, are seized, and with scissors section of these tissues is made, as in the first steps of a strabotomy. You observe that a narrow band of conjunctiva and subconjunctival tissue is left between the incision and the corneal margin. The tendon of the internus is now made bare, and with this strabismus hook, I now bring it well into view. While an assistant holds the muscle with the strabismus hook, I pass through its tendon behind the hook these two needles loaded with black silk. The next step is section of the tendon close to its insertion. Now I bring the cut end of the tendon forward, and stitch it to the bridge of conjunctiva, left for this purpose between the corneal margin and the incision in the conjunctiva, and for this object I employ the threads passed through the muscle previous to detaching it from the globe. I now unite the conjunctival wound by two stitches, bringing the one well below and the other above the two which unite the tendon to the bridge of conjunctiva. These last two stitches should dip deep, and embrace as much of the subconjunctival tissue as possible, and thereby prevent strain upon the muscle till it has firmly united in its new position. You now observe that the squint is entirely corrected, and that the eye no longer deviates outward.

Readjustment has been advocated as the proper method of correcting squint in all cases. This may be well in theory, but in practice the operation of strabotomy, as ordinarily performed, gives most satisfaction. The after treatment will consist of the application of a light compress bandage for a couple of days to keep the eye at rest, until the parts have healed, at which time the stitches should be removed.

Medical Societies.

ILLINOIS STATE BOARD OF HEALTH.

The regular annual meeting of the Illinois State Board of Health was held in the office of the Board, in the Capitol building at Springfield, the members being called to order by the president at 7 p. m., Thursday, January 11, 1883, and continued in session throughout the evening of the 11th and the 12th.

Present: John M. Gregory, Newton Bateman, W. A. Hasdell, John H. Rauch.

It was reported that since the advent of cold weather a few scattering cases of small-pox had occurred; and it was found that the victims were, in every instance, either unvaccinated or not vaccinated since infancy or childhood.

Dr. Rauch, the Secretary of the Board, reported as follows:

"There have been no cases among immigrants during the quarter—none, in fact, since the single case in the early part of June last, soon after the sanitary inspection of immigrants was begun. Strenuous efforts have been made to secure the continuance of these inspections, or, at least, their prompt resumption at the opening of the immigrant season. Among other contributions to this end, I have prepared and published a paper on the 'Immigrant Introduction of Small-pox into the United States,' in which I think is demonstrated—from the history of small-pox in Chicago during the past thirty-two years, from the consensus of statements of leading health officials concerning the origin and spread of the recent epidemic, and from the results of the operations of the Immigrant Inspection Service—

"1. That the immigrant is a prime factor in the origin and continuance of small-pox in the United States.

"2. That State and local boards of health, acting independently, cannot suppress the disease, when once introduced, so long as the influx of unprotected immigrants continues.

"3. That the immigrant inspection system, in addition to furnishing a practical mode of co-operation by the various State and local boards of health, has proved entirely adequate to the remedy of the defects arising from want of international quarantine laws, and of uniformity in the administration of our own maritime and boundary quarantines.

"A total of 115,057 immigrants were inspected in the District between June 1 and December 31, 1882. Of this number 57,302 were found to have been satisfactorily vaccinated before sailing or during the voyage, and 3,127 were found to have had small-pox—making about 53 per cent. of the total number protected. There were 28,408 of the remainder vaccinated or revaccinated after arrival and before reaching this district; and 21,618 similarly treated by the Western inspectors; leaving 4,602 unaccounted for, including those whom it was deemed inadvisable to vaccinate.

"At the close of August I made a table of the results obtained up to that time. There had then been an aggregate of 63,962 persons inspected, of whom it was found that 54 per cent. were imperfectly or entirely unprotected against small-pox on arrival; and that only 22 per cent. were vaccinated on shipboard. These figures have been changed, by the pressure and influence of the Inspection Service upon the steamship companies and their surgeons, so that, for the whole season, the percentage of 'susceptible' was reduced to 47, while the proportion of ship-vaccinations was increased to 29, in the hundred.

"This latter figure (29 per cent.) represents an actual increase of fully 42,000 vaccinations secured on shipboard by this means, during the latter, as compared with the first half of the season: and indicates the increasing value, efficiency and influence of the service, both directly and indirectly, at the time when its operations were suspended.

"As a result of the existence of the service, about 174,000 vaccinations on ship-board have been obtained among the arrivals at all ports.

"The exposure of the Boston Bellevue Medical College, and its consequent disruption, of which the members have already been advised, have been followed by some unlooked-for developments. As a result of the correspondence carried on from this office, the most convincing proof was secured that the so-called 'college' sold diplomas and degrees to individuals grossly ignorant of any medical knowledge, and either with or without attendance upon its alleged course of instruction. Its officers were arrested for using the United States mails for fraudulent purposes, and, on trial, admitted all that was charged against them, except violation of the postal laws. To this charge they pleaded that they were legally incorporated, and were empowed by the laws of Massachusetts to issue diplomas and confer degrees, without any restriction as to course of study or professional attainments. The United States Commissioner held the plea to be valid, and dismissed the case with the following remarks:

"'The State has authorized this college to issue degrees, and it has been done according to legal right. * * * The law makes the faculty of the college the sole judges of eligibility of applicants for diplomas. There is no legal restriction —no legal requirement. *If the faculty chooses to issue degrees to incompetent persons, the laws of Massachusetts authorize it.* This is, therefore, not a scheme to defraud under the statute. The defendants are dismissed.'

"Since this decision was rendered—that is, within a fortnight—the 'American University of Boston,' president Dr. Buchanan (familiar name in this connection), and the First Medical College of the American Health Society, located at Boston, have been incorporated, and Dr. Alfred Booth, the first president and one of the incorporators of the 'Boston Bellevue,' has given notice of his intention to start the 'Excelsior Medical College.'

"What Dr. Joseph Corken, one of the 'Boston Bellevue' faculty, arrested in November for procuring abortion, and charged with carrying on a wholesale business in this line under the name of the English Cottage hospitals; and Dr. C. J. Eastman, the 'dean' of the now defunct 'Bellevue,' *alias* 'Old Dr. Edwards, 18 Dover street, Boston, no-cure-no-pay-secrecy-preserved;' and Dr. Rufus King Noyes, the anti-vaccinationist, will now do, remains to be seen—probably act upon the suggestion of the *Boston Medical and Surgical Journal*, and each 'join himself with his uncle and his neighbor, who is like-minded with himself, and become incorporated under the laws of Massachusetts.' The pious ejaculation of the editor in closing his article seems entirely appropriate—'God save the Commonwealth of Massachusetts!'"

The recent exposure of a *barber* named Lambrecht, who presented a diploma from the University of Gottingen issued to Dr. Henry A. Lüders, and who received a certificate from the Board of Health, which was subsequently revoked, makes a total of thirty-one cases of individuals who have been detected in falsely swearing to be graduates of foreign universities, their pretensions exposed, and the imposters driven from the State through the Act to Regulate the Practice of Medicine.

On the whole, the school population of Illinois is now quite well protected against small-pox.

A Proposed Sanitary Convention.

Dr. Newton Bateman, the chairman of the committee appointed at the last quarterly meeting, to prepare a uniform Sanitary Code for the guidance of local boards of health, having progressed with the work, recommended the calling of a convention of representatives of all health organizations or departments in the State of Illinois, and inviting the authorities of every village, town and city in the State, having a population of one thousand or over, and in which there is no health organization or department, to send one or more delegates to said convention.

The Committee on *Prevalent Preventable Diseases* presented a report in which it appears that of every thousand deaths in the State during the past year, it is estimated, on the basis of returns in the Secretary's office, one hundred and thirteen were due to scarlatina, diphtheria and typhoid fever, in about the following proportions: 17 from scarlatina, 45 from typhoid or enteric fever, and 51 from diphtheria. On the same basis it is estimated that 82 out of every thousand deaths were caused by cholera infantum; while nearly 250 out of every thousand deaths were of infants under one year of age, and 43 were of children under five years of age.

That this enormous mortality among children is largely preventable cannot be questioned, and your committee would, therefore, suggest the preparation of a pamphlet of instructions upon the Hygiene of Infant Life, or the sanitary care of infants and children, for widespread distribution before the advent of the summer months, which are so destructive to early life.

Dr. Haskell presented the following preamble, resolutions and memorandum, which were unanimously adopted:

NATIONAL BOARD OF HEALTH.

"WHEREAS, The act of Congress, approved June 2, 1879, by which the National Board of Health is charged with the duty of co-operating with and aiding State and local boards of health in the enforcement of their rules and regulations to prevent

the introduction of contagious and infectious diseases into the United States, and into one State from another, will expire by limitation on the 1st of June, proximo; and

"WHEREAS, The said National Board of Health has discharged this duty with so much of success, honesty of purpose and regard to economy—the specific details of its work being briefly summarized in the appended memorandum—as to conclusively demonstrate the value of a national agency for the protection of the public health: therefore, be it

"*Resolved*, That the Illinois State Board of Health earnestly urges upon the Senators and Representatives from this State to obtain, during the present session, the legislation necessary to secure an extension of said act, pending the creation of a permanent national health organization—such legislation to include a provision whereby the unexpended balances of the original appropriations may be reappropriated and made immediately available for the purposes of said act.

"*Resolved*, That the Secretary be, and he hereby is, authorized to transmit a copy of this preamble, resolutions, and appended summary to each Senator and Representative from this State."

Then followed a memorandum eulogizing the National Board. The remainder of the morning session and the entire afternoon was occupied with questions arising under the Medical Practice Act, in which the status, methods and reputability of a large number of medical colleges and practitioners were involved.

A communication was read from I. M. Browne, Medical Director U. S. N., in charge of the Museum of Hygiene, asking for contributions to the Museum. The Secretary was instructed to furnish a set of the publications of the Board.

At the evening session, after the transaction of routine business, the President announced that the election of officers was next in order, whereupon Dr. Haskell offered and moved the adoption of resolutions of thanks to the retiring officers.

In seconding the motion for the adoption of the resolutions, Dr. Bateman spoke of the work which had been accomplished, its pioneer character in many respects, the multiplying evidences of popular appreciation coming under his observation, and the gratifying recognition of the Board in the following passage from the Governor's recent message:

"At the time of the organization of the Board of Health, there were doubts in the minds of many good people as to its necessity, and for a time, much prejudice against its work. The doubts and prejudices, however, have gradually given way, as the Board has fearlessly and with prudence gone forward in the discharge of the work before it, until I think there is now an almost universal conviction that its services in protecting the people from contagious diseases and from the evils caused by ignorance and charlatanry in the practice of medicine, as well as the general sanitary work of the Board, cannot be dispensed with. The acts creating this Board and conferring its powers would have proven a dead letter if not enforced, as they have been, by a competent and determined executive agency: and it will be a gratification to the people of Illinois to know that in their enforcement the State Board of Health has exerted an influence which has been felt throughout the country in various ways, in the elevation of the standard of medical education, the suppression of fraudulent medical colleges, and the introduction of improved methods of establishing and maintaining an effective quarantine against infectious diseases. Their services have done much to add to the reputation of our State at home and abroad."

Dr. Gregory, in suggesting that the Board proceed to the election of a presiding officer, took occasion to thank the members for the honor they had conferred upon him during his two terms, briefly reviewed the labors of the Board during the period, congratulated his colleagues upon the results already accomplished and upon the promise for the future, and closed by nominating the Hon. Newton Bateman, LL. D., for President.

The result of the election, then held, is as follows:

President. Hon. Newton Bateman, LL. D., of Galesburg.

Secretary, John H. Rauch, M. D., of Chicago.

Treasurer, A. L. Clark, M. D., of Elgin.

On taking the chair, Dr. Bateman made the usual acknowledgments, and spoke in warm terms of his predecessor in the office.

On motion of the Secretary, the members of the Auditing Committee, John McLean, M. D., of Pullman, and W. A. Haskell, M. D., of Alton, were reappointed for the ensuing year, and the Board, at 11 p. m., adjourned its Sixth Annual Meeting *sine die*.

Mistake by Druggist—Injury to Patient—Damages.

An action was brought against a druggist to recover $10,000 damages for causing the death of a pregnant wife and the child that was born. These deaths, it was alleged, were caused by a dose of sulphate of zinc, a deadly poison, given by the druggist in mistake for Epsom salts. A judgment was recovered for $1,000, and the defendant appealed the case—Walton *vs.* Booth—to the Supreme Court of Louisiana, which affirmed the judgment. The Chief Justice (Bermudez), in the opinion, said: "Though the death of the mother and child resulted from erysipelas, and not from the poison, from taking that the mother endured continued and great pain and suffering, for which she would have been entitled to recover. The defendant was greatly negligent. Druggists in the discharge of their functions should be required not only to be skillful, but also exceedingly cautious and prudent, in view of the terrific consequences which may attend, as they have not infrequently in the past, the least inattention on their part. All persons who deal with deadly poisons are held to a strict responsibility for their use, and a druggist is undoubtedly held to a special degree of responsibility for the erroneous use of poisons, corresponding with his superior knowledge of their dispensation."

MANY of the tribes of Eastern and Northern Siberia, chief of which are the Samocids, the Ostiaks, and the Kamtschadales, use the puff-ball fungi to produce a state of inebriety. The effects are a pleasant state of delirium, and unconsciousness of all trouble and sorrow, rarely developing the lower animal passions.

EDITORIAL DEPARTMENT.

PERISCOPE.

Syphilitic Disease of Knee Joint.

At the last meeting of the Mississippi State Medical Society, Dr. M. S. Craft reported (*Transactions*) the following instructive case:

"On the 8th of April, 1881, there was sent me from Clinton, by Dr. Whitfield, a knee-joint case of interest, an account of which I will give you.

"The patient was a white man, 35 years of age, with a syphilitic history. He had a chancre seven years before, followed by throat symptoms, and in time by a sore shin, probably a node, with ulcers upon the leg that healed very slowly, leaving behind purplish blotches, that were plainly to be seen at my first examination. He had never had constitutional treatment, and yet all active manifestations of the disease had subsided, and had not been noticed for years.

"Three months before he came to me, while splitting a plank with a short-handled axe, he struck the knee with the end of the handle, inflicting a slight injury, without breaking the skin. This pained him for awhile, but he continued his work, and from day to day kept on his leg, notwithstanding it was painful and sometimes swollen. It was a month or more before he was forced to bed, and longer still before he called a doctor; ultimately came to his home at Clinton, and then to me, by the advice of Dr. Whitfield. I found the knee red and enormously swollen, and the slightest movement or pressure giving great pain. The temperature was 104½, and the pulse over 120. I explored the joint with a hypodermic needle, and drew out pus. This was a grave condition of things. A knee-joint full of pus from an injury that would have given no trouble but for the syphilis, indicated the tertiary stage in full blast. Amputation was duly considered, but certainly, with that temperature, pulse, and advanced constitutional infection, was, to say the least, very questionable; but the patient himself decided not to lose his leg, and I accepted, with many misgivings as to the result, the direction of treatment to save it.

"As soon as possible, I drew off the pus with an aspirator, and with the same instrument washed out the joint with tepid water, followed by a weak carbolated solution; put him upon the mixed constitutional treatment, mercury and iodide of potash, and gave him rich liquid food, with stimulants.

"On the next day, and every day for a week, I repeated the operation, finding at each morning visit the joint again distended with pus, and the temperature and pulse as at the first examination. I then tried solutions of salicylate of soda in place of the carbolate, increasing the strength at each injection, with no better result.

"As the pulse and temperature both came down at each emptying of the joint, and rose again as it refilled; and as pus continued to form, notwithstanding the injections, I determined to open the joint freely with the scalpel, and did so at two points, giving perfect drainage to the pus as it formed, and a ready exit for the injections. This was followed by a most favorable change. The discharge rapidly decreased, and the general aspect of the case improved. But when the joint was looking most favorable, I found matter forming in the thigh above—and soon had to open large sinuses filled with pus, that ran in the direction of and nearly to the hip joint. This discharge, large in quantity, and most offensive in character, continued for weeks, and nothing lessened it or diminished the stench, until I remembered the permanganate of potash. With this, after carbolic and salicylic acids had signally failed, I could easily cleanse the pus-secreting cavities, and keep down all foul odors. Under its use, there was a change for the better.

"Thirty-five days had now elapsed, and notwithstanding the drain, my patient still had appetite and strength and hope, and for two weeks improved. Just then there was a general prevalence of diarrhœa; hundreds in the community were affected, and among them this poor fellow. All other cases got well without trouble, but his was obstinate, and would yield to nothing. Bowels continued to act until blood and pus appeared in the discharges, indicating, as I regarded it, syphilitic ulceration of the bowels, a condition from which recovery was impossible. He died June 23d, after being two months and a half under treatment with me.

"Amputation, in my judgment, would not have saved life at any time after I saw him; but, if at all, should have been done as soon as matter appeared in the joint. But I could not advise it in a tertiary syphilitic, with the pulse 120 and the temperature 104½, to say nothing of the danger from hemorrhage after amputation, in a limb so greatly enlarged.

"Later, when the soft tissues of the thigh became infiltrated with pus, there could have been no healing of the stump; and still later, when the bowels evidenced the characteristic syphilitic ulceration, there was no power on earth to save life, and amputation would have been simply death upon the operating table."

Temperature in a Case of Belladonna Poisoning.

In the *British Medical Journal*, Dr. James McNab says that a case lately occurred in this town (Stirling) in which a child, between four and five years of age, whilst out playing with his companions, partook of some berries of the deadly nightshade, and some time thereafter had symptoms of narcotic poisoning. He took the berries between 5 and 6 p. m., and, having arrived at home in an hour or an hour and a half afterwards, asked for something to eat, when he was offered soup, of which he partook. Immediately after, he staggered and fell on the floor of the apartment. He had no vomiting. I saw him at 2 a. m., seven hours after the symptoms of narcotic poison-

ing had manifested themselves. I found him in a state of continual agitation and terror, with frequently recurring convulsive attacks; the pupils were widely dilated: the face congested and swollen, with dryness of the mouth and throat, and consequently frequent demands for something to drink. He had previously been delirious, laughing and singing, and imagining some one was thrusting berries into his mouth. Before my arrival, he had been given an emetic, and afterwards an aperient. The emetic brought up two half-digested berries and part of the soup he had taken. There being no doubt about the nature of the poison, he had aperient injections, cold to the head, a mustard poultice to the stomach, small doses of morphia, and stimulants, etc., administered to him.

Owing, however, to the length of time the poison had been working, and the gradual absorption of it into the system, there was little or no hope but that the case would have a fatal termination. The child died at twelve noon on the following day, seventeen hours after the first effects of the poison had been observed. I visited him an hour and a half before death, and found him in a state of coma. There was a tympanitic state of the stomach and bowels, which almost certainly pointed to an irritated and inflamed state of the alimentary canal. The chief noteworthy fact, however, was the excessive temperature. At the time of my last visit it was 110°, and it was this several hours before death. I have only observed this temperature once or twice in scarlet fever when death was imminent. To what could the high temperature be owing? Was it interference with the function of the sympathetic?

Intestinal Polypi.

Mr. Bowlby related the following cases at a recent meeting of the Pathological Society of London, which we note from *The Medical Times and Gazette*, December 30, 1882:

1. In a man, aged 64, who had had no intestinal symptoms, there were found diffuse polypoid growths throughout the colon, commencing just above the ileo-cæcal valve, and extending down to the sigmoid flexure. They were found in the mucous and sub-mucous tissues, and some were pedunculated. It was noteworthy that there was no stricture of the intestine. 2. A polypus removed from the rectum of a girl aged twenty-four, who had no intestinal symptoms beyond slight constipation. The polypus was attached to the anterior wall of the rectum, about four inches from the anus; it was soft and succulent, and covered everywhere by mucous membrane. It was accidentally ruptured during removal, and some turbid fluid escaped. After removal, it weighed two pounds all but an ounce. Its chief interest lay in its size. 3. A polypus of the small intestine occurring in a female child aged five. He gave the following history of the case: She was seized with pain in the abdomen suddenly one day: next day she passed some blood by the bowels, and during the next few days slime. She was admitted into St. Bartholomew's Hospital ten days after the commencement of her illness, with a mass protruding from the anus, which eventually came away, and a portion of which was recognized to be the vermiform appendix. After this the child went on well, and left the hospital apparently recovered. Some months later she was brought back with symptoms of congenital syphilis, was readmitted, and died not long afterwards. At the autopsy the cause of death was recognized to be recent peritonitis. On opening the intestine, a polypus of fibrous tissue was found about eight inches from the anus; but evidently in the small intestine, and three inches and a half below this there was a transverse scar completely encircling the gut, where the small intestine, at what might have been the ileo-cæcal valve, had become adherent to the rectum or sigmoid flexure, so that the whole of the colon and cæcum had disappeared by sloughing. There was very slight constriction at the site of the scar. Mr. Bowlby remarked that when a polypus set up intussusception, it was usually the part to first present at the anus and be expelled. In this case it must be assumed that the polypus had set up increased peristaltic action of the intestines below it, and had never been actually involved in the invagination itself.

Dr. Coupland observed that polypi were not an infrequent cause of intussusception, and referred to the case of a young woman under his care in the Middlesex Hospital some two years ago, which had been published in the *Clinical Society's Transactions*, where an intussusception had been set up by a polypus in precisely the same way as in Mr. Bowlby's case. He also alluded to a specimen of multiple polypi of the colon in the Middlesex Hospital museum.

Mr. Cripps remarked on the enormous size of the polypus in Mr. Bowlby's second case; referring to the first case, he said that disseminated polypi in the colon were very rare: he referred to the specimen in the Middlesex Hospital museum, and also to one in the museum of Guy's Hospital; he said he had shown a specimen here last year, taken from a girl whose brother was also the subject of multiple polypi. He thought they began in a small collection of cells in the submucous tissue, which afterwards became a pedunculated tumor owing to straining. He considered the disease somewhat analogous to molluscum fibrosum, the tumors of which might easily be made to become pedunculated if pulled upon. In reference to the third case, he could not understand how the polypus could have been only three inches from the ileo-cæcal valve; the length of small intestine invaginated must have been equal to half of that of the colon, and the polypus must therefore have been more than a foot above the valve.

The President said that in his experience polypi in the rectum were commoner in small boys.

Mr. Henry Morris did not think polypi of the rectum so very rare. Quite recently he had seen a man with six or eight polypi in the rectum; he suffered a good deal from tenesmus. He wished to ask Mr. Bowlby whether his patient had had any symptoms.

Dr. Goodhart observed that there were three kinds of polypi—one fibro-cellular, covered over by mucous membrane, as in Mr. Bowlby's second specimen, of which he remembered to have seen one instance, though smaller than the one brought that evening; next, the firm mucous membrane polypus, well known in young boys; and thirdly,

disseminated pedunculated villous polypi. He could not agree with Mr. Cripps about the site of the polypus in the case of intussusception, and saw no difficulty in believing that it was quite close to the ileo-cæcal valve.

Mr. Bowlby, in reply, thought the chief interest in his cases lay in the fact that the polypi were mucous, and not fibrous. He was of the same opinion as Mr. Cripps, viz., that a considerable portion of the small intestine—probably a foot—must have been lost.

Hydatid of the Liver.

Mr. Downes reports the following cases in the *Lancet:*

Case 1.—A middle-aged woman was seen in September, 1877. There was a large tumor extending from the liver to about two inches below the umbilicus; it was most prominent a little above the level of the umbilicus on the right side, and in one spot where it particularly bulged, distinct fluctuation showed that it contained fluid. The history of the case and the appearance of the patient seemed to indicate that it was not an abscess; there was considerable pain, but no fever, and the pain had come on gradually and seemed to be due to pressure only. Hydatid of the liver was diagnosed; and the tumor was tapped with a very small trocar and canula. The fluid withdrawn from it (which amounted to about half a gallon) was quite clear and non-albuminous. The tumor disappeared, and the woman experienced great relief. The patient remained quite quiet for some days. After about a week fever supervened, and there was tenderness at the spot which had been punctured. The fever disappeared, but a swelling was observed near the spot of puncture, and the tumor evidently contained fluid; this swelling increased for a few days, when it became stationary. The tumor did not extend below the level of the umbilicus. She remained in hospital for two or three weeks, when she returned to her home. She and her husband were very desirous that the tumor should be tapped again, but this was not done, as it was thought that it might become absorbed.

When the woman left the hospital the swelling had not materially decreased, but there was no tenderness, and the tumor extended only to about the level of the umbilicus, instead of occupying a large part of the right iliac fossa, as it did before the operation. The patient has not been heard of since.

Case 2.—The subject of this case was a middle-aged man, who was seen in September, 1879. There was a round tumor in the epigastric region, extending down to the umbilicus, and apparently connected with the liver. It was particularly prominent in the very centre of the epigastric region, and there was indistinct fluctuation. The tumor was very tense, and pressure gave rise to very great discomfort, but not amounting to acute pain. The tumor did not extend much to either side, and this made the diagnosis a little puzzling; but, taking everything into consideration, it seemed certain that it was a case of hydatid of the left lobe of the liver. The patient lived a long way from the hospital, and he could not go there. Mr. Downes, then and there, in the open fields, surrounded by an interested group of villagers, inserted a small trocar and canula, and drew off more than a quart of fluid, which was slightly turbid. This gave marvellous relief immediately. The man was carried to his cottage and kept quiet for some weeks.

After about a month or six weeks, he paid a visit to the hospital. He was not then suffering from any pain or inconvenience, but a small tumor, apparently containing fluid, was in the position of the original tumor. As in the former case, this reaccumulation of fluid was not tapped, and the patient was told that this swelling would probably subside of itself. He did not present himself again, so that it is hoped that he considered himself cured.

These two cases illustrate what has already been written by the late Dr. Murchison—viz., that hydatid tumors of the liver may be tapped in the majority of instances with a small trocar and canula without danger; and that this proceeding gives immediate and complete relief, and in many cases may cure the disease.

Rabies.

The following opinions concerning rabies we take from the *Lancet*, December 30, 1882:

At a recent meeting of the Académie de Médecine, M. Bouley communicated, in the name of M. Pasteur, a series of conclusions regarding rabies at which the distinguished investigator has arrived. The first two enunciate the familiar truths that the dumb madness and furious madness, and, in short, all varieties of rabies, are caused by the same virus, and that the symptoms of rabies are extremely variable. It is assumed that the characters of the several cases depend on the points in the nervous system at which the effect of the virus is chiefly localized. In the saliva of rabid animals the virus is associated with several kinds of organisms, and the inoculation of the saliva may cause death in three ways: by means of the special salivary organisms, by excessive suppuration, and by rabies. The medulla oblongata of the human subject, as well as that of animals, after death by rabies, is always virulent, and the virus is also found in all parts of the brain, and it persists even after putrefaction has set in. There are two methods of inoculation by which the period of incubation of rabies may be greatly shortened, and the disease produced not only rapidly but with certainty: one is by the injection of the virus into the blood; the other is by trephining the skull and placing the virus in the arachnoid cavity. Rabies then comes on at the end of six, eight, or ten days. M. Pasteur has met with some cases of the "spontaneous cure" of rabies, but only in cases in which the disease did not develop beyond the initial stage. In such a case, in which the early symptoms passed away, the disease has been known to return at the end of a certain time—as two months—and then to run the ordinary acute and fatal course. Mention is also made of the cases of three dogs inoculated in 1881: two quickly died from rabies; the third, after manifesting the early symptoms, recovered. The latter animal was inoculated by trephining in 1882 on two separate occasions, but without effect. M. Pasteur asserts that he now possesses four

dogs which will not contract rabies, whatever the method of inoculation adopted or the proved virulence of the material employed. These facts he believes to be the first step towards the discovery of a method of the prevention of rabies by its inoculation. He confesses, however, that the end seems to be at present far distant.

True Eastern Leprosy Treated by Chaulmoogra Oil.

James Startin records the following case in the *Lancet:*

The patient, who has been in England now for four years, had traces of the disease, he states, about sixteen or seventeen years ago, and about twelve months since got very much worse—a formation of tubercles and ulcers taking place, which would not heal under all ordinary treatment. For the previous eight years, the patient stated, he had lived a very hard life in Africa (Southern) among the diamond-fields, digging and washing diamonds; and whilst there he was exposed to great heat in the day, and damp, cold, and miasma at night; he could get no fresh vegetables, and, indeed, hardly any food sometimes, and that of an indifferent character. Previous to his living in the diamond-fields, he was exposed to much privation on the sea. Sometimes he stayed in port in India, sometimes in the West Indies at Demerara, and had at times very bad food. He had also resided twenty years ago in Rio Janeiro; and —in my opinion a most important element in this history—he had a very bad attack of ague twelve years ago, relapses of which he has had several times since, some being worse than others. The patient is a short, thick-set, short-necked man, with sallow complexion and curvature of the spine in the upper part of the column. He is about forty-five years of age. He now has many small hard tubercles in different parts of his body, more especially on the hands and feet, on the dorsal surfaces, on the shoulders, legs, and thighs, face and ears, with also the remains of an eruption of maculæ, brownish in tint. These tubercles are hard and nodular to the touch, and nearly all suppurating. The ulnar and peroneal nerves are much thickened and tender to the touch. There is slight wasting of the muscles of the thumb and interossei: the sight is getting weak, and there is slight opacity of the left cornea, and he complains of great loss of muscular power; he has lost sexual power, and has a feeling of numbness and of pricking sensation in the hands and feet, along with fits of depression. All these symptoms go to show the true character of the disease. He has little or no loss of sensation in his body, in any of the patches or otherwise, like the case I reported to you in 1880.

After many applications both of specific and other kinds had been made to this case, with little or no benefit to the patient, Dr. Corbett consulted me as to the nature of the case and its treatment. We came to the conclusion that it was a case of true Eastern leprosy in its early stages, and we resolved to give the patient chaulmoogra oil, both internally and externally. He was ordered three capsules of oil three times a day, and the crude oil to be rubbed into the parts well whenever affected twice a day. From the time this treatment was adopted the patient improved, and on July 4th Dr. Corbett writes to say: "I do not think I can add much to the history of the case or its description, except to supply the omission, that the tubercles, after suppuration, left deep ulcers with sharply defined edges and smooth sores, which no treatment, tonic or alterative, seemed to heal until the chaulmoogra oil was taken, when in a few weeks reparative action was set up, and they all quite healed. Fresh tubercles, not many in number, and entirely confined to the dorsum of the hands and feet, including the fingers and toes, still form and suppurate, but not one has resulted in ulceration. Since the oil has been taken, in fact, a good many of the tubercles do not suppurate, become abortive, and die away."

Now this case, as well as the last I reported to you, were much benefited by the administration of chaulmoogra oil; in fact, the case I reported in October, 1880, is as nearly well as can be, and the man is able to resume all his duties. I saw this patient last week at Kingston, and he assured me he was much better, and he had very few tubercles left. In my opinion, leprosy can be relieved, if not cured; and this opinion is shared now by other members of the profession. Mr. Hutchinson states he has seen cases that have quite recovered.

Rape During Hypnotic Slumber.

From the *Obstetric Gazette* we note that Dr. Ladame, of Neuchatel, publishes in the *Annale d'Hygiene Publique* a very interesting report upon a medico-legal question. At the close of some entainments in mesmerism given at his canton, the young people were possessed by a magnetic fever. One of the consequences of this was that a young girl became enceinte, and declared that being alone Christmas eve with a young man, who was in the habit of magnetizing her, he had violated her after having put her to sleep. The affair was submitted to a justice, and Dr. Ladame appointed to make a medico-legal report bearing principally upon the following questions:

(1) The story of the plaintiff, ought it to be considered probable as a whole?

(2) Could coition take place without her consciousness of the fact at the time?

(3) Was her will so paralyzed that she was unable to offer any resistance?

(4) Is conception possible in a state of absolute insensibility?

Dr. Ladame remarks that this is a new question in legal medicine, there existing but four cases in medical literature, dating from 1858.

Making observations on the possibility of simulation, MM. Devergie, Tardieu and Bronardel arrived at the conclusion that a girl could be violated while her will was abolished in a nervous or hypnotic sleep. Passing in review her story that she was awakened at a certain time, and again put to sleep without being able to resist, Dr. Ladame concludes there is nothing in this contradictory to the phenomena of hypnotic slumber. That coition could have taken place without her knowledge is not to be doubted, as she could have been rendered absolutely insensible. The third question is more difficult: Was her will so completely paralyzed that she could offer no resistance? It may, however, be answered affirmatively; for in

furnishing his subject with an appropriate theme of hallucination, a skillful operator could, with certain persons, provoke actions en rapport with the dream developing in their over-excited imaginations. It would seem then that the operator has really the power to direct according to his inclination the will of the subject, while in reality he directs only a hallucination; but the subject is none the less at his mercy. It remains to know if conception is possible when the woman is in a state of complete insensibility. Every author admits that the sole condition necessary to fecundation is the meeting of the semen and the ovum in the female.

The magnetizer proved an alibi, and the case was dismissed.

Medullary Sarcoma of the Eye.

Before a recent meeting of the Dublin Pathological Society (*Dublin Med. Jour.*), Mr. Ormsby showed an interesting specimen of medullary sarcoma, which was removed by him from the right orbit of a child, aged three years. The history of the case is as follows:

P. C., aged three years, from Ardfert, county Kerry, was admitted to the Meath Hospital on the 10th of March, 1882, under my care, suffering from a large tumor, about three inches long, projecting outwards from the right orbit. The tumor, apparently, had its origin in an attack of catarrhal ophthalmia about a week before last Christmas. From that time the eye swelled and the tumor grew rapidly, destroying the sight of the eye in a very short time. So quickly did the tumor grow, that the increase in size was noticed from day to day. He never seemed to suffer much pain, but wasted rapidly, having previously been very healthy and robust.

On his admission to hospital the child was weak, pale, and debilitated. The tumor was red, and had a most malignant aspect; when touched or rubbed roughly, it bled profusely from its summit; the bleeding had to be restrained by the application of styptics.

I performed the operation on the 15th of March, having determined to extirpate the growth, together with the whole contents of the affected orbit. I began by cutting the superficial structures with a curved blunt-pointed scissors, so as to separate the tumor from the upper and lower lids, to which it was found to be intimately attached. Having done this, I divided the deeper structures, and completely cleared out the whole contents of the orbit. Portions of the tumor broke down by the pressure of the finger, and some smart hemorrhage occurred. The optic nerve appeared to be attached to the posterior part of the tumor, which I ligatured and divided in front of the ligature. I then gently plugged the orbit with strips of lint steeped in cold water. After the growth was removed, it was remarkable how little hemorrhage followed; and up to the present the child has been doing very well. I consider the tumor is a malignant one, belonging to that form of disease usually called *Medullary Sarcoma*, or *Fungus Hæmatodes*. I am afraid the tumor may return; but still I thought it my duty to give the child a chance by removing this remarkable, and, in my opinion, malignant growth. Mr. Benson, Surgeon to St. Mark's Ophthalmic Hospital, also saw the case. I also present for inspection two photographs, which were taken before the tumor was removed, and they depict very well the size and appearance this very unsightly growth gave to the little patient.

Mr. Benson remarked that a curious feature in the case seemed to be the complete adhesion that existed between the lids and the globe of the eye. It was continuous with the surface of the cornea, which was quite carneous. The tumor began as an intra-ocular one.

Is Tuberculosis a Parasitic Disease?

This question has not yet been answered, but experimental data, so far furnished, will be of service to the medical profession in settling the question.

The following are the results of some of the investigations of George M. Sternberg, M. D., as given in the *Medical News*, Dec. 30, 1882.

(*a*) The bacillus described by Koch, has been found in the sputa of phthisical patients in San Francisco.

(*b*) That this bacillus differs from the microorganisms found in normal human saliva and in bronchitic sputa, is proved by the color-test (Ehrlich's) and by culture-experiments (see below, *i* and *g*).

(*c*) Tuberculosis in animals may result from inoculation—subcutaneous—with the sputa of tuberculous patients.

(*d*) But in several of the animals experimented upon, no evidence of tubercular deposit was found, and in others it was very slight. Total number of animals experimented upon, twelve rabbits, two guinea-pigs, and two dogs.

(*e*) In the animals successfully inoculated, the enlarged tuberculous lymphatic glands in the vicinity of the point of inoculation, and tubercular nodules in the lungs and elsewhere, *usually* contained the bacilli of Koch.

(*f*) But this was not invariably the case. At least a careful search failed to demonstrate the presence of this bacillus in tubercles found in the lungs of three rabbits.

(*g*) The bacillus of Koch was found in abundance in the tubercular nodules from a freshly-cut section of human lung.

(*h*) But in a similar specimen from another case, repeated examination failed to demonstrate the presence of the bacillus.

(*i*) Culture-experiments have demonstrated that the bacillus in question multiplies upon the surface of sterilized and jellied blood-serum, prepared in the manner described by Koch.

(*j*) But in the writer's experiments the bacilli have not penetrated the culture-medium, or extended upon its surface to such an extent as to indicate that multiplication was at the expense of this jellied blood-serum, which has seemed rather to serve as a *moist*, supporting surface; multiplication has apparently been at the expense of the tubercular material introduced for the purpose of inoculating this culture-medium.

The bacilli were not abundant in this material when it was first obtained from the lungs, or from an enlarged lymphatic gland of a rabbit recently

killed; but after remaining in the culture-tube for a fortnight the bacilli were found in enormous numbers, while the cellular elements of the tuberculous material had to a great extent disappeared.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——In a reprint from the Atlantic *Medical Register*, Dr. Nathan Bozeman, of New York, gives the results of his observations on the value of graduated pressure in the treatment of diseases of the vagina, uterus, ovaries and other appendages. The pamphlet is neatly printed and illustrated, and the importance of the facts it contains makes it well worth the perusal of gynecologists.

——The annual report of the State Hospital for the Insane at Norristown, Pa., indicates that that institution is under excellent management. The secret of success, says the report, in the treatment of the insane is embraced in two words—employment and non-restraint.

——An interesting study by Dr. Charles K. Mills, of this city, on hystero-epilepsy, will not fail to attract those who have paid attention to this strange disease. It is a reprint from the *Journal of Nervous and Mental Diseases*. With regard to the differential diagnosis, the following extract is in point:

In the epileptoid varieties of hystero-epilepsy, either the loss of consciousness is manifestly complete, the patient not responding to any outside irritants or influences; or we have a condition of what might, perhaps, best be termed altered or perverted consciousness, where it is hard to determine whether the patient is totally oblivious to her surroundings. While, however, loss of consciousness is sometimes to all intents and purposes complete in hystero-epilepsy, the careful clinical observer will not fail to notice a difference in the appearance presented by the patient and that exhibited in the paroxysm of grave epilepsy.

——The *Bromide of Ethyl* is very highly praised by Dr. J. J. Chisholm, as the most perfect anæsthetic for short, painful, surgical operations. In a reprint from the Maryland *Medical Journal*, he says of it:

Those who will use it by a single inhalation, to produce a short, deep sleep, and not resort to a mal-administration of this very valuable, powerful agent for a continued anæsthesia, which it is incapable of sustaining in safety and in comfort, will become as enthusiastic as I am over its brilliant results. They will in time learn to consider it, as I do, the most perfect of anæsthetic agents for quick, painful surgical work.

——A long and thorough article, reprinted from the Virginia *Medical Monthly*, has appeared from the pen of Dr. James L. Cabell, on "Sanitary Conditions in Surgery." We state the result of his study in his own words:

Let us, then, conclude that Listerism, in connection with amputations, if not always and everywhere necessary—if perfect sanitation, good nursing, and the keen and constant attention of the surgeon be provided—is yet the "safest of methods as obviating occasional unavoidable defects of hygienic management, whether in hospitals or private practice."

——The report of the Commissioner of Agriculture for 1881 and 1882 contains the results of the experiments conducted by Drs. Salmon and Detmers relative to the nature and cause of destructive diseases of domestic animals. The maladies particularly investigated are hog and fowl cholera and Southern cattle fever. Dr. Salmon describes an ingenious apparatus for the cultivation of bacteria. Dr. Lyman contributes a valuable article on the contagious pleuro-pneumonia of cattle. The report is one highly creditable to veterinary science in the United States.

——Landreth's Rural Register and Seed Catalogue is worth the attention of our country readers. It is distributed gratuitously to applicants by D. Landreth & Sons, Philadelphia.

BOOK NOTICES.

Transactions of the Medical Association of the State of Missouri, 25th annual session, 1882. St. Louis, Missouri.

In this seemly volume of 220 8vo. pages we have ample evidence of the prosperity of the Missouri Society. It contains, moreover, eighteen original articles besides the customary address, and several of these contributions indicate a high order of observation and much careful research.

The address of the President, Dr. Willis P. King, of Sedalia, on "Quacks and Quackery in Missouri," is a telling addition to the exposures of charlatanism. It is really hard to conceive the brutality, unfeeling greed, and ignorance displayed by the innumerable quacks that infest that and, alas! many other States. Here is one of the mildest examples:

From Southwest Missouri: "An old practitioner here said to me that 'Dover's powder was a favorite remedy with him, as it would produce a gentle *diapporesus* and had a soothin' effect on the *mucous membrane of the brain*.' I met another in consultation in a case of spitting blood from vicarious menstruation, and I suggested this as my view of the case. 'Yes,' said the doctor, 'the

blood is stopped in the womb and forced through the fallopian tubes into the lungs.'"

Such examples would be amusing, did they not mean suffering to the innocent patient and fraud on his family.

A Manual of Histology. Edited by Thomas E. Satterthwaite, M. D. Second edition. New York, Wm. Wood & Co. 8vo., pp. 490.

Dr. Satterthwaite, in association with a number of other gentlemen, has presented the subject of histology in a series of independent essays in chapters, covering pretty much the whole ground of that field of research. As each contributor wrote on the special organ or subdivision of the subject with which he was best acquainted or most interested in, the work is of that composite character now becoming so popular, and probably justly so.

The fact that a second edition appears no long time after the first, shows that the work commends itself to the reading part of our profession. Histology, moreover, is a peculiarly attractive field to many, and this volume is an excellent introduction to it. We cannot say that it is extended enough to satisfy the devoted student of that branch. It is not. But it is an attractive exposition of the leading facts, and well suited to the wants of the ordinary practitioner.

It is very well printed, with numerous illustrations, on excellent paper, and in a clear, readable type.

Legal Medicine. By Charles Meymott Tidy, M. B., F. C. S., etc. Vol. I. and II. New York, Wm. Wood & Co.

The name of Professor Tidy is well known in England for his various researches in branches of forensic medicine and sanitary measures. He is a learned man and a lucid expounder of science. His work before us takes up the subject of medical jurisprudence in a condensed but exhaustive manner. The scheme he selects is a good one, and he carries it out with marked ability.

The work belongs in Wood's Series of Standard Medical Authors, and is one of the best of the series.

A Dictionary of Medicine, Including General Pathology, general therapeutics, hygiene, and the diseases peculiar to women and children. By various writers; edited by Richard Quain, M. D., F. R. S., New York. D. Appleton & Co., 1883. 1 vol. 8 vo. pp. 1816.

In this important work the editor has endeavored to combine two features or purposes: in the first place, to offer a dictionary of the technical words used in medicine and the collateral sciences, and also to present a treatise on systematic medicine, in which the separate articles on diseases should be short monographs by eminent specialists in the several branches of medical and surgical science.

Especially for the latter purpose, he secured the aid of such well-known gentlemen as Charles Murchison, John Rose Cormack, Tilbury Fox, Thomas Hayden, William Aitken, Charlton Bastian, Brown-Sequard, Sir William Jenner, Erasmus Wilson, and a host of others. By their aid, he may fairly be said to have attained his object of "bringing together the latest and most complete information, in a form which would allow of ready and easy reference."

Of course, the several articles are necessarily brief, and there are instances where they are obviously too brief to do justice to the subject: but this is a welcome relief after the outrageous tediousness and diffuseness of some of the *encyclopedias* which have of late been inflicted on the long-suffering and easily-gulled American medical public.

To give an idea of the fullness of treatment, we find that the title *Cancer* is treated by Dr. R. J. Godlee, in three and a half pages (double column, small type); *Insanity* has eighteen pages; *Neuralgia*, three pages; *Phthisis*, seventeen pages; *Pyæmia*, seven pages, etc. These limits give fair space for the discussion of the essential known facts about these complaints; and as the articles are composed by persons thoroughly familiar with the subject, and trained to recognize the useful and real from the theoretical and doubtful, the text of these monographs is generally admirable for clearness and condensation.

As a dictionary of words and terms, we cannot place it on so high a plane as when we regard it as a collection of monographs. Many of the older and partly or wholly obsolete terms are not to be found in it. Yet no *dictionary* is complete without them. The etymologies are often too brief or questionable, and the synonomy in other tongues is scanty, although this is a very useful feature to the student. In these respects we place it as inferior to Dunglison's Dictionary.

The publishers have done very well in the manufacture of the book. Though it contains over 1800 pages, it is not inconveniently bulky. The type, though small, is clear, the paper clean and strong, the binding solid and firm.

There are are various illustrations and some whole-page plates, all of which are satisfactory in execution, and material additions to the value of the volume.

THE

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A WEEKLY JOURNAL,

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VENESECTION.

Of late years this practice is being revived, and like all other reliances that have been relegated to obscurity because they have been unduly and unwisely resorted to, it will now, we have reason to hope, be placed upon a rational and substantial basis, and continue to be, as it ought, one of our most effectual therapeutic resources.

Dr. W. H. Broadbent, who contributes a very interesting paper on the subject to the *Lancet*, January 13, 1883, considers that the most striking instance of its good effects is to be found in uræmic convulsions. The indications for venesection, according to his views, are just the reverse of those usually described:

"The face is pale: when the fingers are placed lightly on the radial artery, pulsation is hardly felt, and the vessel is usually small, though it may be large. The first impression is that the pulse is weak. When pressure, however, is made so as to test the force of the current of blood, the pulsation is not easily extinguished, and the firmer the pressure, the stronger the beat seems to be. At the same time the artery is full between the beats, and can be rolled under the finger like another tendon, or like a piece of whipcord. The heart will be usually found to be hypertrophied, and more or less dilated, and very commonly there is reduplication of the first sound over the interventricular septum near the apex, due, as Dr. Sibson demonstrated, to want of synchronism in the systole of the two ventricles. When with these evidences of high arterial tension, convulsions supervene, the most prompt and certain remedy is venesection."

He has found it very useful, whenever in kidney disease the symptoms of uræmic poisoning show themselves, vomiting, headache, confusion, stupor, muscular twitchings, etc., which experience has taught lead up to convulsions. He has in several cases, both of contracted granular and large white kidney, when cure was hopeless, diminished the suffering of the last few weeks of life, and changed the mode of death, by small bleedings when the headache became intolerable and convulsions were impending. If venesection will do what he claims for it, it will prove, indeed, a great boon; but we must be cautious in resorting to an expedient that is so strongly condemned by many eminent observers. At the same time, it is true that one by one the members of our profession are falling into the line of advocating modified venesection, and we cannot help

but think that reason, as well as the weight of clinical evidence, is in its favor. The great trouble with venesection, as with all other possibly dangerous remedies, arises from the fact that the majority of physicians are content to let others do their thinking for them, and to practice medicine by routine. A man who sedulously cultivates the habit of thought, will, in the majority of cases, be able to accurately determine whether the abstraction of blood will be likely to prove beneficial or the reverse.

As a general rule, when no contra-indication exists, it may be stated that venesection will probably prove beneficial in those cases wherein drastic purgatives are indicated for their depletory and counter-irritant effects, and the pulse will be your guide to the extent of venesection called for.

In puerperal convulsions, in which venesection has been highly vaunted, it is recommended to bleed to syncope, but in the other conditions it would be well to stop short of this point; to desist when the pulse indicates that the high arterial tension causing the trouble has been reduced.

ERYTHEMA GANGRÆNOSUM.

Whether there ever exists a peculiar condition of the system giving rise to gangrenous patches on different portions of the body, is a question that possesses a great deal of interest in a medico-legal sense, since the artificial production of the so-called erythema gangrænosum is a favorite practice among malingerers.

Dr. T. Colcott Fox recently read an account of two cases before the Royal Medical and Chirurgical Society, in which the patches were limited to the chest and arms, and occurred over and over again about the site of former patches, sometimes for a time forming only on one arm, then on the other, and then about the chest, but a sort of symmetry was often kept up. The change commences with discoloration of the epidermis, passing rapidly to the formation of a bulla and then to gangrene, the consequent sores healing very slowly. It was noticed that while not exclusively confined to, yet this condition was most frequently observed among intemperate persons.

Since any part will become gangrenous if deprived of its nourishment, and since Dr. Fayrer has concluded that thrombosis of the pulmonary artery may occur as the result of some but imperfectly-understood constitutional conditions, may we not infer by analogy, that when this cachexia (whatever it may be) exists, the circulation of the skin, in a certain area, may become so obstructed, by coagula, as to deprive the part of nourishment and to produce these gangrenous blotches?

In the discussion which ensued on this paper, Mr. Savory pointed out that the detection of the artificial use of caustics was facilitated by noting the shape of the patches, which showed greater irregularity in outline, especially of the lower margins (from the gravitation of the fluid) than is the case in patches of true skin disease.

This is an interesting field for observation.

NEW REMEDY IN DIPHTHERIA.

A German apothecary, R. Münch (Kronen-Apotheke in Leipsic-Sohlis), who enjoys a great reputation for veracity and reliability amongst those who know him, recommends in No. 27 of the Pharm. Centr. Anzeiger, "as a new remedy in diphtheria, and the effect" of which he had noticed on his own 7-year-old daughter—oleum terebinthinæ rectificatum. Children take one teaspoonful morning and night; adults, a tablespoonful. In children tepid milk is given after it; it might also be mixed with the same. The effect of this remedy, which has of late been highly praised by different authors, is said to be really a miraculous one. Within already half an hour after the administration of the drug, a bright redness begins to spread from the margin of the diphtheritic exudation, and this redness becomes generally diffused over and taking the place of the false membrane, and the disease is said to disappear within twenty-four hours without leaving the slightest trace. While this wonderful effect is said to be invariably met with when the remedy is made use of at the very commencement of the disease, those who recommend it so highly contend that it is also successful, only less rap-

idly, in cases that have already progressed for several days.

PROPHYLACTIC INFLUENCE OF TINCTURE OF IRON ON CONTAGIOUS DISEASES.

A somewhat singular, and if substantiated, very valuable observation has been made by Dr. W. Duff Green, of Mt. Vernon, Ill., in the *St. Louis Courier of Medicine*, February, 1883. He relates his experience in six families, wherein he treated typhoid fever or measles. In every individual to whom he had given tincture of the chloride of iron, if the disease appeared at all it was very slight, while the majority of those so treated escaped it altogether; at the same time nearly all of those who did not take the iron had the disease in its ordinary severe form. He has noticed this prophylactic action since 1877, and he only records a few of his many observations. It may be that the iron simply enables the system to withstand the onset of the disease, by giving it tone, without possessing any specific action; but whatever the explanation is, this report is sufficiently valuable and trustworthy to stimulate further investigation.

Notes and Comments.

Indications for the Use of Different Kinds of Electricity.

To recognize the differential indications is one of the most difficult things in medicine. We have, says Dr. A. D. Rockwell in the *New York Medical Journal*, February 3, 1883, galvanic, faradic and franklinic, or static electricity, each one of which differs from the others in its therapeutical properties. In hemiplegia, where there exists an exalted electro-muscular contractility, electricity, if used at all, should be used in the form of faradization, and with an exceedingly mild and rapidly interrupted current. On the contrary, when there is a very great diminution of electro-muscular contractility, the galvanic current is indicated. When we wish to directly affect the central nervous system the constant current is alone applicable. As a general rule, it will be found that in neuralgia, where firm pressure over the affected nerves aggravates the pain, the galvanic current is indicated, while when the opposite condition obtains, the faradic current will prove more useful. In what we call "*general debility*," the faradic current is indicated. Asthenopia, accompanied by hyperæsthesia of the retina and ciliary nerves, seems to demand the faradic current; as is also the case in diphtheritic paralysis. The so-called spinal irritation or spinal neuralgia calls exclusively for galvanism, as well as in sequelæ of cerebro-spinal meningitis; also will it oftentimes afford much relief in exophthalmic goitre.

For the restoration of the lost senses of taste and smell, galvanism succeeds when faradism fails. So also in skin diseases, where electricity is of service, the galvanic current is the one indicated. For herpes zoster, in electro-surgery and in the treatment of erectile tumors, galvanism reigns supreme. It is to be prefered as a fœticide in extra-uterine pregnancy. In sthenic chorea it is indicated, while in the asthenic form faradism must be used. The same rules will guide in amenorrhœa. The pain of muscular rheumatism will be relieved sooner by franklinization than by either of the others, and its use is more particularly indicated in pain confined to no special nerve trunks, dull and aching in character, and with no tenderness on pressure. Study first dynamic electricity, and then go to franklinism.

Chloral in Albuminuria.

Thomas Wilson, in the *British Medical Journal*, December 23, 1882, cites several cases showing the efficacy of chloral in the above condition: the attention of the profession does not yet seem to have been generally drawn to the effect of chloral in removing albumen from the urine, and also the existing œdema.

Mrs. R——, a delicate woman, age 40, who had just past through utero-gestation, presented albuminous urine and dropsy, orthopnœa, lips cyanosed, pulse weak, no cardiac murmur was detected. The diagnosis of dilated heart, passive congestion of kidneys, and dropsy, was made.

From the regularity with which it was noticed that the urine passed after taking chloral was clearer, of lower specific gravity, and contained less albumen than that passed at other times, it was decided to test the effect of chloral by withholding its administration altogether. No sooner was the drug stopped than all the symptoms returned. Urine passed after taking chloral was of average specific gravity of 1016, acid, with no albumen; specimens passed at other periods contained albumen and granular and hyaline tube casts.

No explanation is offered as to how the chloral

was followed by such beneficial results. "Suffice it to say, that under its use, a lady so prostrated that she could not stand, with a dilated heart, albuminuria, and marked œdema of feet and legs—indications of a grave constitutional state—has simply been rescued from death."

In another case, a woman, age 68, chloral was as successful as in the former.

No apparent diuresis or diaphoresis was produced.

Nocturnal Eneuresis, Treated by Voltaic Alternatives.

Dr. Althaus writes in the *British Medical Journal:* "In June, 1882, I was consulted in the case of a boy, aged 15, who had suffered from incontinence of urine during sleep, ever since he was nine years of age. He had been treated with belladonna and other medicines without relief; and as he was about to enter a public school, where a continuance of this trouble might have been particularly annoying, the parents were very anxious that something more should be done. The boy's general health was good, but he was considered a nervous child, and highly sensitive. There were no ascarides, but he had a very long prepuce which could only with difficulty be retracted. There was, however, no suspicion of masturbation. Treatment by electricity having been recommended, I applied the middle-sized circular cathode over the region of the bladder, and the large oblong anode (five inches by two) to the lumbar portion of the spine. The current-strength 2.50 milli-ampère for five minutes at a time. As after a few such applications no material benefit appeared to have been gained, I then added fifty voltaic alternatives produced in the metallic circuit. The night after this was free from the usual annoyance, and the boy has made an apparently uninterrupted recovery." Dr. Althaus prefers this method of treatment to injections of nitrate of silver, as recommended by Sir Henry Thompson. He believes that belladonna is of value when eneuresis is distinctly caused by undue excitability of the bladder.

Faradization of Spleen in Intermittent Fever.

The *London Medical Record*, January 15, 1883, says that Dr. Babaieff regards (*Mediz. Obozr.*, Feb., 1882) systematic faradization of the spleen as one of the best adjuvant means in the treatment of intermittent fever, and adduces some cases of his own in which the usual antiperiodic remedies had remained unsuccessful until the electricity had been added. The faradization not only diminished the splenic tumor, but also acted beneficially on the malarial process. This favorable influence the author attempts to explain as follows. 1. Faradization gives rise to contractions of the splenic vessels, and, in a reflex way, acts tonically on the vaso-motor centres. 2. It counteracts blood-stagnation, and possibly accumulation of miasmatic products in the spleen. 3. It acts indirectly on the neighboring kidney, increasing correspondingly the secretion of urine. 4. It prevents the formation of infarcts and ruptures in the spleen. The editor of the *Mediz. Obozr.*, Dr. V. F. Sprimon, also testifies to the high value of faradization and galvanization in cases of chronic malarial tumor of the spleen. He saw its prompt disappearance, as well as a great improvement of the general state, in four out of five of his patients treated by this method. In four of the eight of Dr. Sprimon's cases which presented intermittent of recent standing, and were treated by faradization alone, the fever disappeared and never returned after five to ten sittings (half an hour daily).

The Mortality Referable to Alcohol.

The *British Medical Journal* says: At the end of a long and and carefully-prepared report recently drawn up by a committee of the Harveian Society, it is concluded: that there is, upon the whole, reason to think that, in the metropolis, the mortality among any considerable group of intemperate persons will differ from that generally prevailing among adults in the following important particulars, viz., a fourfold increase in the deaths from diseases of the liver and chylopoietic viscera; a twofold increase in the deaths from disease of the kidney, a decrease of half as much again in those from heart disease, a marked increase in those from pneumonia and pleurisy, a considerable increase and an earlier occurrence of those from disease of the central nervous system; a marked decrease in those from bronchitis, asthma, emphysema, and congestion of the lungs, a decrease nearly as great as in those from phthisis, and a later occurrence, or at least termination, of the disease; a very large decrease in those from old age, with an increase in those referred to atrophy, debility, etc., and the addition of a considerable group referred in general terms to alcoholism or chronic alcoholism, or resulting from accidents.

Atmospheric Pressure and Apoplexy.

At certain seasons of the year, or rather at special times, apoplexy seems to be almost epidemic. Dr. Bürger, physician of the county Gerabronn,

in Wurtemberg, studied the relation atmospheric conditions seem to have to apoplexy. From 1877 to 1879, inclusive, 78 persons died in the county of this disease, and Bürger found that the atmospheric pressure was decreased on the days such attacks happened three times oftener (in 53 cases) than increased (in 19 cases). It is a pity that the different forms of the malady had not been classified, or it might have been found that serous apoplexy, the form we mainly find in diffused kidney lesions, happens especially when the atmospheric pressure is lowered, while in apoplexy due to congestion or in the hemorrhagic form the opposite holds good, and a stroke of paralysis due to embolism will not be in any way related to changes in the atmospheric pressure. But the want of this information shows again the necessity which we have so frequently urged upon our medical confréres of being as accurate as possible in the statement of the cause of death, or death certificates. By such statements being made more accurate, many more valuable facts could be gained for science from statistical tables taken from the records of death-rates.

Pyrogallic Acid in Phagedæna.

From the *Union Medicale*, January 4, 1883, we learn that M. Vidal, Surgeon to the St. Louis, thus concludes a paper which he read at the Académie de Médecine. "On the Treatment of Phagedæna of Simple Chancre by Pyrogallic Acid or Pyrogallol": 1. By destroying the virulence of simple chancre, it arrests phagedænism and rapidly transforms it into an ordinary sore. 2. Only causing very slight pain for some minutes, limiting its caustic action almost exclusively to the diseased tissues, and easy of application to all the invaded parts, pyrogallol, incorporated with an ointment mixed with an inert powder in the proportion of one-fifth, has proved to be the best topical application to simple chancre and phagedæna. 3. It may be applied over large phagedænic ulcerations without danger accruing from its absorption. 4. Although so remarkable in its efficacy in the phagedænism of simple (invading) chancre, it has no special action on the phagedænism of syphilitic ulcerations (tertiary phagedænism).

Micrococcus Puerperalis.

The *Medical Record*, February 3, 1883, says: Recently pathological investigation has pointed very strongly toward the conclusion that a microorganism is the cause of puerperal septicæmia. We are quite prepared, therefore, for the announcement that M. Chauveau has isolated this organism, cultivated it, attenuated it, and used the attenuation as a vaccine.

M. Chauveau experimented with rabbits, and states that he produced in them the lesions and symptoms of puerperal fever. His experiments as to the protective power of attenuated virus are not yet completed. But he states that those rabbits which survive the first inoculations are not susceptible to any subsequent attacks, even when virulent virus is injected.

The profession will wait with much interest for the conclusion of Chauveau's experiments.

The Action of Thymol on the Circulation.

The *London Med. Record*, January 15, 1883, says that Dr. Fiori used thymol in fever and apyrexia, with heart sound or diseased, taking observations of the temperature, pulse, respiration, blood-pressure, in doses from ½ gramme to 5 grammes. The observations were taken every quarter of an hour. Sixteen individuals were experimented on. He concludes that thymol produces rapid and considerable fall of temperature and diminution of the frequency of the pulse in fever. In healthy persons also it retards the pulse. In the sphygmographic tracings is seen in most cases a tendency to rounding of the curves, and at the bifurcation of the apex of the curve a greater accentuation of the oscillations of elasticity. With the fall of temperature, the blood-pressure diminishes. Thymol, while it lowers the temperature, has no bad effect on the heart; and can therefore be considered a true antipyretic remedy.

Nephrectomy.

In the *Dublin Jour. of Med. Science* for January, 1883, Mr. Stokes relates another unsuccessful nephrectomy performed by Mr. Francis J. O'Reilly. The right kidney was removed from a patient aged 26, suffering from right kidney symptoms and pus in the urine. A favorable opinion was formed of the ability of the left kidney to take on the action of both. The operation was by the vertical lumbar or post-peritoneal method, and was performed antiseptically. The vomiting and depression manifested during the operation continued, and the girl died in 48 hours.

Purgatives for Hypodermic Use.

The *Boston Med. and Surg. Jour.*, February 3, 1883, says that Dr. A. Hiller, of Berlin (in *Zeitschrift für klin. Med.*, Bd., iv.), reviews the various cathartics that have been recommended for hypodermic use, and concludes that none of them is

at once reliable and free from objections. Aloin is uncertain in its action, and has been given in doses of 0.8 without effect, and citrullin (from the colocynth), cathartinic acid (from senna), elaterin, euonymin, baptisin, etc., are all found to be either ineffective in moderate doses, or to cause great pain and local inflammation. So that the writer concludes that pharmaceutical research is still inadequate for the solution of this problem, which, however, he believes will some time be solved.

Left-Side Pain.

We frequently have patients come to us complaining of pain in the left side, who are otherwise apparently healthy, and we are at a loss to account for the pain. At a recent meeting of the Academy of Medicine, in Ireland, Dr. Wallace Beatty read a paper on this subject, which we read in the *Medical Press and Circular*, January 3, 1883. He considers the pain, in many instances, due to fecal accumulation, and it can be removed by getting rid of the accumulation. The pain is felt over the lower few ribs on the left side, associated with great pain on upward pressure of these ribs, but no pain on downward pressure. He ascribes the pain to the dragging of a loaded colon on the pleuro-colic ligament, setting up extreme irritability of the nerves.

Death from Petroleum by Suffocation.

During the night from September 18 to 19, 1882, twelve young girls died in the institution Cavaller Maggiore in Piedmont the death of suffocation, because they had permitted a kerosene lamp to burn during the night, after they had turned it half down. The flame evidently communicated itself to the fluid in the lamp, and gradually abstracted all oxygen from the room, which fact was the cause of the suffocation. The dead bodies showed all the signs of death by suffocation.

Iodoform for Ascaris Lumbricoides.

The St. Petersburg *Med. Woch.*, December 30, 1882, says that Dr. Schildowsky has employed iodoform successfully in three cases of ascaris, and recommends that a further trial should be given of the remedy. He gives to an adult one grain with ten grains of bicarbonate of soda three times a day, and a quarter of a grain to a child.

Acute Addison's Disease.

Dr. Goodhart, of London, recently presented a dissection of the changes in the abdominal sympathetic and supra-renal capsules in a case of Addison's disease. The patient had died from sickness, which had been supposed to be merely sea-sickness, as he was not known to have been ill previously. There was no bronzing, and the capsules were very large, and therefore, probably, the disease was quite recent.

Subnitrate of Bismuth for Cancrum Oris.

Dr. C. J. Magguire contributes an article on this subject to the *Medical Record*, February 3, 1883. He has had under his personal care twenty-four cases, of which he has lost four, all before he commenced the use of the bismuth. He gives the drug internally, and considers it a specific for cancrum oris.

To Disguise the Odor of Iodoform.

The *Journal de Therapeutique* says that Dr. Yvon effects the abolition of the smell of iodoform by the very simple procedure of incorporating with it a little essence of roses. Half a drop of the essence removes the odor of sixty grammes of iodoform, the compound retaining that of the essence.

Correspondence.

The Personal Experience of an Opium Habitue.

Eds. Med. and Surg. Reporter:—

Having had frequent attacks of sick headache, I resorted to various remedies, but without radical relief.

Five years ago I began the use of morphia and atropia hypodermically, with almost immediate success. For two years I used it whenever I experienced a recurrence of my headache, and at the end of this time resorted to it daily. The atropia acting unpleasantly, it was abandoned and the morphia continued, gradually increasing the frequency and amount of the injections, until at the end of three years, I could take with impunity from 12 to 15 grains daily, although my usual quantity was about eight grains per diem.

The early effect of my addiction was very agreeable, enabling me to endure more work, mental and physical. But, after increasing the daily quantity above one or two grains, it produced great prostration, and occasionally severe attacks of vomiting, which usually continued from three to six hours.

I made frequent attempts at self-abandonment, but always failed, and I think it almost impossible to secure such a result without assistance.

Finally, after being miserable for nearly three years, I endeavored to seek aid from some one giving special attention to the treatment of this disease, and accordingly consulted a gentleman well known to the readers of this journal, and soon placed myself in his care. To my astonishment I was cured in less than three weeks, the morphia being withdrawn in one week, without any discomfort whatever; and twelve days later, I

returned home without having lost an entire night's rest. It is remarkable that after the nervous system has been accustomed to opium for years, one can be relieved in so short a time by appropriate treatment.

It will give me pleasure to correspond with any medical gentleman who may be in the bondage from which I happily have escaped.

D. W. Bashore, M. D.

West Fairview, Pa.

Salicylic Acid and Acute Rheumatism.

Eds. Med. and Surg. Reporter:—

I had recently under my care a strong man with a syphilitic taint, who came complaining of swelling and excruciating pain in his hand. The skin was brawny, there was a dry, pungent heat, and, indeed, the case presented every evidence of commencing acute inflammatory rheumatism. It had commenced two days before in one finger, had gradually involved the hand, and was commencing to affect the wrist. Knowing that my patient could take medicine *well*, I gave him twenty grains of salicylic acid (without any excipient, pure and simple) every two hours, until he had taken one hundred and eighty grains. After the second dose, he experienced relief, and when the full quantity was consumed, he needed no more medication, having complete use of his hand within three days. Since some authorities claim that salicylic acid may be dangerous, I would utter a caution against such large doses unless you can have your patient under close observation; though I have now used it in several cases, and have never seen an untoward effect.

Texas. I. Brown, M. D.

Large Doses of Copperas.

Eds. Med. and Surg. Reporter:—

Two or three weeks ago I was called to see a a mother and child who had taken a dose of salts "that had worked the wrong way." On seeing the patients, I learned that during the previous night at 11 p. m., the mother had taken one teaspoonful and a half of copperas (pulverized) instead of salts, which produced violent emesis, with severe pain in her stomach, which disappeared in an hour or two. Not ascribing the reversed action to the "salts," she repeated the dose the following day at 11 a. m., giving her little boy about the same quantity in a hot water solution. The effect in the case of the mother was a repetition of that of the former dose, except that it stimulated her memory to a recollection of the fact that she had taken copperas instead of salts, and that she had mistaken the paper containing the salts. In the case of the little boy the effects were not so slight. It did not act as an emetic, but produced great depression, followed by coma, and at that time, four hours after taking the dose, the patient could only be temporarily aroused. Something had to be done. Not having a chemical antidote at hand, I concluded to give him an emetic dose of ipecac, which produced emesis, followed by return of consciousness. I now gave him milk and eggs with opium, to relieve pain in his stomach. Mother and child made a good recovery in two days.

Cherrytree, Pa. J. U. Biose, M. D.

Lime in Croup—Sulphur in Diphtheria.

Eds. Med. and Surg. Reporter:—

In reading a communication from a correspondent in last week's Reporter in reference to the treatment of croup by lime inhalations, I was reminded of many cases I had treated in this way years ago with marked success. My attention was first called to this mode of treatment by seeing a notice of it in Vol. XIII. of this journal, 1865, page 171. Those that may feel an interest will do well to refer to the above number of the Reporter. I will quote a few sentences. After stating that a German by the name of M. Kuchenmeister had found that "diptheritic membranes are rapidly dissolved in lime water," the *British Foreign Medical and Chirurgical Review* says that some pseudo-membranous exudations of considerable extent and thickness were placed in a small glass of lime water, and in the space of from ten to fifteen minutes they disappeared, leaving only a very slight sediment at the bottom of the glass. It having been my lot heretofore to have been called to many cases of croup, many of which had run on rapidly to a fatal termination, I was therefore particularly anxious to find a remedy that would resist the great fatality of this disease. Since adopting the lime inhalation treatment my success has been almost uniform. But the lime inhalations will only answer where the deposit is that of true croup. In the croupous form of diphtheria, or diphtheritic croup, it has no effect whatever, as many trials of it, at different times, have fully satisfied me. But like lime in the treatment of croup, so sulphurous acid and sublimed sulphur seemed to be the most reliable remedies in removing the deposit of diphtheria. Sublimed sulphur, as it comes to us, is always acid, and if we expose it to the air for a time it becomes still more so. This, blown into the fauces, or placed dry upon the tongue, I have seen remove the membrane in a very short time. So it would seem that an acid was indicated in the treatment of diphtheria, while alkali was indicated in the treatment of croup. That the deposit of croup and that of diphtheria are widely different, I am fully satisfied. The croupous form of diphtheria often so simulates true croup that at times a correct diagnosis becomes difficult. But it is very necessary that an early discrimination should be made, as much valuable time may be lost in letting these formidable complaints run on their natural course.

In the spring of 1857, several cases of membranous croup occurred in my circuit. Those that were seen early, it was found that small and repeated doses of calomel was the most reliable remedy, but the case had to be seen early. Two cases proved fatal in one family in the spring of that year. With the assistance of Dr. S., then of Mt. Holly, I removed a section of the trachea of one of these fatal cases. We found the trachea so filled with deposit that a knitting-needle would scarce pass through. The specimen was exhibited at a meeting of our Medical Society, and elicited much interest. It finally passed out of my hands, and I think was placed in the museum of the Jefferson College. None of these cases, I think, had any deposit in the fauces, or above the epiglottis. Wm. L. Martin, M. D.

Rancocas, N. J., January 26, 1883.

News and Miscellany.

The Lamson Life Insurance.

The case of Dr. Lamson, whose crime and execution in England we have recorded, has had a queer termination. The murderer had a life insurance of $5,000, payable to his widow. Immediately after his execution, claim was entered for its payment. The company objected on the ground that the assured had died neither from natural causes, disease, nor unavoidable accident. The estate claimed, however, that though the death was a violent one, it was in no sense like a suicide, which would, of course, have annulled the policy. The assured had certainly not voluntarily delivered himself to the executioner; on the contrary, it could be maintained that he had yielded only with reluctance. The company paid the claim under a formal protest.

Official List of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service, Oct. 1 to Dec. 31, 1882.

Bailhache, P. A., surgeon. Present detail continued until further orders, Oct. 6, 1882. To proceed to Louisville, Ky., as inspector, Oct. 13, 1882. Granted leave of abscence for thirty days, Nov. 10, 1882.

Vansant, John, surgeon. Granted leave of abscence for twenty days, Nov. 18, 1882.

Hutton, W. H. H., surgeon. To proceed to Louisville, Ky., and assume charge of the service, Oct. 7 and 14, 1882.

Miller, T. W., surgeon. To continue at present station until further orders, Oct. 6, 1882.

Wyman, Walter. To inspect keepers and crews of the Life Saving Service, Oct. 5, 1882.

Long, W. A., surgeon. To proceed to Detroit, Mich., and assume charge of the service, Oct. 7 and 14, 1882.

Murray, R. D., Surgeon. Having returned from service in the yellow fever epidemic in Texas, to report in person to the Surgeon General, M. H. S., Dec. 4, 1882. Granted leave of absence until Feb. 28, 1883, Dec. 19, 1882.

Fessenden, C. S. D., surgeon. To proceed to St. Louis, Mo., and assume charge of the service, Oct. 7, 1882.

Purviance, George, surgeon. To inspect keepers and crews of the Life Saving Service, Oct. 21, 1882.

Sawtelle, H. W., surgeon. To proceed to New York, N. Y., and assume charge of the service, Oct. 7, 1882.

Austin, H. W., surgeon. To inspect keepers and crews of the Life Saving Service, Oct. 5, 1882.

Fisher, J. C., passed assistant surgeon. Present detail continued until further orders, Oct. 6, 1882. To proceed to Alexandria, Va., as inspector, Oct. 21, 1882.

Heath, W. H., passed assistant surgeon. Granted leave of absence for fourteen days, Dec. 28, 1882.

Porter, F. D., passed assistant surgeon. To inspect keepers and crews of the Life Saving Service, Oct. 5, 1882. To proceed to Evansville, Ind., for temporary duty, Nov. 21, 1882. To proceed to Charleston, S. C., and assume charge of the service, Dec. 21, 1882.

O'Connor, F. J., assistant surgeon. To proceed to Norfolk, Va., for temporary duty, Oct. 14, 1882. To rejoin his station (Detroit), Nov. 4, 1882.

Wheeler, W. A., assistant surgeon. Relieved of duty at Charleston, S. C., and placed on waiting orders, Dec. 22, 1882.

Armstrong, S. T., assistant surgeon. To examine keepers and crews of the Life Saving Service, Oct. 5, 1882.

Bennett, P. H., assistant surgeon. To examine keepers and crews of the Life Saving Service, Oct. 5, 1882.

Ames, R. P. M., assistant surgeon. Granted leave of absence for twenty-one days, Nov. 23, 1882.

Devan, S. C., assistant surgeon. To examine keepers and crews of the Life Saving Service, Oct. 13, 1882. To inspect unserviceable property at the San Francisco Marine Hospital, Oct. 20, 1882.

Kalloch, P. C., assistant surgeon. To inspect keepers and crews of the Life Saving Service, Oct. 5, 1882.

Human Automatism.

In the course of a lecture on this subject by Dr. W. B. Carpenter, published in the *New York Medical Jour.*, February 3, 1883, he relates the following incident:

When Professor of Chemistry at Oxford, Sir Benjamin Brodie was experimenting upon a peculiarly explosive fluid of his own discovery, and was holding a small bottle of this fluid between his eyes and the light. Either through the tremulous motion or the warmth of his hand, the fluid exploded with such violence as to blow to pieces—to dust, in fact—the bottle which contained it; and his first thought was, "I am blinded; this glass has been driven into my eyes, and I shall never see again!" Upon putting his hand to his eyes, however, he found that the glass had gone entirely into the *outside* of his lids, and that his eyes were perfectly safe. Either the flash of light or the explosion (which occurred first I do not know) had called forth an instaneous respondent muscular movement, which protected his eyes by the closure of his eyelids.

Last Year's Medical Publications.

Messrs. Sampson Low & Co., of London, announce in their *Publisher's Circular* that during 1882 there were 119 new works and 58 new editions of books on medicine and surgery and associated subjects published in England. In the year preceding, the numbers were 108 and 56 respectively. How few are worthy of publication!

The Coldest Town in the World.

The coldest inhabited town in the world is, according to *L'Union Médicale*, not Irkoutsk, as has been formerly believed, but Verchojansk, in Siberia. In this place the mean temperature during the month of January was —43° F., in February, —56° F., in March, —37°. Once the thermometer recorded —81.4° F.

To Powder Boracic Acid.

This acid, which it is very difficult to reduce to powder, may be finely pulverized by the following process: First warm a Wedgwood mortar by pour-

ing into it a little alcohol, and setting fire to it. Then put into the warm mortar the boracic acid, with a few drops of glycerine, when it will be found to be easily reduced to as fine a powder as desired.

The Kentucky State Medical Society.

The Kentucky State Medical Society will meet in Louisville in April, under the presidency of Dr. A. D. Price. Dr. Coleman Rogers is chairman of the Committee of Arrangements.

Longevity of Occupations.

The *Scientific American* states that the longest lived men are merchants, and then in the order named: Weavers, shoemakers, carpenters, blacksmiths, laborers, miners, tailors, bakers, butchers, liquor dealers. The mortality among liquor dealers is so great that in good companies they are admitted with great caution and on short policies. The callings of brewer, it is added, typesetter, tinsmith, lithographer and stonecutter are all unfavorable to longevity. These deductions are made from data found in the office of the Registrar-General of Great Britain.

The Death Rate of Scotland.

The Registrar-General's returns for the week ending with the 23d of December show a great contrast in the respective death rates of Edinburgh and Glasgow. The rate in the former is 21 per 1,000 per annum, and in the latter no less than 37. The average for the chief towns is 28. Our informant, the *Medical Press and Circular*, does not account for this enormous difference. It would be exceedingly interesting, from a sanitary standpoint, to know the causes.

Sanitation in the Fiji Islands.

The Fiji Government has published a special number of a native journal, *Na Mata*, which they issue from time to time, to acquaint the native population with the actual sanitary condition of the islands. During the year 1881 there was an increase of births over deaths of 204. The statistics are of a detailed character. The attention of the natives is called to the excessive mortality which still exists among the children, and much useful advice is given to parents. In districts where this advice has been acted on, the increase in the population has been most striking.

A Movement Against Vivisection.

The report of the Women's Philadelphia Branch of the Society for the Prevention of Cruelty to Animals, read at the annual meeting recently, stated that the movement against vivisection is to take a more tangible form than heretofore. Arrangements are on foot for holding a public meeting in the latter part of February, and for taking at that meeting the initial steps toward the formation of an Anti-Vivisection Society in Philadelphia. Other means will also be considered for the suppression of vivisection, "that deadliest of all cruelties."

Meanwhile, the thousands of sick men and women who could be relieved by an application of the results obtained by vivisection are to be left to die or suffer the tortures of disease.

This is the class of people who strain at a gnat and swallow a camel.

Deaths by Violence in Russia.

Deaths by violence seem to be very frequent in Russia, the total for the last four years being no less than 164,436, of whom 129,328 were men, and 35,108 women, the proportion of the former to the latter being as 79 to 21. Out of the total of violent deaths, 11,655 were murders, 8,613 suicides, 44,418 sudden deaths, 22,529 were attributed to the effects of drink, 1,270 were due to lightning, 11,251 persons were run over, 3,936 were burnt to death, 3,326 were suffocated, 5,144 were frozen to death, 31,511 were drowned, 364 were devoured by wild animals, and 19,409 were killed in various other ways.

The Philadelphia Hospital.

A Committee on the Medical Board of the Philadelphia Hospital has sent to the Board of Guardians of the Poor an endorsement of the petition to Councils that the Almshouse be removed and the present buildings be devoted entirely to a General Municipal Hospital. The Board is earnestly advised of the importance of drawing a distinction between the sick poor and indigent paupers, and the necessity of providing for contagious diseases other than small-pox within the precints of such a hospital by the establishment of secluded and remote wards for the reception of persons so afflicted.

Overworked Railway Officials.

The *Lancet* says that overwork of the railway officials seems likely to have been the chief cause of the collision at Cowlairs Junction, in Scotland, on the 16th of December. The men in charge of one of the trains had been on duty for seventeen hours and a half; those of the other for nearly seventeen hours. Some means must be found of ensuring that good dividends are not made at the expense of public safety. Let us look to it that we are not making the same mistake.

Fire Escapes.

If the care of health means the preservation of life, then the profession should take an interest in urging the erection of fire escapes to hotels and factories. The recent series of dreadful conflagrations in such buildings, offers emphatic examples of the pressing need for such avenues of exit.

It is hard fate enough to have to endure the cookery of the average hotel, without incurring the added danger of being cooked one's self.

The Cholera in Mexico.

The Government organ of the Mexican State of Chiapas publishes a long article on the choleraic disease which has ravaged that State, and has not yet disappeared. The General Government is asked for assistance, want and misery being prevalent where the epidemic raged. Sanitary cordons confined the disease to the hot region. It is said that "Whole families died in a single night. On some plantations there are only three or four

people left alive. Many bodies have been devoured by the dogs, because those who were stricken were at once abandoned. The town of Tuxtla had 8,000 inhabitants, 600 of whom are dead. Of the 6,000 in Tonala, upwards of 1,000 are dead. The town of Chiapas suffered most severely, twenty to thirty persons dying daily."

Personals.

—It is said that the death of Mr. Critchett, the eminent English oculist, was hastened by remorse for a grave mistake made by him in an operation.

—Dr. H. Helmholtz has been raised to the rank of Baron, on account of his great services to physiology.

—Dr. F. Pierce, of Worcester, Mass., was recently arrested for treating erysipelas by local application of kerosene, thus causing "blisters and horrible suffering." They must have queer kerosene in Massachusetts; it don't blister down this way.

—A negro who is alleged to be 138 years old lives in Warren county, Miss. We have observed that such extraordinary age is attained only by Indians, peasants, or negroes, whose birth-date is unknown.

Items.

—A woman 102 years old, a native of Rhode Island, died recently in Providence.

—Medicine is radically a sacred profession and connected with the highest priesthoods, or rather itself the acme and outcome of all priesthoods and divinest conquests of intellect here below—*Carlyle.*

—In storms of controversy there is nothing to be found but the billow that moves to mischief and the foam that disappears.—*Paget.*

—A large lunatic asylum has recently been erected at Bayreuth.

—The difference between a druggist and a farm laborer is that one is a pharmacist, while the other is a farm-assist.

—For the first three weeks of the present year the death rate of Providence, R. I., showed an increase over last year.

—A servant girl in Trenton, N. J., recently died from a dose of oil of tansy, taken probably to produce abortion. Post-mortem examination showed that she was not pregnant.

—Medical professor to raw student: "Where is the glottis?" "I don't know, sir. I think you put it on the shelf in the dissecting room with the rest of your surgical instruments."

—The *Official Messenger* publishes a decision of the Medical Council of St. Petersburg, condemning the homœopathic remedy for diphtheria, which has lately been tried there in the hospitals of the Red Cross Society, as false and dangerous.

—The Trustees of the Butler Hospital for the Insane, at Providence, intend to raise a beneficiary fund of $150,000. One lady of Providence has offered $50,000, and others have added $25,000.

—For the year 1883 the Academy of Medicine, Paris, offers seventeen prizes, the total amount of money bieng over 60,000 francs. The largest prize is one of 25,000 francs ($5,000), which will be given to any one who, in the judgment of the Academy, has found a remedy against diphtheria.

—Four clergymen, one Roman Catholic and the others Episcopal, have been arrested at Fort Smith, Ark., for violating a proclamation of the Mayor closing the churches and public schools and prohibiting public assemblages, on account of the prevalence of scarlet fever in the city. They were held in bail for trial.

—"What on earth makes you announce that you extract teeth without pain? Didn't I hear every patient you had up here yell?"

"You did, sir," replied the peripatetic dentist, "but those were shrieks of joy which they uttered, sir! They were so delighted, sir, at being painlessly relieved, that they could not restrain their enthusiasm!"

—The question of nationality has at last found its way into medicine. The French doctors in Nice are up in arms against their English and other foreign brethren established in that favored health resort. A general meeting of the former body has been held, at which protests were entered against the manner in which alien practitioners monopolize the most lucrative practice. Amongst other points which were urged, it was stated that many of the intruders are not qualified French physicians, and consequently have no right to practice anywhere in France.

Corrections.

Line 13, page 117, February 3, 1883, *defects* should have the place of *objects.*

The last paragraph in the article should have been made a foot-note to the sentence ending with the fifteenth line on page 119.

QUERIES AND REPLIES.

J. E. F., Jan. 13th last, will probably cure his patient of urticaria (hives), by prescribing 40-grain doses, four to six hours apart, of *sulphite of soda.* At all events, I have lately succeeded, in an intractable case, with this remedy.

J. H. T.

MARRIAGES.

HARRY—LONGAKER.—At the residence of the bride, in Norristown, by the Rev. A. J. Weddell, on the 31st of January, Dr. C. Howard Harry and Miss Lizzie Longaker, both of Norristown, Pa.

THOMPSON—ORR.—In North Stratford, Vt., January 20, Dr. Charles E. Thompson and Lina Orr, of North Stratford.

TOMPKINS—SLACK.—In this city, February 5th, 1883, by Rev. Wm. H. Neilson, Dr. L. Douglass Tompkins, of Harlingen, N. J., to Miss Emma A. Slack, of this city.

WEDGWOOD—BOWERS.—In W. Baldwin, Mass., October 31, by Rev. H. Chase, John T. Wedgwood, M. D., and Miss Fannie E. Bowers, of Baldwin.

DEATH.

MERRILL.—In Cincinnati, Ohio, February 1, Dr. Joseph Merrill, in the 58th year of his age.

THE

MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

LECTURE.

SPLENIC LEUCÆMIA.

A CLINICAL LECTURE DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA, BY

WILLIAM PEPPER, M. D., LL. D.,

Professor of Clinical Medicine in the University of Pennsylvania.

Reported by Wm. H. Morrison, M. D.

Gentlemen:—You will remember that at the last lecture, we were considering a case of splenic leucæmia. I pointed out to you the general symptoms by which we recognize this group of cases; that without apparent cause, the patient is noticed to become weak; his ordinary work tires him more than usual. With this, he becomes paler. The weakness and anæmia gradually increase until he is compelled to quit work. There is nearly always breathlessness on effort and palpitation of the heart under excitement or exertion. Often a little puffiness about the ankles is observed, sometimes a little puffy look about the eyes, and later, there may be considerable œdema. Auscultation shows an anæmic murmur over the base of the heart. Hemorrhages from various surfaces, particularly from the nose, and sometimes from the bowel, are not rare. If the eye ground is examined, small, scattered, retinal hemorrhages, perhaps interfering with vision, may be found. In some of these cases, examination of the blood shows no increase in the number of the white corpuscles, while in other cases, there is a great increase in their number. The normal relation is about one white to two hundred and fifty red. This may come to be one white to fifty red; one to five; one to three; or as in the case you saw last week, the white and red may be equal in number.

Dr. Wm. E. Hughes has carefully counted the corpuscles in that patient, and I have here his report. In a cubic millimetre of healthy blood there are about 5,000,000 red globules and about 20,000 white globules. In this case there were but 1,300,000 red (a reduction of 75 per cent.), while there were 1,245,000 white globules. This is a most remarkable degree of leucæmia. The red corpuscles in such cases do not form good rouleaux; they are not of as bright a red as they should be, and frequently their shape is altered. The white globules are also much changed, and you will often find, as is stated to be the case here, that "it is a matter of difficulty to decide in some instances whether a corpuscle is red or white." Not only is there a great change in the appearance of the corpuscles, but there is also evidence of marked alteration in their development and constitution. They are diseased.

I further stated to you that while the weakness and anæmia were gradually increasing, it is noticed in some cases that there is enlargement of the spleen, with perhaps a little or no affection of the glands. This constitutes splenic leucæmia. In these splenic cases the liver is often enlarged. In other cases, without much involvement of the spleen, the lymphatic glands become enlarged. This is usually first observed in the glands of the neck, then of the axilla, then of the groin, and finally of the abdomen. This is lymphatic leucæmia. In these cases the spleen may be moderately or even considerably enlarged. Lastly, there is a group of these cases where you find neither en-

largement of the spleen nor affection of the glands; where, during life you can put your hand upon no lesion, but where, after death, there is found hyperplasia of the lymphatic elements of the marrow of the bones. We thus have a medullary form of the disease. In one class of these cases the number of white globules is not increased, while in another it is greatly increased. The former class is termed pseudo-leucæmia, and the latter leucæmia. We thus have pseudo-leucæmia and leucæmia of three varieties, splenic, lymphatic, and medullary.

Another symptom which I might mention is albuminuria. Albumen is not rarely present in moderate amount, and is usually dependent upon the alteration in the blood and the excessive filtration of blood serum through the malpighian tufts. Occasionally there is irritation of the renal cortex, causing the appearance of a few tube-casts.

In approaching a case of this kind, your first duty is to determine whether the anæmia has resulted from some functional cause, so to speak, or some palpable, demonstrable, removable cause. You will first examine to see if the patient has been subjected to loss of blood. This is a frequent cause of anæmia. The hemorrhage need not be a large one. A little leakage of blood, as from bleeding piles, will gradually bring about a condition of intense anæmia. Another cause of extreme anæmia is the long continued discharge of pus, as from a fistula in ano or an old bone abscess. Any interference with primary assimilation is an exceedingly frequent cause of anæmia. The various forms of dyspepsia must rank among the most common and the most frequently overloooked causes of anæmia. A trifling chronic diarrhœa, perhaps characterized by only one loose stool every day, or every alternate day, will suffice in persons whose blood-making powers are weak, to bring about extreme anæmia.

Last week I alluded to the influence of nervous shock or strain as a factor (I do not say that it was the essential cause) which I have met with in cases of anæmotosis; but nervous shock or strain is frequently met with as the essential cause of functional anæmia. Organic disease of the kidney, with a constant drain of albumen, may bring about intense anæmia. Diabetes mellitus causes the same condition.

Failing to find any of these conditions, you should search for organic disease of the various organs. Incipient phthisis, ulcer of the stomach, cancer of the stomach, and cirrhosis of the liver in its early stage, may all give rise to intense anæmia.

Failing to find any of these diseases, you look for affections of the spleen and lymphatic glands, and in the absence of these, you would suspect lesions of the marrow of the bones.

There is one cause of anæmia which I have purposely omitted, as its consideration will be required in the study of the case now before you. I refer to chronic malarial disease. I mention this particularly, since it gradually brings about intense anæmia, which is not rarely associated with enlargement of the spleen. As the splenic variety of leucæmia is the most common, you will sometimes find it difficult to decide whether the patient is suffering from the effects of chronic malaria or from anæmotosis.

This gentleman, aged 33 years, has come to us from Williamsport. He has consulted a number of physicians (fourteen, I believe), but has not been able to obtain any positive opinion in regard to the nature of his disease. I have not had an opportunity of examining him, but will try to elicit the history from his wife. He was employed on the railroad for a number of years, but lately has been serving in a clerical position. He is described as being of singularly good habits, and I cannot find any error of life to throw light upon his condition. He has used tobacco to excess. He has been failing for the past two years. There has been a progressive loss of flesh from 148 pounds to 110 pounds. He then began to lose color and strength; but during this time he had a "terrible appetite." He would eat a number of times during the day, and his wife would have to get up at night and cook for him. He did not crave unnatural things. He was always a great drinker of water. During the past year the thirst and hunger have, to some extent, disappeared.

About nine months ago a hard, movable, painless mass, not very large, was noticed low down in the abdomen, about the median line. This has grown steadily. He got out of breath when walking any distance, and sometimes complained of palpitation of the heart and dizziness in stooping. About a year ago, there was a little swelling around the ankles and half-way up to the knee, which lasted two weeks. It has not again appeared.

Twice during the progress of his disease there have been profuse hemorrhages; once after the lancing of a carbuncle, when he nearly bled to death; and once after the extraction of a tooth, when the doctor and his wife worked all night trying to stop the bleeding. He has also had several hemorrhages from the nose, brought on by

pulling out the hairs or scratching the mucous membrane.

Lastly, we come to a very unusual symptom. About a year ago he began to grow hard of hearing. The ears were examined and some hardened wax removed, after which he heard better. Six weeks ago he went to bed hearing as well as usual, but when he awoke, he was stone deaf. He could not hear the loudest shouting. There has been a slight return of hearing on the left side, and on yelling into the ear he seems to hear a little. This sudden deafness is, under any circumstances, very rare.

In regard to malarial disease, he has never had chills and fever, and did not live in a malarial district.

I do not find any enlargement of the glands of the neck, of the axilla, or of the groin; but the mass, described by his wife, is very perceptible as causing an irregular enlargement of the abdomen. It runs obliquely from above downward, and from left to right, and is most prominent in the left hypochondrium. The right side of the abdomen is soft and yielding, but on the left there is an indurated smooth mass. Percussion shows that the liver dullness extends from the fifth interspace to two and a half inches below the margin of the ribs in the line of the nipple. Below the liver on the right side there is resonance, until I get to the right flank, where it is flat as far up as the line of the anterior-superior process of the ilium. Thence backwards, it is flat. I turn the patient on the right side to see if this is liquid, but the dullness is the same. The whole of the left side is flat on percussion. This dullness extends from the left hypnchondrium, downwards to a little above the left groin. Examining this mass more carefully, I note that it is universally resisting, of a smooth surface, and painless. It is slightly movable. I cannot determine its thickness. I draw the outline thus, and you see that it corresponds with that of a spleen much enlarged.

While I have been making this examination, Dr. Hughes has made a rapid enumeration of the blood globules. I have here his report. There are 2,275,000 red corpuscles to the cubic millimetre (a reduction of about one-half), and 1,085,000 white corpuscles in the same space. The white corpuscles are large and well formed.

We must then regard this as a case of splenic leucæmia, entirely uncomplicated by any enlargement of the lymphatic glands.

Let us see whether there is any explanation for this mass other than enlarged spleen. Malarial spleen it is not. The youth of the patient, the absence of pain, the absence of tenderness and the absence of secondary growths in the lymphatic glands, exclude the idea of cancerous disease. The sallow cachectic look is very much like the so-called cancerous cachexia, but this complexion is so often met with in connection with other diseases, that you cannot give to it any definite diagnostic value. This mass is not a tumor of the liver. That organ is enlarged, but in its place. It is not a tumor of the pancreas or spleen.

The organs which would explain a mass of this kind are the kidneys, possibly the omentum and lymphatic glands, and the spleen. We see very large kidneys in hydronephrosis and in rare cases of cancer; but under these circumstances, the mass forms deeply, and it is only when it has reached an advanced stage, that it is felt prominently near the surface of the abdomen; but this tumor was quite noticeable nine months ago. This tumor is without pain, and carcinoma would be excluded for the reason previously given. We should recognize hydronephrosis by fluctuation. This mass is entirely without fluctuation.

The omentum is in rare cases the seat of morbid growths. I have seen enormous tumors, difficult of diagnosis, filling the abdomen and depending upon neoplasms in the omentum and mesenteric glands. In such cases the tumor is more symmetrical and has a transverse instead of an oblique shape, as here. Again, we should expect such a mass to be more nodular and irregular, and the seat of more pain and tenderness.

The direction of this mass, the dullness directly in contact with the walls of the abdomen, and continuous with the dullness of the spleen, the ovoid shape of the tumor, associated with the presence of leucæmia, make me feel confident that this mass is an enlarged spleen.

The sudden deafness was, I think, due to a hemorrhage into the middle ears. I shall have the ears carefully examined, to see if any evidences of hemorrhage can be found. If there has been no hemorrhage into the middle ear, it must have occurred inside of the cranium and press upon the auditory nerves; but this, is I think, improbable. (See note at end of lecture.)

The prognosis in these cases is always unfavorable. The history is that with apparently causeless ups and downs, their course is on the whole downward. It is not usual for a great loss of flesh to occur. In the case of splenic leucæmia which you saw last Saturday, the weight was the same as when he was in the best state of health, although the white and red blood globules were equal in number. The maintenance of the body

weight is not necesssarily a favorable feature in the prognosis. We should base our prognosis on improvement in the crasis of the blood, on the disposition of the red globules to assume their natural proportion and appearance, and the white to decrease in number, and with this arrest of growth, and decrease in size of the glands or spleen. I have seen cases where such arrest occurred for a long time, and where for a time there was apparently a diminution in size. I have seen cases where undoubtedly certain glands became smaller while others grew larger. The favorable features are a slight degreee of leucæmia, the preservation of nearly the normal number of red globules, the maintenance of the digestion and appetite, absence of hemorrhage and dropsy, the maintenance of the tone of the heart, and the arrest or recession of the splenic or lymphatic enlargements.

The treatment is unsatisfactory. I need not say that if in a bad case of anæmia you come across a definite cause, and you remove that cause and give the patient a carefully regulated diet, rest, good hygiene, iron, nutrients and tonics, the anæmia diappears and the patient gets well.

Again, if in examining such a case you find organic disease of some of the great viscera, as incipient phthisis, stenosis of the aortic orifice of the heart, gastric ulcer, or cancer, or disease of the kidney, the prognosis of the anæmia is dependent upon the prognosis of the organic disease, and the treatment of the anæmia is the treatment of the organic disease. If you can benefit the one, you can benefit the other.

Lastly, if in a case of persistent anæmia you find evidences that it is one of this peculiar group of cases associated with organic changes in the blood-making glands, the indications for treatment are of course controlled by the question whether or not anything can be done to check the organic disease in these tissues. The remedies which you would naturally think of under such circumstances would be the alteratives and absorbents. Thus mercury has been persistently used in these cases. I have employed it in large and in small doses. I have, however, given up its use in large doses, but still employ it in minute doses continued for a long time. Let me tell you why I prescribed mercury in the case before you last week. That gentleman's sister developed enlargement of the lymphatic glands, which continued under various methods of treatment. At last, small doses of mercury were given and persisted in for a long time. Under this plan of treatment, the health was entirely restored and the enlargements disappeared. He had prescribed for himself full doses of mercury, and had continued them until he had deranged his digestion, but it is his positive assertion (and knowing his skill as a physician, I attach great weight to his statement) that the lymphatic glands have grown smaller, and the spleen has grown softer and smaller. We must not, however, attach too much importance to these apparently good effects, for I have seen the same results under various plans of treatment. A consideration of these two facts has, however, led me to continue mercury in his case. I have given him the mild chloride of mercury in one-twelfth of a grain doses, four times a day. I have requested him to report weekly the condition of his appetite, digestion, weight, and color, so that I may judge of the effect of the treatment upon the nutrition and the crasis of the blood.

Iodide of potassium has been tried, but has proved of no value. Arsenic was long ago recommended, and has recently been again brought forward, but the universal experience is that it is of no permanent utility. Alkalies in large amounts have been employed, and I am disposed to try the resolvent effect of large doses of ammonium chloride continued for a long time. How it is that this drug promotes the removal of large masses, such as fibroid tumors, is a question that has excited much discussion and amazement. I have seen fibroid tumors which had been growing steadily, entirely disappear under the use of large doses of chloride of ammonium continued for from three to ten years. I have had patients take this drug regularly three times a day for ten years. In the present case, I propose to employ this drug in large doses for a long time.

Iron has of course been given in large and small doses, with the hope of restoring the crasis of the blood, but it has failed to do so. Cod-liver oil, phosphates, preparations of malt, and all the class of nutrients, have been employed without avail.

The attempt has been made to cure the disease by extirpating the hypertrophied tissue. Glands have been cut out, but the remaining glands have grown all the more rapidly. In cases of splenic leucæmia, the spleen has been removed, and this solves the question promptly, for all such cases have died. The condition of the blood, the feeble state of the nutrition, and the debility and dyscrasia of the system are such as to render excision of the spleen (hazardous and almost surely fatal as it is under any circumstances) quite inadmissible in splenic leucæmia. I should most strongly

discountenance removal of the spleen in this disease.

Another operation has been recommended, that is, the interstitial injection through the abdominal walls of ergotin, or some other substance which will produce contraction and absorption by local action. In these cases of splenic leucæmia, adhesions are often found uniting the peritoneum and spleen, and the long-continued irritation seems to render the peritoneum less sensitive than usual; so that I should not hesitate very long before performing this operation, if benefit was to be derived from it. I have tried this plan, but it excited so much local disturbance that I could not persist with it.

The important elements of treatment are a rigid attention to the diet, extreme care in correcting indigestion, particularly diarrhœa, the maintainance of a tranquil, resigned spirit, the use of the lightest and most gentle exercise, abundant rest, particularly in view of the feeble condition of the heart, and the internal use, in long-continued courses, of full doses of chloride of ammonium or of minute doses of mild chloride of mercury.

These cases are rare; yet the experience of the past few weeks, when on successive days we have had before us a case of lymphatic pseudo-leucæmia, a case of splenic and lymphatic leucæmia and a case of uncomplicated splenic leucæmia, will show you that they may at any moment present themselves, and that you should be able to recognize them.

—The following is the report of the examination of the ear made by Dr. George Strawbridge:

Six weeks ago suffered from a sudden loss of hearing, binaural, with more or less giddiness lasting up to the present time.

This giddiness is more pronounced if the eyes are closed and in the standing position, also has difficulty in walking with closed eyes. Has had a previous deafness, three months before the present attack, affecting the left ear only. This was relieved by the removal of a plug of cerumen. Right ear at that time remained normal.

Present condition: Right ear hearing, cannot hear even very loud sounds. External canal and tympanic membrane normal.

Left ear hearing, can hear very loudly spoken words. External canal and tympanic membrane normal.

Tuning fork on the incisor teeth heard by the left ear.

Pharynx and nasal passages normal.

Diagnosis: An effusion of blood or serum into the semicircular canal and cochlea, with consequent labyrynthine pressure; this acting on the auditory nerve elements distributed to the contents of the semicircular canals would explain the vertigo, and pressure on the cochlear branch would cause the high degree of deafness.

Examination of the optic nerve gave negative results.

This patient died November 8, 1882. The post-mortem examination was made 18 hours after death, by Dr. William Willits. His report states that the examination was limited to the abdomen. The liver weighed 10 pounds; to the eye, its structure appeared normal. The gall bladder was normal. The spleen weighed 5 pounds; structure but slightly changed. The kidneys were slightly enlarged.

COMMUNICATIONS.

THE HEALTHFULNESS OF THE SEASHORE RESORTS—SOME PERTINENT FACTS ABOUT MALARIA.

BY BOARDMAN REED, M. D.,
Of Atlantic City, N. J.,
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Is there malaria at any of the resorts along the New Jersey coast? Prof. Alfred L. Loomis, of New York, says: "Salt-water marshes are, as a rule, especially free from malaria: but mix salt and fresh waters, as in some of the New Jersey marshes, and you have the conditions for generating the poison. Marshes that rest on a substratum of sand are not so malarial as those that rest on limestone, clay, or mud."

This may be accepted as authoritative. Physicians in sending away patients will do well to bear it in mind. Wherever rivers empty into the sea, there such a mixture occurs. Another fact which should also be remembered is that, *cæteris paribus*, the more rank the growth of vegetation in any place, whether at the shore or in the country, the greater the likelihood of miasmatic fevers arising toward the end of summer. Decaying vegetable matter, in the presence of heat and moisture, probably always engenders a certain amount of malaria, though when the material thus decaying is small, the poison produced may be only infinitesimal.

Owing to the luxuriance of their crops of vegetation, the newer settlements on the Western prairies have always been cursed with malarial fevers; but just in proportion as the soil is culti-

vated and wild nature is brought into subjection, such diseases disappear, except where perpetuated by sluggish streams.

Our New Jersey beaches, except those near the mouths of fresh-water streams, enjoy, as a rule, almost entire immunity from the paludal poison, since the dry sand, which constitutes their soil, is impregnated with salt, and the vapors of chlorine, iodine, etc., borne over them from the ocean, and across the salt-water bays and marshes at the rear, are decidedly anti-septic and anti-malarial. The older and more highly-improved places, where all rank vegetation is kept down, should be especially exempt, as experience proves them to be.

The numerous virgin beaches which have recently been made the sites of imposing paper cities, may have attractions for robust tourists and for some quasi invalids, who enjoy hunting and fishing, and prefer being away from the fashionable crowd; but a more certain exemption from malaria is not by any means to be included among their advantages, notwithstanding the oft-reiterated assertions of the land agents and of other gentlemen who are the hopeful possessors of corner lots at such places. The projectors of these embryonic sanitaria are always firmly convinced that it is very unhealthy at Atlantic City, Cape May, Long Branch, and the other older resorts.

Since many persons, including physicians, confide in such interested statements without requiring proofs or making any discrimination between the places attacked, a few plain facts bearing upon the healthfulness of some of these resorts may be of interest. At Cape May an epidemic of fever is said to have broken out in one of the large hotels last summer, and was attributed to an attempt to sewer into a sluggish creek in the vicinity. Whatever the cause, it will no doubt be remedied before another season opens. This experience seems to confirm the opinion of many good sanitarians, that the system of storage in properly constructed vaults, with dry removal at frequent intervals, may be safer for the level seaside beaches than any system of sewerage which does not include flush tanks, forcing pumps, or other expensive apparatus, and an outlet far away from the town, which is sometimes impracticable. Though there has never been such an epidemic in any Atlantic City hotel, the newspapers in commenting upon this occurrence assumed in some instances that both places were equally involved. The following facts are a sufficient answer to all such insinuations.

Atlantic City, as is well known, is wholly surrounded by unmixed salt water, besides having six miles of salt meadows behind it, and rests upon a bed of dry sand—therein fulfilling the two conditions laid down by Prof. Loomis as essential to immunity from malaria. No considerable fresh water stream empties within many miles of it. My personal experience of the place, dating back thirteen years, during five years of which I have been residing in it all the year round, affords strong evidence against the probability of malaria originating here. Myself and family have always enjoyed exceptionally good health here, and in particular have never suffered from fevers, nor from malaria in any form.

In my practice among invalid visitors, I see a great deal of malaria. It is one of the diseases for which people come here, particularly in winter, and when they remain long enough, they do not often come in vain.

Those coming from the more decidedly malarious localities, such as Washington, D. C., some portions of New York city, and from most places along the New Jersey shore of the Delaware river, are liable to have some manifestation of malarial character developed shortly after their arrival, especially if they should be suddenly chilled or suffer from hepatic disturbance, as often happens in consequence of over-indulgence of the enormous appetite usually provoked by the sea air. This phenomenon is well understood by those accustomed to treat patients from miasmatic regions, and is particularly referred to by Prof. Bartholow. It is an occasional though transient result of the first contact with sea-air anywhere, and I have seen the same thing at the mountain resorts, as a result of the abrupt change, in persons whose systems were saturated with malaria in a dormant form.

Visitors from non-malarious places are never affected in such a way; and the permanent residents of Atlantic City are practically exempt from malarial diseases. The exceptions in my experience have been so exceedingly few as to prove the rule. For instance, I have never seen a single undoubted case of intermittent fever in one of this class, except in persons who had lately returned from visits to notoriously malarial localities; though in a fatal case of diabetes mellitus attended by me, there was at the last some fever of an obscurely intermittent type.

Following is one of several striking cases I might report of persons who, after long residing in Atlantic City without having any malarial symptoms whatever, visited miasmatic regions and suffered from severe attacks of intermittent on their return:

A young lady who, with her family, had been under my professional care since the first year of my residence here, and always enjoyed a perfect immunity from malarial affections, spent a few weeks with friends at St. Catherine's, Canada, during the month of September. Her friends warned her not to go out of doors after nightfall for fear of malaria, but the advice was not strictly followed. After returning home—within one or two weeks—she had a severe attack of genuine ague. This was in 1881, and though her system seemed to be thoroughly charged with the poison in an unusually active form, it yielded in due time to treatment, and it was so completely eliminated that last fall she, though remaining here till the end of September, had no return of the disease whatever, and has remained free from it up to this time—February, 1883.

As for remittent fever, I have never seen a case of it among the residents, and but a single one among visitors. This one case was in the person of a young lady from New York city, some of whose family had suffered with the same form of fever at home shortly before. She recovered entirely before leaving here.

It may be asked, are there never fevers of any kind at Atlantic City? Not in winter or spring, if we except the exanthemata; but it would be singular indeed if none of the two or three hundred thousand people who visit the place every summer were ever imprudent enough in their eating, drinking, and bathing, to develop febrile affections. Sporadic cases of a mild continued fever, with sometimes enteric complications, are seen occasionally during the latter part of the season. These are usually among a class of persons not at all attentive to the rules of hygiene, who bathe in the surf from one to two hours daily (not always excepting the catamenial period in the case of ladies), and then immediately afterward gorge themselves at dinner, following this within a few hours with a supper, frequently of raw oysters even in midsummer, when the bivalves are "in the milk," and very putrescible. After such a day, half the night is often spent in revels of one sort or another, with or without a plentiful accompaniment of stimulants. There are not merely hundreds, but thousands, who go through with such a programme almost daily in the summer for several weeks, or until cholera morbus, fever, or some other acute disease, results as a natural consequence. Those who are a little less reckless may have the inevitable penalty deferred till they reach home, and then, as they usually forget to tell the doctor the whole story, both he and the friends are likely to lay the blame upon the air at the seashore. The bad water furnished at some of the inferior houses is no doubt sometimes a factor in the causation of fevers and diarrhœas, and one for which there is now not the slightest excuse in Atlantic City, since an abundance of the purest water is to be had. But of this, more further on.

The only wonder is that any of the thousands who thus disregard all hygienic considerations, in the matter of bathing especially, should ever escape serious illness. Yet last summer I saw but two visitors with any form of protracted fever. One was a youth recently from a college in an inland town, where his friends believed that he imbibed the germs of the disease. But he had been spending an hour and a half every day in the surf for two or three weeks, and this alone would have ensured the development of any tedency to fever by the long-continued and repeated congessions of all the internal organs thus produced. It was a very light attack of continued fever, with a slight diarrhœa at one stage, but no rose-colored spots nor tympanites, and he was well again in three weeks. The other patient, a married lady, had been ailing ever since a recent visit to Florida, where she had relatives, and she had been excessively addicted to surf bathing. She had enteric fever, and recovered in four weeks. Both these patients stopped at boarding-houses of the less pretentious class, at one of which the drinking water was of more than doubtful quality; yet there was but the one case of fever in either house, though both houses were full of people all summer. This fact renders it highly probable that the germs or tendencies which were the predisposing causes of these two cases were brought by the patients with them when they came here, and that they were developed by the exciting causes already alluded to.

At the numerous large and carefully conducted hotels where I regularly attended, there were no cases of fever of any kind at any time during the season, nor have there been any since. The same may be said of these hotels during the previous year. In the summer of 1881 I saw the following two cases only:

A young lady of by no means robust constitution was sojourning at a small boarding-house on the avenue farthest back from the ocean. She bathed every day from an hour to an hour and a half. After being here a few weeks, she developed a mild continued fever, with some diarrhœa for a few days, but with no other enteric symptoms. The temperature fell to the normal in two

weeks, but there was a slight return of fever subsequently, which protracted the convalescence one or two weeks longer. There were no other cases in the house, though, considering its cheap character, there might well have been without any fault thereby attaching to the hundreds of well-kept houses in more desirable parts of the town.

The other case was that of a gentleman, who with his wife and large family of children occupied a cottage on a prominent avenue. He went back and forwards to the city every week day, so that only his nights and Sundays were spent in Atlantic City. He had a moderately severe attack of typho-malarial fever and recovered in about four weeks, while his family who were here day and night all summer were none of them attacked: the inference is plain.

But as already intimated, considering the reckless habits of many visitors, and the large proportion of them who, coming directly from great cities where they breathed continually an atmosphere polluted by sewer gas and foul-smelling gutters, might be presumed to bear with them the germs of typhoid fever and other zymotic diseases, the only wonder should be that so exceedingly few develop any serious illness. It must be taken as a confirmation of the opinion that the typhoid poison, at least, if not the germs of the miasmatic fevers as well, more often gains access to the economy through the stomach than the lungs. There is much talk now-a-days about *malaria*—bad air—but more cases of disease, whether in city, country, or at the shore, probably arise from bad water.

The water supply of Atlantic City was, until recently, either from wells or cisterns. The former, used for drinking by the poorer classes of the residents only, furnish surface water of varying degrees of badness, yet many seem to drink it with impunity. The cisterns are generally well kept at all the better-class hotels, and then afford very pure water; but careless house-holders sometimes let them get dirty, when, of course, the water may become impure.

Henceforth, there need be no need of tolerating poor water at any house here, for the reason that an enterprising company has introduced an abundance of the purest running water in pipes from the mainland. This has been carefully tested both chemically and by being continuously in use in many houses since last August, and has been found pure and wholesome.

Our Board of Health, besides devoting ever-increasing attention to the duty of seeing that all garbage is removed daily from every house, and that the drainage arrangements are maintained in the best possible condition, has just decided upon the appointment of a health inspector, an important part of whose duties it will be to analyze, periodically, the drinking water at every hotel and boarding-house. Indeed, I feel justified in saying, on behalf of the Board, that now that a water supply of unquestioned purity has been obtained, it is determined to spare no efforts necessary to preserve the famous air of the place pure and uncontaminated; and whatever further reforms shall be found essential to effect this, will assuredly be consummated.

Hospital Reports.

STRUMA.

CLINIC OF PROF. E. ALBERT, IN VIENNA.

Translated* for the Medical and Surgical Reporter, by Hugo Engel, M. D.

Patient, a boy, æt. 14, has a rather large swelling in the region of the right anterior triangle of the neck. The tumor can easily be defined; backwards, it reaches as far as the sterno-cleido-mastoid muscle, but does not spread over it; that the abnormal enlargement does not include *different* tissues, is proven by the fact mentioned, and by its moving synchronously with the trachea at every act of deglutition. The tumor is, therefore, not a *malignant* one, as the skin over it can easily be put into folds, and is perfectly unchanged. The seat of the swelling is a physiological organ, the *glandula thyreoidea*, and the swelling itself a struma, known by the proper name of goître. If we examine its consistence, we feel a uniform, more or less coarse-grained mass, and we make the diagnosis of *struma parenchymatosa*.

If we now look at this nineteen-year-old girl, we observe on her also on the right side in the region of the thyreoidea a swelling, with all the symptoms and signs of the first case, but here the mass of the tissue is a different one; we feel irregular, coarse nodules, and in one, especially large, we are able to detect fluctuation, so that we may suppose the existence of a cyst. The diagnosis here is therefore: *struma cystica*.

While the boy does not complain of any subjective symptoms whatever, the girl suffers, when ascending the stairs or a hill, from difficulty of breathing, dyspnœa, and of late, deglutition even has become rather painful to her.

With reference to these two cases, I wish to say a few words concerning the different varieties of struma, their importance and treatment. Notwithstanding the malady is not limited to certain localities, one may say, that in deep valleys of high mountains it is in reality *endemic*. Regarding their *morbid anatomy*, the strumæ, according to the changes the physiological tissue of the thyroid

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gland has undergone, are divided into several groups: most frequent and easiest to treat is the *struma parenchymatosa*, in which, according to Virchow, the single follicles hypertrophy and are forced apart by exuberant growth of interstitial tissue, to which facts is due the augmentation in size of the organ, and the uniform mass we feel. I can suppose, as is well known, that in their normal condition the single follicles of the thyreoidea are filled with a colloid mass.

If this substance becomes augmented in a *struma parenchymatosa*, then the latter presents some larger and smaller nodules, some of which, occasionally one or the other, are filled by soft, slimy contents, the colloid, and this morbid condition is meant, when we speak of *struma gelatinosa*. In case the gelatine-like contents of one such follicle should become perfectly soft, fluid, then we have cystic formation. Sometimes, however, it happens that the septum which separates two nodules from each other, totally dwindles away, is absorbed in consequence of pressure, so that a communication is the result, and at the same time one larger cyst is formed, a process which rarely takes place without hemorrhage, in consequence of which the fluid contents of a cyst assume a brown tint, resembling the color of the tincture of iodine. The sac in such a *struma cystica* presents a varying appearance. Sometimes its inner surface is smooth, often it contains membranous ridges, occasionally lime formations are noted, and even bony deposits are not so exceedingly rare.

Besides these three varieties, which are met with very frequently, there is occasionally seen a fourth form, the so-called *struma vasculosa*, in which not only the numerous veins of the thyroid gland, but also the different vessels, the arteries, are dilated to such a high degree that a really enormous *blood-tumor* results, which can easily be recognized and differentiated from the other varieties by its compressibility, flabbiness, and softness.

Notwithstanding it usually is a harmless disease, goitre may occasionally cause even death. The anatomical position of the thyroid gland explains to us, that a considerable enlargement of the latter, especially when extending deeply backward, will induce a partial compression of the œsophagus, and therefore difficulty in deglutition. But the trachea is also compressed, though in the beginning not in any threatening manner. The continuous pressure, however, causes the cartilaginous rings of the windpipe to undergo a metamorphosis; they become soft, and while a normal bronchial tube, placed upon a solid basis, stands erect, a trachea influenced by pressure from a struma will bend, and sometimes the angle formed will be rather pointed. Gradually the form of the trachea is totally changed, and it will happen, that a patient having previously experienced no difficulty whatever from his tumor, is suddenly, while making an incautious movement with his head, turning the same abruptly to the right or left, attacked, in consequence of the bending together of the trachea, by *suffocation*—and *death* may result.

Concerning therapeutics, there is a *medical* and a *surgical* treatment; the former, however, has its indication only in the parenchymatous variety, and consists here in the application of iodine in some form or other, internally as well as externally. Internally either iodide of sodium or potassium, the tincture of iodine, or Lugoll's solution, are administered in the usual doses. Externally it is best to employ the following solution: iodine, iodide of potassium and glycerine in the proportion of 1 : 5 : 100; this is brushed in a thin coat over the swelling, and it is preferable to make this application in the morning, as many patients, when the brushing is done at night, by inhaling the vapor of iodine, suffer from the disagreeable iodine-catarrh. Comparatively easy is the *surgical* treatment of the cystic degeneration of the thyroid gland. Totally to be disregarded is the simple *puncture*, which some surgeons practice to be certain as regards diagnosis. We say, to disregard, because, first, manual examination suffices to establish the diagnosis in an undoubtedly cystic goitre, and secondly, in case the cyst cannot easily be felt, colloid nodules may perhaps be punctured, and such accident is frequently followed by inflammation, nay even mortification. Of great importance, however, is the puncture, if it is followed immediately by the injection of iodine. The procedure here is the same as in cases of hydrocele, adhesive inflammation of the opposite membranes of the cystic sac being the desideratum. The first consequence of this operation is a greatly increased sensitiveness of the cyst; then plentiful exudation into the cavity follows. Within a few days the hyperaesthesia disappears, and then the swelling begins to dwindle away, and a few weeks later the process is finished—a small nodule being all that is left. Occasionally surgeons have endeavored to cause by double puncture and incision the formation of pus, and Billroth has reported several such cases. In large colloid goitres or in a struma with calcareous walls the gland has to be extirpated, if a radical cure shall be established. On account of the gland being physiologically rich, but pathologically still richer in blood, the operation is a difficult one. There are many cases on record, in which it has been necessary to apply as many as one hundred ligatures! The operation has often, if the trachea has suffered already decidedly, to be preceded by *tracheotomy*, as it has happened, that the death by suffocation, of which we made mention before, suddenly took place while the operation progressed.

When performing the operation for extirpation of the cyst, we have to remember that the carotid is pressed by the sturma outward, and its position is sometimes so superficial that one can note its subcutaneous course, while the jugularis interna is pushed towards the median line. Very difficult is the case if in an *accessory* thyroid gland a struma develops itself. Corny operated on such a *struma accessoria*, the seat of which was behind the œsophagus, *retro œsophagealis*, therefore. Exceedingly difficult to diagnosticate, and the consequences of which cannot be calculated, is a struma of a lobe, which has a pedicle, and reaches into the anterior mediastinum, a so-called *struma substernalis*.

Regarding the treatment of our two cases, in that of the boy we will apply iodine locally, while in the girl we shall puncture the cyst and follow this by injection with iodine.

Medical Societies.

COLLEGE OF PHYSICIANS OF PHILADELPHIA.

The stated monthly meeting of the College was held in the Hall on Wednesday evening, February 7, 1883.

The new President, Dr. Alfred Stillé, presided and made a few introductory remarks.

Dr. S. Weir Mitchell presented five thousand dollars to the College, to constitute a fund for the purpose of giving, annually, a conversazione, reception, banquet, or some similar entertainment, which in the judgment of the council shall seem best calculated to promote the interests and welfare of the College and the profession.

A resolution of thanks and appreciation was tendered to the donor, and it was decided that the fund shall be designated as "The S. Weir Mitchell Entertainment Fund."

Arsenical Paralysis.

Dr. Charles K. Mills read a paper on arsenical paralysis. Last fall several cases of poisoning from eating pie in which was subsequently found arsenic occurred in Norristown. Some of the victims, after suffering for varied periods from symptoms of gastro-enteritis, fully recovered; one died, and two were afflicted as the patient under Dr. M.'s care.

The patient, at first, was treated for *erratic* malaria by a homœopath, and after four days came under the care of Dr. Corson, of Norristown, who, recognizing the true nature of the trouble, endeavored to eliminate the arsenic by purgatives, and used iodide of potassium for its alterative effects—all without avail, as the patient grew rapidly worse, developing paralyses, for which he came to this city and entered the Orthopædic Hospital, under the care of Drs. Mitchell and Mills.

His symptoms (all of the nature of paralysis) indicated myelitis; he was treated with hot and cold applications to the spine, combined with massage, and is now rapidly improving.

In answer to a question by Dr. Bartholow as to why efforts were not made by Dr. M. to eliminate the arsenic, it was replied that, as the patient did not come under his observation until four weeks after the ingestion of the poison, it was concluded that there was none to eliminate, since the best authorities all agree that if one poisoned by arsenic lives a week, the drug will have entirely disaappeared.

In answer to a question by Dr. Gross, Dr. M. replied that while there was some abatement of sexual function, it was not lost.

Heloderma Horrida.

Drs. Mitchell and Reichert exhibited a living specimen of this lizard, and Dr. M. read a paper on the nature of the poison. The Heloderma Horrida, which is found in Arizona, is the only one of the lizard family that is poisonous. It is usually sluggish in its habits, and will not bite unless provoked; but when the full-sized lizard (it grows to a length of three feet) does bite, it produces a very poisonous wound, and can prove fatal. For the purpose of experiment, Dr. M. caused the lizard to bite on the edge of a saucer (which was no easy task, and required much patience, so unaccommodating was his lizardship) and when saliva commenced to flow, it was caught on a watch glass. Differing from the saliva of venomous reptiles, which is always acid, the spittle of the Heloderma is alkaline. A very small quantity injected into a pigeon, produced its effect in a tottering gait in less than three minutes, and caused death in less than nine. The specimen presented was fourteen inches long, fat and plump, and presented somewhat the coloring of a rattlesnake. Dr. M. expects an assortment of these lizards in the spring, when he will have more to say about them.

NEW YORK STATE MEDICAL SOCIETY.

The seventy-seventh annual meeting was held at Albany on Tuesday, Wednesday, and Thursday, February, 6th, 7th, and 8th, 1883; the President, Dr. Harvey Jewett, of Canandaigua, in the chair.

TUESDAY.

The session opened with an address by the President, in which he reviewed the great progress of our science of late years. He made reference to the act of 1872, creating a State Board of Examination, whose duty it should be to certify to the qualification of candidates for the honor of graduation from our medical colleges. The law was not made obligatory, and was not received with favor by the medical schools at the time, hence it has been inoperative and useless. He considers that it should be made compulsory.

He became eloquent in defense of the National Board of Health, and condemnatory of the niggardly action of Congress in the matter of appropriations thereto; and closed his address with a reference to Prof. James R. Wood, of New York city, Dr. George Burr, of Binghamton, and Dr. I. Foster Jenkins, of Yonkers, all prominent members of the Society, who have died since the last meeting.

Committee on Experimental Medicine.

The Secretary, Prof. John G. Curtis, of New York, read the report.

For the third time the Legislature of New York has expressed its disapproval of Mr. Bergh's anti-vivisection bill.

A communication from the Westchester County Society was received, transmitting the following resolutions, which had been adopted, in reference to the new Code:

Resolved, That this Society reaffirms its adherence to the principles of the Code of Ethics of the American Medical Association, and declares that, in its opinion, for a physician to extend professional recognition to irregular practitioners is to patronize and encourage irregular practice; and it is alike inconsistent with honesty of purpose and the pursuit of medicine as a science.

Resolved, That the Medical Society of Westchester County disapprove of the action of the New York State Society.

Resolved, That this resolution be referred to the State Medical Society at its next annual meeting.

Dr. D. B. St. John Roosa offered a resolution that this communication be referred to the Committee on By-Laws, and that the County Society be censured for its action in repudiating the By-

Laws of the State Society. He said he considered the tone of the communication as entirely improper, coming, as it did, from a district society to this Association, and criticising its proceedings.

Dr. Govan, of Stony Point, reminded the speaker that it would be highly inconsistent to condemn a county society for secession, since this Society itself has seceded from the American Medical Association.

Dr. Roosa denied most emphatically that the New York State Medical Society had seceded from any body. The American Medical Association is an unincorporated body, this Society being under no obligation to it, and never having subscribed to its rules. We do not consider ourselves in any way bound to obey the rules of the American Medical Association. This Rip Van Winkle body, this excursion association, was not thought of when the New York State Medical Society, incorporated in 1806, was already a scientific and important representative body of physicians.

Dr. Thos. F. Rochester, of Buffalo, said that the speaker was in error; this Society had bound itself to obey the rules of the American Medical Association, and had adopted its Code, and agreed to be bound by its provisions. If Dr. Roosa would turn to the proceedings of the Association, he believed that he would find that such a resolution had been passed by the New York State Medical Society.

Dr. Roosa—And abrogated last year.

Amid a call of several members for the question, a substitute for the resolution, offered by Dr. Piffard, that the communication be received and placed on file, was carried.

Monroe county presented a communication upon the same subject. A communication from the Oswego County Society took the opposite view.

The New Code.

Dr. Squibb, of Brooklyn, offered the following resolutions:

WHEREAS, The Special Committee on The Code of Ethics, in its report at the last annual meeting, recommended a change in one part of the code which was more in the nature of a revolution than a revision, and therefore, may be more radical than was expected or desired by the constituency of this society; and

Whereas, That report was adopted at a session wherein only fifty-two members voted in the affirmative, and thus legislated for the entire profession of the State on a subject of vital importance, in a direction which may not have been anticipated or desired by the profession at large; therefore, be it

Resolved, That all the action taken at the annual meeting of 1882, in regard to changing the Code of Ethics, be repealed, leaving the Code to stand as it was before such action was taken.

Resolved, That a new Special Committee of five be nominated by the Nominating Committee of the Society, and be appointed by the Society to review the Code of Ethics, and to report at the annual meeting of 1884 any changes in the Code that may be deemed advisable.

Resolved, That the report of this Committee be discussed at the meeting of 1884, and be then laid over for final action at the meeting of 1885.

This was made the order of business for the evening session.

Dr. Piffard then read a paper on "*The Pathology and Treatment of Acne*," which he considers to be not primarily an affection of the skin, but dependent upon disease of other organs. The principal causes he enumerated, as masturbation, gastro-intestinal disorders, amenorrhœa and uterine disease and certain conditions of blood. The rational treatment is to remove the cause.

A paper on "*Puerperal Eclampsia, and its Management by Induction of Premature Labor*," was read by title by Dr. W. W. Potter, of Buffalo, as was also one by Dr. C. R. Agnew, of New York, on "*The Dangers of Specialties in Medicine.*"

"*Removal of Foreign Bodies from the Ear*," was the title of a paper by Dr. Samuel Sexton, of New York. If the patient is difficult to control, etherization may be required. The syringe should be used cautiously. He exhibited an instrument devised by himself for the purpose of seizing foreign bodies; it is like a probe, with a ring at each extremity, which is inserted behind the foreign body and withdrawn. This paper gave rise to considerable discussion.

Dr. W. B. Chase folllowed, his subject being "*Hot Water as a Hæmostatic*," which he highly recommends in surgical as well as obstetrical cases; it does not interfere with primary union.

Dr. C. R. Agnew read his report as delegate to the American Medical Association. He stated that his credentials were refused, and that he was not admitted as a delegate. He received, however, many congratulations from members upon the stand taken by the New York State Medical Society.

At the Afternoon Session Dr. George H. Fox, of New York, read a paper on the treatment of "*Chronic Urticaria*," in which he spoke first of the disease as commonly due to functional disturbance of the abdominal viscera, combined with an abnormal condition of the sympathetic nervous system. To effect a cure we must always depend upon internal medication. An important class are those remedies which tend to eliminate from the blood imperfectly oxygenated material. Bicarbonate of soda, ʒss., in carbonic acid water, half an hour before each meal. Colchicum is also a valuable agent, at the same time abstaining from meat.

Another important class of remedies are those which allay irritation of the gastro-intestinal tract, such as rhubarb, with occasional resort to mineral water. Bismuth, in some cases of gastric irritation, has proved exceedingly beneficial. Sulphurous acid, in drachm doses, three times a day in sweetened water, has proved especially efficacious.

A third class of remedies are those which act mainly upon the nervous system, such as quinia, arsenic, etc. Special reference was made to salicylic acid, balsam of copaiba, ergot, nettle-tea, etc.

The conclusion was that the treatment is largely empirical and highly unsatisfactory. The apparent value of drugs has been based partly upon careless observations, and partly upon the fact that the eruption often disappears suddenly without any treatment whatever.

The successful treatment must depend upon a knowledge of its etiology, and a diligent study of the causes of the disease will produce results

more conducive to its cure than blind experimentation with remedies.

The paper was discussed by Dr. Rochester, of Buffalo, who spoke of an emetic of ipecac as especially serviceable in the treatment of acute urticaria, and also of some chronic cases of the affection.

Dr. J. O. Roe, of Rochester, read a paper on "*The Pathology and Radical Cure of Hay Fever*," in which he announced the following conclusions:

First.—Hay fever is an affection not confined to any age or sex, and is not caused by the pollen of flowers or grasses, or by dust or irritating substances alone.

Second.—In some persons, the nasal mucous membrane is very susceptible to certain floating irritants, while in others it is not.

Third.—This peculiar hyperæsthesia is caused by a diseased condition of the erectile tissue in the nasal passage.

Fourth.—The systemic effects in hay fever, viz., the lung, laryngeal, and other troubles, are all reflex in character, and are due to the local disturbance in the nose.

Fifth.—Treatment during an attack can only be palliative. The patient had better go where the floating irritating particles do not exist.

Sixth.—Curative measures should be attempted during the intervals of the attack. These curative measures consist in the entire removal of the diseased tissue.

Dr. W. F. Mittendorf, of New York, followed with a paper on "*A New Method of Applying Remedies to the Eye.*"

The method consisted in the use of impalpable powders, made of gum arabic, with a very small quantity of sugar of milk, and containing the alkaloid to be used. The advantages claimed were that the preparations kept for an indefinite time unimpaired, and the quantity put into the eye could be regulated precisely. The disadvantages attending the use of aqueous solutions, such as formative fungi, which changed the strength of the solution; of vaseline, which in many instances simply suspended, and did not dissolve the agent used, etc. The powder is to be applied after the ordinary manner of applying calomel, from a camel's hair brush.

Dr. David Webster read a paper on "*Syphilitic Disease of the Labyrinth*," which was illustrated by two cases.

Dr. Orin D. Pomeroy read a paper entitled "*Syphilitic Disease of the Middle Ear, Labyrinth, and Acoustic Nerve.*" The writer dicussed the subject of the inflammation of these parts together, because their differentiation clinically was not often possible. The symptoms were enumerated, and consisted of deafness, vertigo, tinnitus, often facial paralysis, etc. Various accompanying troubles were mentioned. As to the pathology, it was thought that the middle ear was oftenest involved. The points in diagnosis and treatment were given.

Dr. Gruening read a paper on "*The Infusion of Liquorice Bean in Acute Pannus.*" The formula for making the infusion is as follows: Take thirty-six beans, pulverized, place in 500 grammes cold water for twenty-four hours, then add 500 grammes of hot water, and filter immediately after cooling. Brush it three times a day on the lids; it produces, in a few days, a decided croupous or purulent inflammation. When the fresh beans are used, the results are so brilliantly successful, that the patients are discharged, cured, in ten days.

Dr. Elsberg gave a demonstration of the use of the tongue spatula, and exhibited his instrument, first presented to the Society nineteen years ago. He claimed that the tongue should be pressed from before backward, and from below upwards—just the reverse of the ordinary practice.

Dr. David Little reported a successful case of ovariotomy without antiseptic treatment other than cleanliness and plenty of fresh air.

At the evening session Dr. Squibbs' resolution concerning the code was brought up and defeated.

Dr. J. G. Adams, of New York, read the following protest:

"As a delegate from the New York Academy of Medicine, I beg leave to report my protest against the recent action of the Society of the State of New York in regard to the Code of Ethics; and I charge that the Society, by its action in this matter, has assumed an attitude and adopted a policy in direct and open hostility to the honor as well as the best interests of the medical profession.

(Signed), "J. G. Adams."

The Association then adjourned.

WEDNESDAY.

The history of the successful attempt to provide a hospital for scarlet fever in New York City was given.

Dr. Paul F. Mundé read a paper on "*The Etiology and Treatment of Certain Forms of Non-puerperal Uterine Hemorrhage.*"

In using the word hemorrhage, he wished to limit it to bleeding either during or between the menstrual flows.

1. It may be caused by simple erosion of the surface of the neck of the uterus. The diagnosis can only be made with the speculum. The cervix is seen to be roughened, red, and easily bleeding. He recommended exposure of the cervix with speculum, wiping it dry, and the use of nitrate of silver (ʒj to ℥j) thoroughly applied, and dry iodoform applied upon a pledget of lint. The tampon should be kept in for 24 hours, and then reapplied every day, or every other day, and be followed by injections of sulphate of zinc. Sometimes he uses caustics, or the actual cautery; pyroligneous acid, chromic acid; a surgical operation has been recommended by Emmet, consisting of paring the surface, and stitching the edges together.

2. Slight lacerations of cervix often bleed from touch, coition, or even in walking. Treatment consists in snipping off the granulations with scissors, and cauterizing the base with nitric acid. Trachellorrhaphy is required in gaping lacerations.

3. Chronic subinvolution is a very common cause of bleeding, both inter-menstrual and menstrual. He has been very successful by applying Churchill's tincture of iodine, and internally pills of strychnine, ergot, and iron. Hot water injections are often valuable; galvanism is sometimes useful.

4. A prolonged bleeding may result from the retention of menstrual blood by a pin-hole external os, with dilated cervical canal, and second-

arily from retroflexion. The treatment is by enlarging the external os by cervical incision, and trimming off the edges, making a funnel-shaped os, when the bleeding will cease.

Dr. H. D. Didama, of Syracuse, said: "Believing that the so-called new Code of Ethics is opposed to the opinions of the vast majority of the medical profession throughout the world, as expressed in the action of county, State, and national associations, and in discussions in medical journals; and believing, also, that this so-called code, by removing wholesome restraints, encourages a spirit of lawlessness and sanctions fraud, that it is hurtful, not only to the profession, but to the public, that its adoption sent a thrill of joy through the heart of every quack in the land, and gave pain to the wisest and best of our associates in the regular profession: and believing that its repeal can be secured by concerted action of the friends of honesty and good order, I offer the following *amendment to the by-laws*.

"*Resolved*, That all action taken at the annual meeting of 1882 in regard to changing the Code of Ethics be repealed, leaving the Code to stand as it was before such action was taken."

Dr. Wey moved that the matter lie on the table, as the question was already covered by the resolution offered last evening.

Dr. Roosa denounced the resolution, and stigmatized Dr. Didama's remarks as an insult to the majority of this Association, and hoped that the motion would be laid on the table.

Dr. Didama stated that he had expressed his private opinion, but he believed that he also expressed the opinion of the majority of the profession of this State, and of the Union, and of the world. He claimed his constitutional right to present an amendment to the By-Laws.

The point of order was made that no motion was before the meeting, the author of the resolution consenting to allow it to lie over until next year.

Dr. H. Knapp, of New York, read a report on the eighth series of "*One Hundred Cataract Operations*."

The results were that among one hundred cases there were ninety good results, seven moderate results, two failures, and one case not recorded, as the patient died of hæmaturia. The method of operating was Graefe's modified linear.

Dr. Roosa read a paper on "*Some of the Dangers of the Injudicious Use of Quinine*."

In a paper read before the American Neurological Association, in 1874, the author called attention to some possible dangers to the organ of hearing from the injudicious use of quinine. From a series of experiments upon animals, undertaken in conjunction with Dr. Hammond, he had found congestion of the internal ear and injection of the optic papilla. In some there was also evidence of retinitis. There is a special danger in those cases where hyperæmia of the eye or ear already exists. He wished to call special attention to this danger in the treatment of pyæmia. He had, with Dr. Ely, treated such cases without quinine, with success. He deplored the popular use of quinine for slight reasons, as, for instance, on no other provocation than merely an aggravated cold. He was behind no one in his appreciation of quinine in proper conditions, such as an intermittent fever or neuralgia; but he wished to recall to the attention of the profession this possible danger to the organ of hearing from the ordinary doses. Pyæmia is precisely the morbid condition in which quinine should not be given, for it is essential that there be no obstruction of the emunctories, and quinine just favors this obstruction. Again in aggravated colds, it is positively harmful by increasing hyperæmia of the delicate organs of hearing. He recommended the anodyne treatment and confinement of the patient in a warm room, instead of relying upon quinine, which increases tinnitus and general distress. In malarial cases proper he believed that the morbid poison would warrant a slightly increased danger to the organ of hearing. It is true that quinine reduces temperature, but some practitioners aim particularly at reducing temperature in all cases of fever, without regard to the risk to the patient of inducing sudden collapse. In conclusion, he thought that popular use of a powerful remedy can usually be traced to careless practice in the hands of physicians.

Dr. H. W. Williams, of Boston, then made some remarks on "*Erysipelas as extending into the Orbit*."

He had seen four cases of orbital cellulitis resulting from facial erysipelas, and had never met with a case of this kind until two years ago, nor had any been brought to his notice in literature until after he had seen his first case. The symptoms were pain, projection of the eyeball directly forward rather than to one side, pale condition of the fundus, sensation of fullness, great engorgement of the tissues, swollen lids, chemosis of the eyeball. The treatment recommended was early evacuation of the pus, and this he did in all his cases by means of deep punctures.

Dr. Daniel Lewis, of New York, presented a paper on "*The Development of Cancer from Non-Malignant Disease*," which was read by title.

Dr. Robert Newman read a paper entitled, "*The Use of Suppositories of Gelatine for Local Medication*."

The speaker had used cocoa butter and various other substances, but with no good result. Two years ago he began to use bougies of gelatine, and with great success. The speaker showed suppositories of this material for the urethra, rectum, nose, vagina, sinuses, etc.

Especial attention was called to the urethral bougies. Their advantages lay in being neat in appearance, soft, elastic, flexible, not easily broken, and slowly dissolved. They contained the medicines equally dissolved and distributed. They are not injured by time or temperature.

The best time to introduce them was at night, and not in the daytime. They had better be moistened with water. In order to keep them in, apply a small piece of cotton at the urethral orifice, and over the latter a bit of adhesive plaster. They are to be used *only* when the urethra is acutely inflamed, and will not tolerate anything.

A number of cases were reported. In prostatitis great care must be used; ten or twelve bougies will generally be sufficient.

Dr. Pooley, of New York, read a paper on "*Rupture of the Choroid*." A number of cases were related illustrating this trouble. The patient's history, with distorted or more or less loss of vision, and the ophthalmoscopic appearances of a crescentic white patch with concavity toward the optic disk, revealed the disease.

Dr. Frederick Hyde, of Cortland, read a paper entitled, "*When Shall the Trephine be Used in Fracture of the Skull.*" The general tenor of the paper was in favor of a non-conservative treatment of cranial fractures. The writer especially urged the use of the trephine in cases of fracture, even when symptoms of pressure were not present.

Dr. T. H. Squire, of Elmira, read a paper on "*Some Points in Respect to Ovariotomy.*" The first was with regard to the proper form of trocar. The speaker thought that a plain tube with a slot half an inch from the extremity would be an improvement on that generally used. The inner canula might often be dispensed with.

The second point was as to the time when ovariotomy should be performed. There used to be a belief that the operation should be delayed. The speaker thought that the tendency now was to perform it as early as possible. A course of preparatory treatment would always be needed.

Dr. Squire also gave the history of a case of "*Vesical Calculus*" occurring in a girl seventeen years of age. It was removed through the urethra, which had had been fully dilated. The nucleus of the stone was some foreign body, like a pin or needle, which had been left in the bladder.

Dr. L. E. Felton, of Potsdam, then read a paper advocating "*The Use of Lactic Acid in Diabetes Mellitus.*

He reported the case of a young man, aged twenty-two years, who was passing three gallons of urine, containing large quantities of sugar, sp. grav. 1,040. Strictly meat diet was ordered; lactic acid (one drachm and a half daily) and five pounds of flesh daily. The patient was kept under treatment for four months, and recovered entirely, the diet being gradually extended.

Several other cases were appended in which good effects were likewise observed under the use of lactic acid and a strictly sour-milk and meat diet. The cases were all under thirty years of age, and were free from the disease, except when taking food containing sugar. Skimmed milk or sweet milk caused return of glycosuria.

Dr. W. Gillis, of Fort Covington, reported a case of "*Punctured Wound of the Skull Through the Orbit, by the Tine of a Hay-fork, in a Child.*" The tine passed to the depth of nearly four inches into the left orbit. There was facial paralysis, lasting for some months, but afterwards all symptoms disappeared, except that it was impossible to teach him to talk.

Dr. Hopkins reported a case of a woman, 70 years of age, with "*Right Hemiplegia and Absolute Aphasia.*" Intelligence preserved. Afterwards second attack of apoplexy occurred, and the patient died. No autopsy.

In the evening the annual banquet was held, before which the President delivered his annual address, taking for the subject "*Some of the Perils to Life from Preventable Diseases.*"

THURSDAY.

Dr. L. D. Bulkley, of New York, read by title a paper on "*The Management of Some Forms of Eczema.*"

Dr. Howe, of New York, offered an

Amendment to the By-Laws.

Which was laid over for one year, "That the Code of Ethics of the American Medical Association be substituted for the Code adopted by this Society in 1882." He said that then, when our State Society had gained an unquestionable right to representation, that our delegates should be instructed to advocate such modification of the National Code as shall be in accordance with a spirit of greater liberality, or even, if advisable, to urge its entire abolition.

The following officers were elected for the ensuing year:

President.—Alexander Hutchins, M. D., of Brooklyn.

Vice-President.—H. G. P. Spencer, M. D., of Watertown.

Secretary.—William Manlius Smith, M. D., of Syracuse.

Treasurer.—Charles H. Porter, M. D., of Albany.

Editorial Department.

Periscope.

Feigned Skin Disease.

Dr. T. Colcott Fox records the following instructive case in the *Lancet*, December 30, 1882. A. S——, aged nearly sixteen years, a furtive-looking general servant in London, presented herself at the Skin Department of the North-west London Hospital on the 28th of November. The catamenia commenced at the age of thirteen, but had since been irregular, and for the past year absent. She was fairly well nourished, but pasty-looking, and her finger-nails were markedly grooved. She applied on account of three excoriated patches which appeared on November 21st, close together on the front of her left leg, and had, she stated, given her great pain, and caused her to lie awake sobbing at night, so that her mistress had no longer the heart to keep her at work. The suggestion had been made that the sores were caused by the dye from her black stockings, and the girl said that she had dressed the places with "Moore's ointment." One sore was perfectly oval, another nearly heart-shaped, and the third triangular, with a horn at each angle at the base. The patches measured about 1¼ in. by 1½ in. to 2 in., and the long axis was in the direction of the limb; they were simple uniform weeping excoriations, with hardly any attendant inflammation. Sus-

pecting the nature of the lesion, I ordered a simple dressing and a saline aperient, and talked of admitting the girl into the hospital if more sores appeared. On December 5th she returned with a transversely oval sore just above each mamma (a very characteristic site in feigned cases), but not quite symmetrically situated. There were two others above the left ankle-joint, and one on the outside of the right calf, all longitudinally oval simple excoriations, with a well-defined border, except on one sore, where the abrasion was not complete at one end, and only papulation existed, suggesting a cantharides application. There was a dark-brown blood scab on some. She was admitted to the wards. On December 6th a transversely oval patch appeared just below the left mamma; and another, longitudinally oval, covered with a slight scab, on the right hip. The girl, from time to time for twenty-four hours after admission, had prolonged fits of hysterical sobbing. On the 12th a sore appeared on the right shin near the ankle, and another on the right mamma, between the site of a former excoriation and the areola. There was a remarkable uniformity in the size of the patches throughout. As to the agency at work, I never could detect any evidence of the formation of a bulla, and the patches were too superficial for causation by an acid; moreover, repeated examination of the clothes, bedding, etc., at convenient times and unbeknown to the patient, failed to furnish any clue. On the 16th, no more excoriations having appeared, I taxed the girl with producing the eruption artificially, and, after prolonged denials, she confessed that she had done so, partly by her nails, but mostly by continued rubbing with the tops of her fingers. Probably the malingering was not altogether motiveless, and she desired a rest from her household labors. She proved to be very troublesome and disobedient in the ward, and I learnt from her father that she was an incorrigibly bad girl and a constant source of worry. The case is of interest as establishing an agency which has hitherto only been suspected as possible. Whether the skin in these cases is peculiarly sensitive to injury is a point for further investigation.

Syphilitic Inflammation of the Capsule of the Liver.

Dr. Sharkey read the notes of this case before the Pathological Society of London (*British Medical Journal*, January 20, 1883).

The patient was a man who was admitted under the late Dr. Murchison in 1876. He was suffering from diarrhœa, and his liver was much enlarged, reaching to the umbilicus, and presenting a large, faintly-nodulated mass, apparently projecting from the left lobe. In 1878 he was readmitted, suffering from hæmatemesis, melæna, dropsy, and slight jaundice. He died a little later. At the *post mortem* examination the liver was found to weigh 6 lbs. 7 ozs.: the surface was coarsely nodulated, and the whole contour of the organ was distorted; from the capsule inwards for an inch and a half a growth of hard fibrous material extended; this was due to a fibrocellular new growth springing from the capsule, and extending along the lines of Glissen's capsule; in this growth were imbedded small gummata, the centres of which were caseating. The patient gave a distinct history of alcoholism, but not of syphilis.

Dr. Mahomed inquired whether there were any other signs of syphilis. The drawing shown by Dr. Sharkey did not seem to exhibit anything that might not be found in alcoholic cirrhosis. He referred to a liver, which he had recently removed from a body, where the right lobe was greatly contracted, while the left was large and cirrhotic: he felt great hesitation in classing such a case as this as syphilitic.

Mr. Butlin thought that it was hardly safe to make these small so-called gummata conclusive evidence of syphilis; they might just as probably, from the evidence offered, be attributed to caseation of the products of inflammation.

Dr. T. H. Green inquired whether fibroid disease of the liver, extending inwards from the capsule, was ever found in any cases where syphilis was not an element in the causation. He believed that, as a rule, there was not much difficulty in coming to a decided opinion with regard to the nature of gummata.

Dr. Norman Moore thought there were no visceral lesions, other than large gummata, which, by themselves, so distinctly pointed to syphilis, that it was, in every case, safe to speak positively. He thought that where a thickening of the capsule extended into the liver substance, that was good evidence of the existence of syphilis; still he had recently seen a case which contravened this generally held opinion.

Mr. Roger Williams referred to two cases of syphilitic disease of the liver which he had seen.

Dr. Samuel West believed that cases of chronic fibroid growth, extending from the capsule into the liver, and due to peritonitis, were not uncommon; but that cases of a syphilitic nature had certain well recognized characteristics.

Dr. Goodhart thought that, in the vast majority of cases, it was easy to recognize syphilitic disease of the liver, the changes being so characteristic.

Dr. Coupland agreed with Dr. Goodhart. He had seen several cases where the lesion was limited to a capsulitis, quite distinct from ordinary cirrhosis; in such cases, gummata were often not found. He wished to inquire whether the testes had been examined.

Dr. Buzzard inquired whether the eyes had been examined with the ophthalmoscope.

Mr. Thorburn inquired whether the penis had been searched for traces of old disease.

Dr. Sharkey said that there were no other evidences of syphilis, beyond those which had been described in the liver. He thought, however, that the small gummata were perfectly characteristic. Neither the penis nor the testes were examined. The changes in the eye were nothing more than small retinal hemorrhages, and not at all characteristic of syphilis.

Convallaria Majalis in Heart Disease.

The *Medical Times and Gazette*, January 6, 1883, says: "In three recent numbers (44 to 46) of the *Wiener Medizinische Wochenschrift*, Dr. B. Stiller has reported twenty-one cases of heart disease

treated by a Russian remedy which rejoices in the name of *Convallaria majalis*. The credentials with which Bogojawlensky sent the drug forth to the medical world were—that it affected animals in a manner analogous to digitalis; that it made an irregular pulse regular, diminished dyspnœa, and increased the amount of urine; and that it did not suffer from the failings of digitalis in the way of *cumulative* effects. Another set of observers, Bötkin and Troitzky, confirmed these claims, and further lauded the use of the drug in cases of nervous palpitation. At the end of last year other Russian physicians corroborated previous accounts, and, moreover, praised the remedy as of value in exophthalmic goitre. It would appear that convallaria contains two glucosides, one of which was pointed out as a heart poison by Marmé in 1867, and this, given in small doses to warm-blooded creatures, prolonged the cardiac stroke without raising the blood-pressure. It is further stated that the plant was formerly employed as a diuretic, and popularly also in epilepsy and neuroses generally.

In the course of the present year, Germain Sée (*Tribune Médicale*, No. 16) employed a watery extract, in experiments on animals and clinically, instead of the usual infusion; according to him the watery extract regulates the frequency and rhythm of the heart-beats, increases the strength of the contractions, raises the blood-pressure, lessens the shortness of breath, and causes polyuria. He prefers the drug to the digitalis because it does not produce cumulative effects, does not upset the stomach, and is not hampered by contra-indications. Stiller used the infusion, and observed no unpleasant symptoms, *e. g.*, nausea, vomiting, diarrhœa. The taste is bitter, but not disagreeable, and at all events, nicer than digitalis. Seventeen persons were treated by Stiller, some for relapses, making a total of 21 cases, 15 of whom were males; the ages varied from eleven to seventy years, and the diseases were 4 cases of mitral insufficiency with aortic regurgitation, 1 of pure mitral regurgitation, 4 of regurgitant and stenotic mitral disease, 4 of mitral stenosis, 5 of weak heart and dilated left ventricle, and, lastly, 2 cases of Graves's disease —altogether a motley group of cardiac diseases. Out of the 21 cases, 17 gave absolutely negative results with convallaria—there was not the least influence on the frequency or rhythm of the heart's action, etc. Some of these cases proving intractable to convallaria were subsequently benefited by digitalis; two individuals experienced a certain degree of the diuretic effect of the new drug without any other of the vaunted phenomena, not even the dropsy being diminished; two patients underwent decided improvement in most of the cardiac symptoms during the use of the new medicine, but these cannot outweigh the large balance of negative results. Stiller, therefore, is unable to echo the praises of the liliaceous drug sounded in Petersburg and Paris. The explanation of the conflicting experiences may be found in the quality of the medicament, or in the mode of its preparation, on which features we are unable to give further particulars owing to absence of such information in the papers to which we have referred.

The Pathology of Whooping-Cough.

At a late meeting of the Medical Society of London (*Lancet*), Mr. Dolan read an abstract of his essay on whooping-cough, to which had been awarded the Fothergillian medal of the Society. Dealing with some points of its pathogeny, he expressed his dissent from the view of Guéneau de Mussy, that the malady was a bronchial adenopathy, its chief symptom being induced by pressure on the vagus by the enlarged glands, and showed that the glandular enlargement was not always present in pertussis, and further that the glands may be swollen without producing the characteristic cough. The disease, indeed, bore much resemblance to those diseases, the causes of which are now believed to be minute organisms or fungi. Its highly contagious nature, period of incubation, effervescence and defervescence, its regular course, and the immunity from subsequent attacks, were grounds of analogy determining the place of pertussis in the group of diseases caused by protophytic fungi. The attempt by Linnæus to prove that all diseases were produced by animalcula, or had an insect origin, foreshadowed the conclusions now arrived at by the discoveries of Pasteur. In 1867, Poulet found bacteria in the sputa of pertussoid patients, and Letzerich had induced whooping-cough in rabbits by inoculating the trachea with sputa from the human subject. The author had repeated these experiments, and found that whilst inoculation with the blood of whooping-cough patients was without effect, that of sputa and other secretions caused death. He had found also on microscopic examination of sputa ordinary bacteroid forms, and a microbe resembling the spirochæte plicatis of Cohn. The application of special methods of staining, as employed in the detection of bacillus tuberculosis, would no doubt reveal the special microbe of pertussis. Admitting the fungoid nature of pertussis, its contagious property was easily explained by germs being thrown off into the air and received into the body, setting up constitutional disturbance, and subsequently attacking the pulmonary epithelium, giving rise to all the phenomena of pertussis. No pathognomonic lesions could be detected on post-mortem examination, for the simple reason that whooping-cough was rarely fatal; death resulted from complications, which were very numerous. As to glycosuria in whooping-cough, he had found it present in fourteen out of fifty cases. Turning to the question of treatment, he pointed out the necessity for measures of isolation in preventing the spread of the disease, for the enforcement of which measures the co-operation of all classes of the community was needed; and although the course of the disease could not be controlled by treatment, the patient could be placed in the most favorable circumstances toward recovery; certain painful and prominent sources of trouble could be relieved and complications guarded against, so as to assist nature in her efforts to throw off the disease. There was no panacea or specific remedy, but if the dependence of whooping-cough upon a specific virus be the true explanation of its pathogeny, the lines on which its rational treatment and prophylaxis were to be pursued became clearer and more hopeful.

Rupture of Uterus Probably Due to Ergot.

The rupture of the uterus from ergot, with death occuring several hours later, is so rare that the case reported in the *Boston Medical and Surgical Journal*, February 8, 1883, by Dr. E. M. Buckingham, is worthy of note. The woman, a multipara, was given two teaspoonfuls of fluid extract of ergot, with the effect of causing, for a time, very severe pains, which suddenly ceased. From eleven in the morning until seven in the evening there were no pains. She seemed in good condition. She was etherized, and as one hand and a pulseless cord had descended into the vagina, it was decided to turn and deliver. The head stuck behind the pubic arch, and while efforts were being made to extricate, the woman suddenly collapsed. The ether had never been pushed to snoring. All efforts to resuscitate were unavailing, and she died. The head was removed by forceps. The placenta was removed, and he felt a tear through the muscular wall of the uterus, to the right of the median line, and near where the placenta had been. This was large enough to insert the hand, and there was a smaller tear in the peritoneum behind it.

Rupture must have occurred either as a result of the forced pains caused by ergot, from the use of forceps, or from turning. He does not believe that it was done during turning, because the uterus was then lax, and there was no resistance until the head was under the pubic arch, and because the accident can be otherwise, and he thinks better explained; neither does he think it was done by the manipulation of the previous attendant, for although trying to apply forceps with the patient tossing about the bed may be dangerous, yet this was after the occurrence of a pretty well recognized symptom of rupture, that is, very severe pain, pain that was complained of hours later by a woman who had borne several children, and which suddenly ceased.

He supposes that the emptying the uterus in this case either increased the tear or caused hemorrhage into the peritoneum, either of which would explain the sudden failure.

Uræmic Psychosis.

Dr. Edward T. Bruen reports a case which he calls *Uræmic Psychosis*. A man between 40 and 50, in whom the diagnosis of interstitial nephritis had been established, and in whom the ordinary cardiac and arterial lesions attendant upon this disease were moderately well marked, together with the usual symptoms found in such cases, but without any mental disturbance, awakened one morning in a state of confused intellection. In a few hours intense excitement and wild hallucinations manifested themselves. The skin was bathed in sweat, pupils immobile, pulse slow, and respiration only ten per minute. At times the excitement tended to deepen into stupor and coma, but soon the psychical disturbances reasserted themselves. This state lasted three days, when the patient recovered his ordinary condition, and was unaware that anything unusual had transpired. The chief item in the treatment consisted in the free use of jaborandi, until copious diaphoresis was produced, which was not considered contra-indicated by the already existing leaky skin, produced, as it evidently was, by repletion of cutaneous vessels, and hence was a transudation, and unable to eliminate the products of retrograde tissue change, that the direct stimulation of the sweat-glands by the remedy produced.—*Med. Times, January* 27, 1883.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The Gulf Coast of Florida has not received the attention its climatic character merits as a health resort for invalids during the winter months. Years ago we passed a month or two there, and can therefore endorse from our own recollections the very favorable commendations of it lately published by Dr. R. J. Levis, of this city. The following extract gives his views:

Of the extended seaboard of Florida, the Gulf Coast stretches over seven hundred miles. The climate of this coast has, in my opinion, more of the essentials of a good winter resort for invalids than any other of which I know. I make this statement after some personal experience over a large extent of the coast, from much conference with invalids who have happily tested its merits, and from a comparison with the thermometric and hygrometric records of many of the various popular health resorts of the world. The west, or Gulf, coast of Florida has a temperature more mild, equable and dry than that of the corresponding Atlantic border. As compared with that of the much-frequented region of the St. John's river, in the winter season it is free from malarious influences, fogs are unknown, and the opportunities and inducements for an out-door life are far greater.

Dr. Levis' article has been reprinted with a map of the Gulf Coast, and may be had gratuitously by forwarding a two-cent stamp to this office.

——A paper by Dr. A. N. Blodgett, of Boston, on the management of chronic inebriates and insane drunkards, argues in favor of absolute abstinence, the separation of dipsomaniacs from others, and condemns as nearly useless all existing institutions for inebriates. He appears to us to be altogether too positive in his charges of inefficiency against the last mentioned.

——A little book written and distributed by Jas. I. Fellows, London and New York (48 Vesey street), on the use of the syrup of the hypophosphites in some affections of the organs of respiration, is worthy the attention of those who would prescribe this remedial agent. The book is distributed gratuitously to applicants.

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LEAGUE ISLAND NAVY YARD.

League Island, it may not be known to everybody, is a bit of swamp land at the junction of the Delaware and Schuylkill rivers, which the United States, in its wisdom, selected some years ago as the site of a navy yard.

What advantages it possessed for this purpose have never been clearly ascertained. What disadvantages, on the other hand, it presents and always has presented, have been abundantly clear to all concerned, and have been brought into still stronger light by the full and accurate report of Surgeon G. H. COOKE, which has just appeared in the *Report* of the Surgeon-General, U. S. Navy.

The highest natural level of the island was originally not quite three feet above low water mark; but the slime and mud, dredged from the "Back Channel," has been heaped upon it in places so that now the greatest height is ten feet above low-tide level. Formerly the island was drained by intersecting ditches, but now, owing to "lack of funds," these are neglected, and in summer form stagnant, slimy pools, full of decaying organic matter, animal, vegetable, and fecal.

On digging anywhere in the island, water—or a foul fluid so-called—is reached at the depth of about eighteen inches. Consequently there is no drainage, and cannot be any. The privies and cess-pools are mere holes in the ground, whose contents permeate the surrounding boggy soil, and saturate it with their poison.

On one side of the island the sluggish waters of the Schuylkill carry back and forward with the tide the refuse of the city abattoir, large masses of sewage, waste products of gas and coal oil works, and other impurities, which sink in its waters and form a stratum of about one inch yearly of black, fetid mud.

On the mainland immediately adjacent to the island there are numerous ranges of hog-pens, to which are brought immense quantities of offal and garbage from the city. The land between them is principally used for truck patches, which are manured with night-soil just as it is brought from the privies of the city. Bone-boiling, fat-render-

ing, and poudrette establishments are scattered here and there. Pools and swamps covered with green slime and filled with dead animals and decaying weeds are met with throughout this low ground called "The Neck."

"It is a continual subject of remark," says Dr. Cooke, "on the part of persons approaching the Neck after sunset, from the built-up portions of the city, that as soon as the open fields are reached a cold, damp, heavy atmosphere strikes a chill to the system, and a mist hangs low over the land; which mist increases in density and depth as League Island is approached."

No wonder that the Report we are quoting from goes on to say that League Island "presents, in an eminent degree, all the conditions necessary to develop to its fullest intensity the malarial poison." No wonder that the sick report shows a constant and heavy percentage of malarial cases, and a general deterioration in the health of the men and officers there stationed.

Can these unhealthy conditions be remedied?

Dr. Cooke answers that the difficulties are "almost insuperable," and points out that the nature of the soil, its low level, its thorough infiltration with organic matter, and the utterly insalubrious surroundings, can scarcely be overcome. Even the expenditure of "millions of money and years of labor" would fail, in his opinion, to insure a positive and permanent salubrity to this ill-chosen locality.

What is the inference from all this?

It is, that the selection of League Island as the site of a navy yard was a piece of gross ignorance, or heartless political jobbery, which would sacrifice the life and health of thousands of men to the profit of a few interested persons. The hundreds of thousands—millions, probably—that have been spent there, have been worse than wasted. Without more ado, the site should be given up, and the navy yard moved altogether away from this city, unless we can show a better site for it. We have no moral right as a nation to condemn the officers and men of our navy to such a pest-spot as League Island.

THE COLLECTIVE INVESTIGATION OF DISEASE.

This subject, which at the present time seems so attractive to the profession of England, is one well worthy of our most serious consideration. Two eminent Englishmen, Sir James Paget and Sir William Gull, recently addressed their confreres on this matter, the latter of whom said, "There are many 'every-day' diseases which have not as yet been submitted to a scientific inquiry." He appealed, especially to general practitioners, for help in this research, and here he struck the true key-note. For, as he justly remarked, "hospital practice is worth very little without a good admixture of general practice to correct it. Men with hospital appointments are apt to see only the severe cases, isolated cases, and are unable to get at early and accurate histories." The importance of family history, with a view to trace, if possible, the variations of the same dyscrasia, in different individuals of the same family, and at different ages, was insisted upon. This is very often impossible in hospital practice. How is it that some persons are more susceptible to the influence of poisons than others?—had their predecessors, so to speak, been vaccinated, and thus acquired for their descendants an immunity which others, not so vaccinated, did not enjoy? Thus the peculiar fever which visitors to Rome so frequently get is not endemic among the stationary population. Sir James Paget stated that Darwin had made his name immortal as much from the manner in which he had worked, as from the matter at which he worked. He feared that a great deal of work was lost because no records had been kept; and records were not kept, often, because the matter seemed too trival for record. This is a vital mistake: with but a few isolated exceptions, it is not the rule in our profession to keep records of our trifling cases; and yet, as distinguished authority tells us, and experience amply teaches, it is from the aggregation of certain phenomena presented by observation of these seemingly trival cases, that we are enabled to formulate definite laws.

By the aid of a little system, it would not add much to your labor to make a full record of the

family history and symptoms of each case you are called to attend.

If you were to faithfully do this, and at the end of six months review your records, you would surely find sufficient of interest to form the material for a paper to be read before your medical society, and by the aggregation of such experiences, and their comparison, much light would be thrown on our studies. Do not forget this suggestion, but try it, and see if you do not find it to work admirably.

THE NEW ANATOMY ACT.

The bill which has just been presented to the Legislature, to regulate the supply of dead bodies for dissection, is one eminently worthy of the support of the profession and of all who are interested in human welfare.

It provides for the receipt of all the unclaimed dead from all the counties of the State, who would otherwise have to be buried at the public expense, by a committee, who shall distribute them pro rata among the colleges and schools of anatomy containing twenty-five students or more.

This committee will be under bonds to faithfully and honestly do their duty, and not to traffic in nor to send without the State the bodies so procured.

Anatomy is the universally recognized *sine qua non* foundation of all medical science, without a knowledge of which a competent physician is an impossibility.

Dissection, likewise, it is universally conceded, is the only true way to learn anatomy; that derived from books being nearly worthless, unless supplemented by the practical acquaintance with the subject which dissection alone can impart; and finally, to dissect, students must have material. So well do students realize the importance of dissection that they *will* procure the material for it, by fair means, if possible; if not—well, we may have numerous repetitions of the newspaper sensation of last fall. Medical students and medical teachers are as a rule just as law-abiding as any other class of citizens, and it is not their wish to break the laws: but they must have material.

If, perchance, there may be some solitary individual opposed to this act, let him pause and realize that if such legislation is not framed, the temptation to crime is great; for, to repeat, the history of our profession teaches us, in unmistakable terms, that anatomy *must* be studied in the dissecting-room, by the side of the dead body. Let us trust that our legislators will not put a premium upon grave robbery by failing to pass this bill; but that, realizing its paramount importance, they will rush it through with all possible dispatch.

THE SUPERVISION AND CONTROL OF LUNATIC ASYLUMS.

The Special Commission, appointed last May, by Governor Hoyt, to examine into the present system for the care of the insane of the State, etc., has made a report and prepared a bill, which is now before the legislature for action.

To those interested in the subject, we would suggest careful perusal of the bill, a copy of which can be obtained by application to any of the Commission.

Prepared by fully competent gentlemen, we can only find one section to which we can take exception; and this, constituting as it does the *greatest* abuse of the present system, is the portion calling most loudly for change.

"No person shall be received as a patient, or for detention, into any house or place where more than one insane person is detained, or into any house or place where one or more insane persons are detained, for compensation without a certificate signed by at least *two physicians*, who have been actually in the practice of medicine for at least five years, both of whom shall certify that they have examined separately the person alleged to be insane, and after such examination had, do verily believe that the person is insane, and that the disease is of a character which in their opinion requires that the person should be placed in a hospital or other establishment where the insane are detained for care and treatment, and that they are not related by blood or marriage to the person alleged to be insane, nor in any way connected as a medical attendant or otherwise with the hospital or other establishment in which it is proposed to place such person."

We do not fear contradiction when we make the unsavory statement that it would not be an impossible thing to *purchase* the opinions of two *reputable* physicians—of University or Jefferson

graduates; and herein lies the faultiness, and the only one, of this bill.

As an offset to this possible contingency, it is provided—

"In case the said medical attendant is of the opinion that a detention is not necessary for the benefit of the patient, he shall notify the person or persons at whose instance the patient is detained, and unless such person shall, within twenty-four hours, exhibit satisfactory proof of such necessity, the patient shall be discharged from the house and conveyed to the nearest place where a public conveyance can be obtained by him.

"At the time of such examination, the medical attendant shall himself cause the patient distinctly to understand, if he or she is capable of doing so, that if he or she desires to see or otherwise communicate with any person or persons, means will be provided for such interview or communication; and said attendant shall personally see that proper means are taken to communicate this fact to the person or persons indicated by the patient, and any person or persons whom the patient may then desire to see shall be permitted to have a full and unrestrained interview with the patient;" and

"During the detention of any person as insane, any medical practitioner designated by him or by any member of his family, or 'near friend,' with the sanction of a judge of a court of record of the county in which such insane person resided at the time of his removal and detention, shall be permitted at all reasonable hours to visit and examine the patient, and such medical attendant shall, unless objected to by the patient, be permitted, by request of his or her family, or 'near friend,' and with the consent of the physician-in-chief of the establishment, to attend the patient for all maladies, other than insanity, in the same manner as if the patient were in his own home.

"All persons detained as insane shall, at all times, be furnished with materials for communicating, under seal, with any person without the building, and such communications shall be stamped and mailed daily. Should the patient desire it, all rational communications shall be written at his dictation, and duly mailed to any relative or friend named by the patient."

On the principle that "possession is nine points of the law," it is very easy to conceive that when two *reputable* physicians have declared a person insane, any subsequent physician or authority will naturally be, to a certain extent, prejudiced against, unless, on account of personal considerations, he is unduly prejudiced in favor of, the sanity of his *friend*.

Recognizing the dimness of our acquaintance with the border line between sanity and insanity, we realize how difficult it would be to provide against such possible errors, but we would make a suggestion:

If a commission of three physicians should have to pass on the question, we should have a checking influence on the action of the two. If the bill should provide for the permanent establishment of a paid (and well paid) board of three physicians, to pass upon all questions of sanity throughout the State, a certificate from the majority of them being a necessary preliminary to a commitment; and if such Board were appointed by, say the Trustees of the University of Pennsylvania, upon the recommendation of the Provost, we should have the best possible guarantee of integrity in this terrible responsibility of declaring a fellow-being insane.

With this one important exception, we heartily endorse the proposed bill; and with such a modification, urge our readers to use their influence to have it made a law.

Notes and Comments.

Tissue Change in Fevers.

We can undoubtedly learn a great deal from the change of tissue, as it proceeds in fevers, by carefully examining the excretions and comparing them with those during health. Usually the excretion of phosphoric acid or its salts is diminished during febrile states, and the view had been adopted that we had to find the source of nitrogen in fevers mainly in the red corpuscles. Dr. Edlessen, who has made this subject a special study (Mitt. d. Vereins, Schlesw. Holst. Aerzt., 1882–3), believes, however, that the great diminution of the excretion of phosphoric acid depended especially upon retention, and that the phosphorus was used by the organism in the transient formation of white corpuscles, which is so frequently noted in febrile conditions. With this hypothesis, E. thinks that the waste of muscular tissue in fevers might also be explained: the albuminous substance of the muscular tissue in union with phosphoric acid and potash enters the circulation and is there made use of for the purpose of forming white corpuscles and other, under the circumstances, morbid products. This finds a confirmation in the statement of Dr. Salkowski (*Med. Centrebl.*, 1882, 43, Med. and Surg. Rep., November), that the excretion of potash-salts is greatly diminished in fevers.

We remember that Prof. Gross used to recom-

mend allowing patients suffering from fever to eat anything they seem to have an abnormal appetite for—a longing after—if it was not directly injurious to them. The observations made by Edlessen and Salkowski would explain the fact that so many, if not all, fever patients have a special desire for salty and acid substances; they generally enjoy greatly all mineral waters containing potash or phosphorus, or both, (Apollinaris, Selters, Vichy, etc.,) and lemonade, if made from phosphoric acid, pickled things, salt sardelles, etc. As our appetite is nothing else than a wish expressed by the tissues for nourishment, and reflected through the pneumogastric nerve to the stomach, all such abnormal desires for special kinds of food usually denote a want of such substances by the tissues or a particular part of them. A similar fact happens with pregnant women, who sometimes have a morbid desire to eat brick-dust, chalk or such substances, elementary parts of which go to build up the osseous system of the fœtus. M. once attended a lady who, during her pregnancy, evinced a disturbed nutrition in her teeth, hair, nails and skin. If she was allowed to eat all the chalk she desired, those disturbances soon ceased, but reappeared when her morbid (normal?) appetite for these substances was not satisfied. When not positively harmful, such peculiar desires should always be permitted to be indulged in.

New Remedy for Syphilis.

The *Medical Times and Gazette*, January 6, 1883, says that Prof. Liebreich brought forward, at the last meeting but one of the Berlin Medical Society, a new drug for the treatment of syphilis by the subcutaneous method. This drug rejoices in the name of hydrargyrum formidatum, and is, therefore, merely a different form of the old cure for syphilis. The mode of its preparation was not stated; chemically, it belongs to the amide group, in whose structure the monovalent amidogen (NH_2) plays an important part. Liebreich was led to think of this new preparation from the notion that the ordinary amides of the body, of which urea may be regarded as the principal one, pass out of the organism in an undecomposed state; when, however, an amide is in combination with a metal, decomposition readily occurs, and the metal is reduced and deposited. Liebreich repeated his experiments before the Society, and showed that these conjectures were quite true for the metal mercury. It is supposed, therefore, that the formamide of mercury, after the hypodermic injection, undergoes disintegration; and so the mercury is set free, and is able to exert its well-known power over the lesions of syphilis. The preparation is easily soluble in water, is of neutral reaction, does not coagulate albumen, is not precipitated by caustic soda, and the presence of mercury can be demonstrated by means of sulphide of potassium. The drug, when injected under the skin, produces its effects very surely and rapidly. This is not regarded as a disadvantage, for the medicine is said to be easily borne, and has never produced salivation in Liebreich's hands. There is very litttle pain attendant on the injection, which has never excited any inflammation. From a half to a whole of a Pravaz syringeful (a one per cent. watery solution) may be injected twice or thrice daily. Liebreich looks on the preparation as the best we yet have for subcutaneous injection.

Acute Catarrh of the Nose.

Notwithstanding acute inflammation of the Schneiderian mucous membrane of the nose is perhaps the most common and frequent ailment human flesh is heir to, in systematic works on medicine or surgery very little is found about it. This may be one of the reasons why it is generally neglected, badly treated, and often lapses into a chronic state. Dr. Scheff has written in the *Wiener Med. Presse* (23, 1882) a rather interesting article on Rhinitis, Koryza. He first mentions all the well-known symptoms of this disease. While not totally denying an inherited disposition to such catarrhs, Scheff contends that such disposition mainly depends upon physiological variations in the architecture of the nasal cavity. He repeats in this respect mainly what Dr. Zuckerhandl has said about it. In some cases the turbinated bones are thicker, and of varying form, so that the natural passages and cavities become smaller, or a greater surface is directly opposed to the air, instead, as it normally should be the case, the air having to take a winding way amongst all the different passages. Concerning therapeutics, Scheff knows nothing new.

In this respect we mention for the benefit of our readers the article of Dr. Gentilhomme (*De l'emploi du Sulfate d'Atropine dans le traitement du Coryza. Union Méd. et Scientfique due Nord-Est*, 1882–5. G. recommends very highly in the treatment of acute nasal catarrh, the sulphate of atropia in doses of a half milligrame—about $\frac{1}{120}$ grain. He reports a number of cases in which the effect of the remedy was very apparent. Especially if there is much watery discharge, the drug seems to be most effective. As there is not much trouble or danger to be feared in the administration of so

small a dose of atropia. it may be well to give his treatment a trial, though we give it for what it may be worth.

Loss of Both Parotid Glands.

Lewis C., æt. 29, contracted chills and fever. When first seen by C. M. Ramsdell, M. D. (*Med. News*, Jan. 13. 1883), temperature was 103°, which was reduced by quinine; three days afterwards his left jaw began to swell, and by noon the whole left side of neck and face was much swollen. The next day the right parotid region commenced swelling, and soon reached an enormous size. Prostration was now great. Patient was placed upon a stimulant, a pyrexial treatment, abscesses were lanced when ripe, three days from commencement of attack. They then pursued the course of an ordinary abscess until the the seventh day, when "proud flesh" was found occluding the wound. This was removed, and proved to be the parotid glands almost entire. They were of the same appearance, spongy, with deep sulci, apparently where large vessels or nerves had passed through them. The right gland retained somewhat its natural shape, but the left could be determined alone by its internal structure. No other glands were implicated, nor any burrowing of pus. A month sufficed to complete the cure. Patient complained of having more "heart-burn" than he used to have. His mouth seemed dryer than natural. Steno's duct was closed on the left side; on the right it consisted of a *cul-de-sac* about a fourth of an inch deep. The remaining salivary glands have taken an increased functional activity, and the above conditions are ameliorated.

"This case seems to be unique. Flint says that parotiditis is an occasional complication of typhus and typhoid, and in such cases considerable sloughing of the areolar tissue frequently occurs; but neither he nor any other writer, so far as I know, mentions loss of the gland as a possible result."

Puncture of Gravid Uterus During Ovariotomy.

At a recent meeting of the New York Obstetrical Society, Dr. C. C. Lee related the following case (New York *Medical Journal*, January 27, 1883): A patient, twenty-eight years of age, was sent to the Woman's Hospital by Dr. Hanks, for the removal of an ovarian cyst situated on the right side. The presence of the cyst was supposed to have been the cause of several miscarriages, and, as the patient was then three months pregnant, it was thought likely to prove so again. After making the usual incision for ovariotomy, the exact relation of the tumor to the uterus was ascertained. In turning the patient on her side, preparatory to puncturing the cyst, the latter was let go, and, unknown to Dr. Lee, the uterus took its place, rolling up into the abdominal incision, and was punctured instead. A large trocar penetrated the body of the womb to a depth of about two inches, entering at a point about two inches below the fundus. No fluid escaped when the trocar was withdrawn. The uterine wound was sewed up with carbolized silk, the long pedicle of the ovarian cyst was then ligated, the cyst was removed, and the abdominal wound was closed. Abortion had not occurred, and the patient was doing well. There had been vomiting, which was probably due to the influence of the anæsthetic. It was a noteworthy fact that the pedicle in this case was so long that the tumor, which was developed from the left ovary, lay upon the opposite side, in the region of the right ovary. Dr. Lee thought the silk-worm suture, which was used to close the abdominal wound, possessed no advantages over the carbolized silk ligature. It was much more liable to break, and was less easy to handle.

Gonorrhœal Rheumatism.

The *Medical Times and Gazette* says that Prof. Peter pointed out a case at his clinic (*Gaz. des Hop.*, June 17,) in illustration of the fact that in the so-called gonorrhœal rheumatism the joint is not the seat of the affection, but the adjoining white tissues or "tenosity"; and that consequently there is no complication from heart disease, while the prognosis is much more favorable. The gonorrhœal discharge exerts no specific effect in producing it, any genital irritation being competent to this, acting through some ill-understood mechanism, as in profuse leucorrhœal discharge, or the sudden arrest of the menses. In this case abundant gonorrhœal discharge was present in a woman, and the left ankle joint seemed to be the seat of an attack of acute rheumatism. This, however, was not the case, and the diagnosis was obtained by the mode of examining the joint. Feeling below the internal malleolus, great pain was produced; but palpation at the external part, or in front, or deeply behind under the tendo Achillis, gave rise to no abnormal sensibility. Returning again to the inner side, and examining methodically, it was found that pain really only existed in the direction of the sheath of the tendons which passed under the malleolus internus —there being therefore only a tenosity, easy to define. It is only very rarely indeed that the joint is implicated.

Special Report.

REPORT OF PROGRESS OF OTOLOGY, NO. 2.

Diseases of the Ear in Children.*

The first subject which we will treat of is congenital variations and malformations of the ear, in which "if the osseous meatus is entirely absent, every operation is useless." "As the meatus of children is narrow and usually secretes freely, it is often necessary if the child's hearing is defective before an examination is made, to cleanse the passage in order to get a clear view of the deeper parts; and good illumination by a mirror is of the first importance.

After syringing, it is best to dry out the passage. It should be understood that every child, in the latter part of intra-uterine and the first part of extra-uterine life, possesses no free meatus, the passage being closed by epidermal product—the drum-membrane instead of being horizontal—so that it forms with the lower wall of the meatus which is at this age membranous, but later becomes osseous, a very acute angle, and lies nearly at the same plane as the upper wall of the ear passage.

From this condition of the meatus, it is evident that man just after birth has no better hearing than other animals of the same age, which are born with an impervious meatus. "With regard to the sense of hearing, it is first remarked that all children for sometime after birth are completely deaf, and it was not until the middle of the fourth day that Professor Preyer obtained any evidence of hearing in his child. This child first turned his head in the direction of a sound in the eleventh week, and this movement in the sixteenth week had become as rapid and as certain as a reflex. In the twenty-first month it danced to music, and in the twenty-fourth imitated song; but it is stated on authority of other observers, that some children have been able to sing pitch correctly, and even a melody, as early as nine months. One such child used at this age to sing in its sleep, and at nineteen months could beat time correctly with its hands while singing an air."

Instillations of warm water (we would add a few grains of boracic acid or biborate of soda to the water) into the ears of new-born children which will clear the passages earlier than they would clear themselves, as the masses of epidermis remain in the meatus, and they become a source of irritation.

The most painful and obstinately recurring inflammation of the external ear is produced by vegetable parasites and moist epidermal lamellæ, which generally are superposed one upon another and may produce a closure of the canal, or may form a mould-fungus sometimes of light, sometimes of darker color. This almost always belongs to the aspergillus family.

Animal parasites take up their abode in the human meatus, and act as irritants. This is to be suspected in children who have much to do with birds, rabbits, and also with dogs and cats. The bird lice (*dermanyssus avium*) are abundant in house-birds, also in hen-houses and dove-cotes. Parasites have been found in the ear of an ox, where they were probably the cause of severe otitis externa purulenta; also in rabbits, caused by the borings of the psorospermiso and gregarinas.

An otitis media (or inflammation of the middle ear) runs its course quickly in children, with early perforations of the drum-membrane, and consequently evacuations of the secretions, but will probably re-occur with the next cold in the head. This diseased condition is usually associated with dentition, but the source of the disease should also be sought usually in the naso-pharyngeal mucous membrane, which is in the immediate neighborhood of and in direct connection with the ear along the Eustachian tube. A peculiarity of the meatus in young children is quite a large opening in the lower anterior wall of the osseous canal, which is produced by irregularity in the growth of the bone at this point. This defect in ossification appears first in the child between the twelfth and eighteenth month, about the size of a cherry-stone, and opens toward the edge of the bone, and is still to be seen, as a rule, in the fourth or even fifth years as a round opening, which is gradually closed. It is evident that this opening, which is covered merely by the skin of the meatus and periosteum, must be a vulnerable spot, which purulent and suppurative processes may readily break through, forming fistulous openings towards the parotid gland and the region of the lower jaw, so that the inflammation and suppuration may extend to these regions.

The treatment of otitis externa (or otalgia) is extremely simple; if the child is strong, one or two leeches on the edge of the ear passage in front of the tragas, or upon the cartilage just below it, will be of service. Frequent ear-baths with warm water will relieve the pain. (Cotton saturated with wine of opium, and the volatile

*Diseases of the Ear in Childhood, by Von Tröltsch, which appeared in 1880 in Germany. It formed a part of Gebhardt Hand-book of Diseases of Children. Translated by Dr. I. O. Green, Wm. Wood & Co., New York.

product driven by oil heat, will be found valuable to relieve pain; also a solution of sulphate of atropia, a few drops warm in the ear, is prompt to relieve acute pain.) In otititis media purulenta the removal of the secretions as soon as suppuration has begun is important, and the use of zinci sulphate and plumbi acetate in solution. (This is the old method of treatment, which is now obsolete, and syringing, except for diagnosis, has given way to wiping out the ear packed with antiseptic cotton, with the application of powdered boracic acid, by which means there has been a greater number of rapid cures. The use of small ice-bags to the auditory canal, but no cold water to be permitted to enter the meatus'; and we object to warm poultices, which, though they relieve the pain, etc., yet always produce a decided loosening and maceration of all the tissues, etc.)

Rupture of the membrana tympani occur when the column of air over it suffers a sudden and great condensation from a blow of the hand upon the entrance of the meatus; or in bathing, if one in diving from a certain height accidentally strikes the side of the head with the auricle forcibly upon the water; when the Eustachian tube is closed, or a collection of mucus in the tympani, the membrane is more easily torn.

If no deeper complications are present, such wounds of the drum membrane heal, as a rule, rapidly, without leaving permanent injury, as do also the punctures from needles, straws, probes, etc.; a moderate effusion of blood in the tympanum does not interfere with the healing process. The only thing necessary to be done is to abstain from irritating the edges of the wound, or from separating them. A little cotton wool should be worn on the meatus, but only laid on lightly, and not pressed hard, and the patient should be forbidden to blow the nose suddenly or violently. All instillations, syringings, or other interferences with the ear, are improper, as they will prevent healing by first intention.

Congenital malformations of various kinds have been observed in the tympanum, as absence of the cochlear or vestibula fenestre, the ossicles wanting, or separation of the same bone, or anchylosis of their joints, etc. The mastoid process does not exist in the child as a rounded prominence, but in early life is flat, and contains only a finely porous osseous tissue; pneumatic cells are found which form the mastoid process, but these do not reach their full development until puberty.

The tympanum in the fœtus and new-born child. So long as the child has not breathed, the tympanum can contain no air. Heretofore, anatomists have assumed that at the time of birth the cavity was filled with mucus, which gradually disappeared with the entrance of air during the breathing and crying of the child. This, however, is not so; but the tympanum of the fœtus is filled by the mucous membrane itself, which, especially on the labyrinthine wall, is in a marked hyperplastic and swollen condition, while in the adult the mucosa covering the promontory is extremely thin—almost like a serous membrane. In the fœtus it appears as a thick gelatinous tissue, reaching to the inner surface of the drum membrane, and therefore almost entirely filling the tympanic cavity. On closer examination, this mucous-membrane-cushion of the tympanum consists of embryonal connective tissue, or the mucous tissue of Virchow, viz., of a mucous fundamental substance, with a well-developed net-work of cells: its surface contains blood vessels, and is covered by a beautiful neucleated polygonal pavement-epitheleum.

Wriden and *Wendt* have claimed that its disappearance is wholly dependent upon the breathing, and have proposed this as a substitute for the lung test in medico-legal investigations in regard to the extra-uterine life of a child when the head only is examined. It should be emphasized here that the labor itself, especially if it continues unusually long, may directly involve danger and injury to the middle ear of the child. *Wendt* was the first to report that sometimes materials were found in the tympana of new-born children which originated directly from the amniotic fluid or from the maternal organs (fine hairs, vernix caseosa, meconium, vaginal mucus), and he assumed that they must have reached the ear by the inspiration of the thorax during labor.

Ed. Hofmann showed later that during the birth, and produced by the separation of the placenta, very frequently respiratory movements of the chest occur, with which necessarily inspiration of the media surrounding the child must take place in the middle ear as well as the lungs; that the entrance of a large amount of foreign material into the one or the other organ may act as a pathological irritation, and under certain conditions produce a mechanical closure of a narrow cavity.

Attention must here be called to the fact that in children, the dura mater and the tympanic mucous-membrane are in much more intimate connection than is the case in later life. In establishing the degree in which the middle ear in childhood is predisposed to disturbances and

diseases, we must remember the all-important fact that both Eustachian tubes enter the naso-pharynx.

The hyperplastic and inflammatory affections of the palatine tonsils, so common in childhood, act in a similar way in closing the tubal orifice, as when they attain a larger size, they press the palate and the surrounding mucous-membrane up against the pharyngeal orifices, and like a foreign body, produce chronic stasis in the blood vessels and act as a continual irritation to all the neighboring tissues. Children living in crowded nurseries, which are also used as water-closets; and also often for cooking, drying of linen, etc., and those who frequent overcrowded and unventilated school-rooms, are subjected to a bad, and for the purpose of breathing, unserviceable air, an evil which is receiving more and more attention, at least in hygienic writings. Too much stress can not be laid upon the evil effect which too warm, too damp, or impure air, in the house and in the school, exerts upon the health of the child. The majority of the severe diseases of the nasal and pharyngeal mucous membrane, of continuous cold in the head, of angina, croup, and diphtheria, occur in childhood and during school life. As a synopsis of the points which have been brought forward, it may be asserted as a fact that in childhood, aside from a few weeks immediately following birth, an unusually strong predisposition to disease of the middle ear exists, owing on the one hand to the double influence of the peculiar morphological relations of the ear and the pharynx, and on the other hand to the diseases and conditions of life to which the child is frequently exposed.

In later times, there will be found in "Koppen's Marburger Dissertation," of the year 1857, a statement which is applicable here. He examined only new-born children—the oldest twenty-five days old—and found the tympanum empty in six, wh ilein eighteen that cavity contained fluid, and in four of these eighteen the fluid was true pus.

Without any knowledge of these preceding statements, Von Tröltsch called attention, in 1858, to the frequency of collections of pus in the tympana of small children. In forty-seven petrous bones taken from twenty-four unselected children out of the polyclinic or lying-in hospital in the course of several years, he found the middle ear normal in only eighteen; the other twenty-nine ears showed in various degrees the appearance of a purulent, rarely of a mucous catarrh.

According to Schwartze (1864), for every five examinations of new-born children, in two the tympanum will be found filled with pus.

Wreden (1868) found in eighty ears which he received in the course of four months from St. Petersburg Foundling Hospital, a normal middle ear in only fourteen.

Edward Hofmann (1873) examined in Innspruck twenty-four petrous bones from children varying in age from thirty-two hours to four weeks, and found the tympanum filled with pus in seven cases, while in the other seventeen it was perfectly or nearly normal.

The greatest number of investigations have been made by Kutzcharianz (1875 and 1872) from children out of the Moscow Foundling House, the ages of which varied between a few days and seven months. From about two hundred and thirty accurately described cases, the tympanic mucous membrane was normal in only thirty; in fifty, it showed either a slight or intense catarrhal inflammation; and in one hundred and fifty the tympana were filled with yellow-green pus, with occasional clumps of mucus mixed with blood. In four of these cases of purulent inflammation, the pus was of an ichorous character.

We may assume that Zanfal is right in considering that the pus which is found in the tympanum a few days after birth is chiefly not an inflammatory but a degenerative product of the embryonic tissue retained in the cavity owing to some impediment in the tube.

As would be expected, the numerical proportions between normal and pathological tympana varies very much in the different reports; of the ears examined by V. Trölltsch, in Würzburg, 38 per cent. were normal; of those by Wreden, in St. Petersburg, 17½ per cent.; by Hofmann, in Innspruck, 70 per cent.; and by Kutzcharianz, in Moscow, only a little over 13 per cent. showed tympana without hyperæmia of the mucous membrane.

(*To be continued.*)

Correspondence.

A Rumor Contradicted.

Eds. Med. and Surg. Reporter:—

We are astounded to see in the Med. and Surg. Reporter of January 27, that you received a telegram stating that in one family in the city of Dallas, Texas, there were "Nine persons who were poisoned by eating pork, supposed to be trichinous. Three of them died." Well, Messrs. Editors, we heard nothing of a single case. Besides, we have made inquiry of the undertakers, and they report that not a single case have they ever heard of in this city. We are happy to say that we have a people here who eat cooked meats;

besides, they live mostly on beef, mutton, etc., and little pork.

Therefore we ask the name of the gentleman who sent this dispatch to your city.

Respectfully,

J. M. Pace, M. D.
G. Beaumon, M. D.
H. A. Moseley, M. D.

Dallas, Texas, February 10.

[The dispatch was extracted from the daily papers of this city. We do not know its author. —Eds. Reporter.

News and Miscellany.

New York Ophthalmological Society.

At the annual meeting, held January 8, 1883, the following officers were elected:

President.—George R. Cutter, M. D.
Vice-President.—David Webster, M. D.
Secretary and Treasurer.—Jas. L. Minor, M. D.

An Epidemic of Syphilis.

An epidemic of syphilis has recently occurred in Sheffield, England, through the agency of a syphilitic midwife, who attended a number of cases of delivery in married women, all of whom contracted the disease. The woman has been committed for trial, charged with having "wilfully and maliciously caused grievous bodily harm" to the complainants.

Our School for Post-Graduates.

The *Lancet*, January 20, 1883, says: "Philadelphia is about to follow the example of New York in establishing a school for post-graduates." We would inform our transatlantic contemporary that Philadelphia was the *first* city in the United States to establish a school for post-graduates, which was done in connection with the University of Pennsylvania, and has been now in successful existence for nearly two years.

Office Lights.

Few matters are more important to the furniture of an office than a good light. For this purpose, we can speak with special favor of the "Perfection Student Lamps," devised by Mr. R. G. Hutchinson, 44 Maiden Lane, New York City. They have all the appliances to secure entire safety, are handsome, strong, and the cheapest for the money which we have anywhere seen. Any of our readers who want a really good lamp, will do well to to send to Mr. Hutchinson for one of his descriptive circulars, with particulars.

University of Pennsylvania.

At the monthly meeting of the Trustees of the University of Pennsylvania, February 6, a gift of $5,000 for the endowment of a bed in the University Hospital was received from Henry Ingersoll. A petition was received requesting that the doors of the University be opened to women on the same terms as to men. The petition was referred. Frederick A. Genth, Jr., was elected Assistant Professor of Chemistry, and Albert S. Bolles was chosen Professor of Mercantile Law and Practice in the Wharton School of Finance and Economy.

Officers of the New York Academy of Medicine for 1883.

President.—Fordyce Barker, M. D., LL. D.
Vice-President.—H. P. Farnham, M. D.
Recording Secretary.—W. H. Katzenbach, M. D.
Corresponding Secretary.—J. G. Adams, M. D.
Treasurer.—William F. Cushman, M. D.
Trustee.—Gouverneur M. Smith, M. D.
Treasurer of Board of Trustees.—Charles Wright, M. D.
Member of Committee on Admissions.—E. L. Partridge, M. D.
Member of Committee on Ethics.—H. E. Crampton, M. D.
Member of Committee on Education.—J. C. Dalton, M. D.
Member of Committee on Library.—A. McLane Hamilton, M. D.

Contaminations in Drinking Water.

At a recent meeting of the Academy of Natural Sciences in this city, while discussing the subject of the pollution of the Schuylkill water, Mr. Edward Potts reminded the members that a recent similar condition of the Boston water had been ascribed to the decay of fresh water sponges in the water-pipes. He had recently examined several portions of our water works with a view of ascertaining how far decaying sponge growth might be considered the cause of the offensive condition of affairs with us. Near the crest of the dam, in the forebay and in the reservoir, sponges had been found growing more or less abundantly, but nowhere in such quantities as on the lattice work protecting one of the discharge pipes in the reservoir. Here the Mayenia Leidyi almost interfere with the flow of the water. This species is a dense sponge with small, closely-packed spicules, and a comparatively small amount of sponge flesh or sarcode. Indeed, so scanty is the amount of matter which could become offensive by decay, that a very large amount of sponge would be required to contaminate a small quantity of water. Various species of rotifers and protozoa were also found in the reservoir and elsewhere; especially an abundance of spongilla fragilis in the canal between the two locks opposite Fairmount. The result of his investigations had been the conviction that the offensive character of the river water could not reasonably be assigned to decaying organisms.

The President, Dr. Leidy, declared that instead of decaying animal matter being the cause of the pollution, he was convinced that the actual cause, whatever it might be, was rapidly destroying the life of various sorts which formerly flourished in the river. Some years ago such organisms as urnatella, paludicella, and plumatella had existed abundantly in places which had been found recently to be reeking with filth. The Schuylkill mud is saturated with oil, and only the remains of mollusks and aquatic insects can now be found in it. It could not be doubted that the impurity of our river water was due to the drainage from mills, factories, and surrounding habitations.

Personals.

—The appointment of Dr. Robert H. Allison, as Port Physician of Philadelphia, will meet with universal approval. Dr. Allison stands high in the profession, and is a gentleman of wide general culture as well. No selection by the Governor could have been more appropriate.

—Doctors Reed and Wiley, of the Dixmont Intane Asylum, have sued the Erie *Herald* for defamation of character, laying damages at $40,000. The suit grows out of articles published by the *Herald* reflecting on the management of that institution, based on statements of Dr. Sevin, an ex,inmate of the asylum. Them anagement deny the charges, and claim that the doctor is still deranged.

—At a recent meeting of the Camden Microscopical Society, Dr. A. P. Brown called the attention of the members to the important fact that nearly all kinds of bitter drugs, such as nux vomica, chamomile, etc., have lately greatly advanced in price, owing to the large purchases made by brewers, who use them in the manufacture of beer in the place of hops, of which the crop this year was a failure.

—An extraordinary security was offered by a man who recently advertised in a Berlin newspaper for a loan. The advertisement ran as follows :—"A medical student whose means are exhausted would like to meet with some one who would advance him the necessary sum to complete his studies, at a moderate rate of interest. If necessary he would as a guarantee at once marry his creditor's daughter, or, if he prefers it, would give an undertaking to do so on passing his final examination."

—The late eminent artist and poet, D. G. Rossetti, instead of seeking health and consolation in travel, in company and in exercise after his wife's death, shut himself up alone amid mediæval relics in a large, gloomy house. He sought relief from grief and sleeplessness in chloral, and, as the London *Daily News* declares, this drug at last distorted his ideas and his sentiments even about his friends. Some magazine criticisms, which a healthy man would have fumed at and forgotten, led him to the belief that he was the victim of a of a conspiracy. His bodily health could not support the stress of his intellect, and the result was, in a literary sense, disastrous.

Items.

—The juice of the cow-tree of South America has been analyzed by a French chemist, who finds that it really possesses many of the constituents of cow's milk.

—A Philadelphian last week drank a pint of whiskey at a draught. In a few minutes he fell to the floor insensible. A physician was called, and after eight hours work, the man was restored to consciousness. Query: Was it worth the trouble?

—The latest information from Southwestern Virginia reports the ravages of small-pox as extremely alarming. Neither the people nor the physicians in that section have any adequate knowledge of the disease to enable them to deal with it successfully. They are consequently terror-stricken by its appearance, and refuse to venture near any houses in which there is a small-pox patient.

—By a law which has just come into operation in Italy, the sale of patent medicines throughout the kingdom is prohibited unless the precise composition of the medicine is stated. The promulgation of this important decree has been made by the Minister of the Interior, the Customs, and the sanitary authorities. One well-known chemist in Rome has at the present moment nearly $500 worth of patent medicines lying at the Dogana, and likely to have to remain there or to be sent back to England undelivered. For the future, travellers will have to smuggle their favorite drugs into Italy.

QUERIES AND REPLIES.

MESSRS EDITORS.—What is the best hand-book for physicians who wish to make a correct diagnosis, and enable them to order suitable glasses in cases of astigmatism, myopia, hyperopia, and various other diseases of the eyes.
Pa. N. S. B.

The best work of the kind we are acquainted with, is Landolt's *Manual of Examination of the Eyes.* Price, $2.00.

MED. AND SURG. REPORTER.—I would like to inquire through your columns if anesthetics in labor have the tendency to prevent the secretion of milk. Have administered the A. C. E. mixture repeatedly, during the past four years, both in instrumental and natural labors. In a *very few* cases the mammary glands refused duty after two or three weeks. My experience without the anesthetic is much the same. M.

MESSRS EDITORS.—May a physician *bid* for the medical and surgical treatment of the poor, in response to an advertisement of the Board of Supervisors of the county, the same as mechanics bid for building contracts, without violation of medical ethics? C., of Ill.

Ans.—It is often done, but we think that the result is a lowering one to the profession and injurious to the public.

Dr. S. K., of Va., asks for reports of diseases in women distinctly traceable to the avoidance of conception, and further with reference to the manner of avoidance.

Dr. Alonzo, of N. Y.—We are always glad to receive and publish short, practical articles from the daily observation of physicians. Send your MSS. at any time.

Dr. C. C. Vanderbeck, lecturer on hygiene and sanitary science, in Wagner's Institute, Philadelphia, will be grateful if his professional brothers, throughout the country generally, will send him any monogram or reprint in the department of sanitary science. His address is 2246 Ridge Av., Philadelphia.

DEATHS.

FISHER.—On the 12th Inst., after a brief illness, at Cologne, Germany, Alexander M. Fisher, M. D., in the 26th year of his age, son of the late Edward M. Fisher, and grandson of the late Colonel Alexander Ming.

RAND.—In this city, on February 14, 1883, B. Howard Rand, M. D., in the fifty-seventh year of his age.

RANNEY.—In New York city, on Thursday, February 15, Lafayette Ranney, M. D., in the 64th year of his age.

THE

MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

CONCERNING SPIROMETRY.

BY A. H. HOY, M. D.,

Of Racine, Wisconsin.

In the October 7th, 1882. number of your journal, I asked of your readers information concerning spirometry, making six questions which I desired answered. Three communications have been received concerning the matter.

1. A reply from a well-known professor of diseases of the chest, who says he has no faith in spirometry, and considers the sources of error too numerous to be overcome. On receipt of this, I took occasion to address a note to the gentleman, asking for more definite information, and received a reply saying he had really never used the instrument (a water spirometer) but a few times, and had given the matter no especial study or attention.

2. The following letter from Dr. Lewis Sherman, of Milwaukee, Wisconsin:

"I have used the spirometer more or less regularly for the last twelve years. Several thousand observations have been made. I have used an instrument of my own construction. The apparatus consists af a water meter, corrected to the temperature, according to the condensation of *moist* air at 99° F. to 95° F. The readings of the ordinary water meters and rubber bags vary for the same lung capacity as the temperature of the atmosphere.

"Moist air condenses more than dry air, with the same degree of reduction of temperature. There are two forms of my instrument, one with an elastic scale and thermometer, and the other with a fixed scale and thermometer, with a table for reduction of the reading as in the alcoömeters.

"The sources of error are, the imperfect construction of the instrument, and inexperience in the muscular control of the respiration.

"According to my observation, the available capacity may be increased from ten to twenty per cent. by the habitual exercise of forcible inspiration and expiration, such as is required in using the spirometer.

"The spirometer is the best known instrument, or means, for measuring lung capacity. Successive observations on the same patient show quite accurately the progress of the disease in the lungs. These successive observations gave much more reliable results than isolated observations."

The third communication is from Dr. William W. Rodman, of New Haven, Connecticut, as follows:

"I have used a spirometer for several years, first Lewis' and later Marsh's rubber instrument. The cases would number hundreds, and the separate trials, thousands.

"Marsh's instruments break very readily. Two of the bags burst in my office yesterday. They require considerable practice, or mistakes will occur. Properly used, I think them useful, but I want a better spirometer than any I know of. A feeble patient has to be taught carefully how to use the instrument.

"It is often at first utterly impossible to direct the nervous energy with this novel respiratory effort. No final judgment can be reached in many cases until the first difficulties are overcome by repeated trials carried through several days.

The patient must be watched, taught, encouraged and cautioned. Definite results can be reached finally, and the vital capacity of the individual determined.

"I have found a few persons, men and women, who, at the first trial, would show a measurement far beyond the normal limit.

"As a general rule, a limit is reached after a few weeks, beyond which it is difficult to advance. I have found, however, where this limit had apparently been reached after faithful trials, that some new stimulus would give a further advance. Such a stimulus I have found in the massage manipulations, and also in static electricity. The galvanic current, in my hands, has failed to educe any such results, though I have repeatedly tried it both in mild and in heavy currents. I do not think that the Faradic current will serve this purpose, though my experiments with it are limited.

"The most striking results in my hands have occurred by the use of the spirometer immediately after stimulation with static electricity. I have been accustomed to use Hutchinson's table of vital capacity, and know of no other.

"With the proper caution and limitation, I think spirometry very valuable for diagnosis and prognosis. I am accustomed to aid my conclusions in various ways; for example, by measurements with the tape, and with callipers. Within moderate limits, I think that the conclusions to be drawn from the use of the spirometer can be relied on, and I have known mistakes made by famous auscultators. In the use of this instrument, the patient is encouraged to make efforts which are likely to be of great service, unless they are too violent at first, or are made in a cold room.

"As long as progress is made, the courage is kept up, and in cases where the indications are unfavorable, the instrument itself tells the story, and the physician is not obliged to put an unfavorable prognosis into words."

I desire to reply to these letters through the MED. AND SURG. REPORTER, and thus make public the results of my experience in spirometry, and to describe the means used, which are so simple as to be within the reach of any one, and I hope some interest may be awakened in the subject. In fact I know of no study in which physicians will find so much to interest and instruct them, as in spirometry; more especially as it would seem to be a new field for work, judging from the paucity of replies I received to my inquiries; and better instruments are to be invented, and more correct tables devised to work with.

I use the rubber bag spirometer, known as Marsh's, with certain modifications and additions. Finding that the bags furnished with the instrument were easily broken, and varied too much in thickness, I procured a supply of rubber gas balloons, such as are sold to children as a toy, at fairs and circuses. These can be had of F. Paturel & Co., New York city, at a cost of about three dollars and fifty cents per gross.

These answer the purpose admirably, and leave nothing to be desired in this respect. I use also a beef's bladder, which is prepared for the purpose by divesting it of the outer and coarser muscular coats, and then turning it inside out; this can readily be done when the bladder is well macerated in water. Next mount it on a rubber tube (similar to that used in the spirometer) and inflate the bladder to its fullest capacity, and allow it to dry thoroughly. After this is accomplished, by repeated rubbing, and folding it in the hands, it will become as white and soft as a kid glove. The next essential is a pair of steel callipers, with a scale of quarter inches, suitable for measuring the width of the shoulders from acromion to acromion.

Before using the spirometer, it is very necessary to be sure that the tape scale shall read accurately. To insure this, I have a fixed scale by which I set the tape, and by which I prove my spirometer from time to time. This consists of a piece of wood three feet long and three inches wide, scaled in its length into inches and fractions of an inch. At one end an upright piece one foot high is fastened, exactly at a right angle. A carpenter's square is held on the long piece of wood so that the short arm is parallel with the upright; the rubber bag is now inflated, while it remains between these two, until it barely impinges on each, and the diameter of the inflated globe is at once known from the scale on the long arm of the frame. The diameter of a sphere being known, a simple calculation gives the cubical contents. The tape scale is now fastened to the bag so as to read the correct amount. I generally prove the scale to three diameters, viz., six, seven, and eight inches, the capacity of these being one hundred and thirteen, one hundred and seventy-eight, and two hundred and sixty-eight cubic inches. The bladder is used, often expelling all air from it by simply folding it in the hand, to receive the air from the lungs of such persons as have not the muscular power to inflate the rubber bag. The air once received into the bladder is transferred to the rubber bag by connecting the mouth-pieces, and measured as ordinarily done.

It is well to use the rubber bag and the bladder in any cases that are in any way doubtful or uncertain. From four to six observations should be made, half with the person standing and half in the sitting position, and the average of these should be taken as the vital capacity.

The calipers are used to determine what I take the liberty of terming the "vital number" of the person. It is ascertained by taking the calibre of the shoulders from acromion to acromion, adding to this one-half an inch, and half of this sum will constitute the "vital number."

This is not, as it may seem, an empirical formula. It is a sort of "lightning-calculator" mode of reaching certain dimensions of the chest that I formerly made several measurements and calculations to attain. Concerning the fixed ratio which the different measurements of the chest bear to each other, I would refer to page 37 of "Hammond on Hygiene." The vital number having been ascertained, the vital capacity is found by reference to the following table, which I have prepared and tested by repeated observations. Hutchinson's scale of vital capacity, based on the height of the person, failed too often to give satisfaction; and this is not to be wondered at when we remember that his observations and deductions were made in British soldiers, men who may be supposed to be somewhere near anatomically correct and robust as to health—such, in short, as are never seen in a doctor's office. The table I have devised is based on a ratio between size of chest and vital capacity. I give the numbers from six to nine, increasing a quarter of an inch each, which I regard as accurate enough for all purposes.

Vital Number.	*Vital Capacity.*	
	MALE.	FEMALE.
6.	108.	82
6.25	122.	90
6.50	137.	102
6.75	153.	112
7.	170.	124
7.25	190.	136
7.50	200.	150
7.75	230.	164
8.	240.	180
8.25	250.	186
8.50	260.	194
8.75	290.	214
9.	330.	240

I claim that a person possessing the vital capacity which their vital number calls for according to this table, may safely be set down as having normal and healthy lungs. If they do not reach the standard it may be on account of muscular weakness of the respiratory apparatus, or it may be a filling up of the air-cells, or loss of lung tissue. The cause and nature of the failure to reach the normal vital capacity is for the physician to determine from other data to a beginner in spirometry, the following points will be of aid:

1. A person may be in his usual or comfortable health and still be using, or have the use of, only a part of his lung tissue, and yet have no disturbing chest symptoms.

2. Persons past middle life, or who are aged, may have a carbonaceous deposit in their lungs, which does not constitute a disease. The osseous frame-work of the chest of this class of cases loses its flexibility also, and due allowance must be made for this.

3. Those who have long used their lungs violently will show a vital capacity far beyond this table. The fact is, their lungs hold more than the normal amount of air. They are stretched, not to say developed. It does not, by any means, follow that their lungs are the better for it.

4. Learn spirometry first by measuring the lungs of as many vigorous, healthy subjects as possible; next examine those whose lungs have been, or are now diseased, cases whose history you are familiar with, and who are not now under treatment for lung troubles, but who are in their usual health. Pass from these to those in all stages of diseased lungs, and I am sure you will establish some points you can rely on with confidence, and will be able to make a diagnosis and prognosis in very many cases, which, with auscultation and percussion, would have embarrassed you seriously. If startling inconsistencies or contradictions occur, make every effort to clear them up, or devise some new plan by which their repetition can be avoided.

I should be pleased to hear from any one interested in spirometry, who may wish further information.

A PECULIAR TYPE OF FEVER.

BY DR. J. M. PINKSTON,
Of Alabama.

As it may be of interest to the readers of the REPORTER, I ask permission to give notice through its columns of a very peculiar type of fever that prevailed in this country during the year 1882, commencing about the 1st of July, and subsiding about the 1st of December, which affection leads me to believe there are, perhaps, some epidemics of mistaken typhoid fever, as it is pronounced by by some physicians to be typhoid. There seems

to be a variety of opinions as regards diagnosis, some regarding it as a congestive form of remittent fever; others typho-malarial, typhoid, etc. I will proceed to give the symptoms and peculiarities as correctly as my experience in such cases will allow me:

The patients usually have the premonitory symptoms of typhoid fever, with, in most instances, a slight pain in the stomach a day or two before access of fever. The fever is usually ushered in with a chill, followed by headache, nausea, and vomiting; in some cases, cold feet and hands, and tenderness and continuance of pain, in most cases, over region of the stomach, and almost invariably tenderness at a point midway between the hips, but no iliac tenderness. The tongue is usually a little red around the edges, and lightly furred in the commencement of the fever, and very heavily coated and very red, as in typhoid fever, a few days afterwards. The bowels and stomach are generally uniformly tympanitic, though sometimes only a portion of the bowels, and occasionally in the commencement, the bowels are free from tympany altogether; but the stomach is most invariably so, from beginning to end. The bowels are usually constipated; in some cases so much so it requires an enema from time to time to move them. I should have stated that the fever in the commencement is high, in children sometimes attended with convulsions. Two of my patients were seized with convulsions, the first symptom noticed, though no doubt the usual prodromic symptoms existed unnoticed. The symptoms in the commencement, in some cases, indicate violent congestion of the stomach and bowels, and, as indicated by breathing, congestion of lungs, but there are no physical signs thereof. Some cases also have a slight sore throat, enlargement of tonsils, and a little irritation of bronchial tubes, and consequently a little cough.

The above symptoms are all that are observed in a typical case of this fever, except as to the movements from the bowels, which are always mixed more or less with mucus, and sometimes the larger portion consists of much.

Now a few words as to treatment, which, medicinally speaking, presents nothing peculiar, if viewed from a natural pathological standpoint, as suggested by the symptoms, and not as typhoid fever. The first object in treatment is to relieve the engorged state of stomach and bowels, with the most soothing medicine possible. I prefer calomel for the purpose, which I usually give in divided doses until I get several free movements from the bowels. In the meantime I direct a hot mustard foot-bath, and cover the stomach and bowels with a large mustard plaster, and not a poultice, which I continue to use daily, until the patient is decidedly convalescent. After thorough evacuation of bowels, give quinine in decided doses, not less than forty or fifty grains to an adult daily. I usually commence at midnight, regardless of fever or circumstances. If the patient is seen late in the evening, it may be necessary to combine calomel and quinine together. I almost invariably give good whiskey or brandy from the beginning—a teaspoon to a tablespoonful with each dose of quinine; which, owing to the great amount of torpor of stomach and bowels and general prostration, I regard as a very important auxiliary indeed. After the first twenty-four hours, give turpentine in moderate doses, for a few days.

The above comprises the treatment, with the exception of a few details, such as the use of opiates, diaphoretics, etc., as may be indicated.

A word as to hygiene, which is a very important desideratum in the management of this affection. The diet should be absolutely in a liquid form, and the most nourishing and concentrated. It should be taken in small quantities, at short intervals, and continued in like manner for a few days after cessation of fever, during which time the patient should remain absolutely quiet in bed.

As to the peculiarities of the fever in question, if improperly treated or not treated at all, and in some cases in spite of treatment, it will last from two to six weeks; but if taken in time with all the symptoms well developed, and properly treated, will yield, in my experience, almost invariably, within thirty-six to seventy-two hours; if due precaution, as to diet and exercise, is not taken, the patients will have a relapse from time to time until the affection seems to become a fixed condition, and will not yield under any manner or form of treatment—cases exactly identical with others that subside within thirty-six or forty-eight hours. I have observed some cases of intermittent fever of the quotidian type that were followed by a greater amount of prostration after a few paroxysms than ordinary remittent fever of a week's duration; these cases presented the usual symptoms of the cases under discussion, red and furred tongue, tympany of stomach and bowels, tenderness and pain in the epigastric region, etc.; in fact it seems to have been a modified form of the same affection. I have seen a few cases of diarrhœa followed by dysentery, attended by the general symptoms of the above affection, red tongue, tympany of stomach and bowels, etc., without the

fever. I have also seen a good many cases of sore eyes, attended with severe neuralgic pains, red tongue and enlargement of papillary glands on the end of tongue, which was always the case in this affection, that were not benefited by the usual treatment, but yielded readily to a cathartic followed by the systematic use of quinine for several days. Whether the sore eyes were due to the same cause as the fever, I am not prepared to say, though I have not seen any one with sore eyes or dysentery, that afterwards had this peculiar type of fever. Now the mere idea of a large proportion, five-sixths or perhaps nine-tenths of my cases, having yielded to treatment in a few days, excludes the possibility of it being typhoid fever, or "typho-malarial," which latter, in my experience, will not yield in less than ten days, under any treatment that may be instituted: and the fact of it yielding in so short a time has given rise to the opinion of some that there is no such combination. As to the diagnosis, I regard the fever as dependent on a circumscribed inflammation of the bowels, and, in the absence of a name for the affection, I have pronounced it catarrhal inflammation accompanied by a general engorgement of the entire mucous surface: the powers of digestion are almost entirely perverted, there being a total inability to digest solid food of any description, and milk or other liquid food, except in very small quantities; I could predict a relapse with almost as much certainty, after giving a glass of milk, as if solid food had been given; they were generally unable to digest as much as half a glass of milk at one time.

It is reasonable to suppose that when the stomach is so very deficient in powers of digestion, its powers of absorption are also deficient; for this reason, as well as because of the great amount of prostration from the beginning, I give a little whiskey with each dose of quinine, which answers a double purpose, as a stimulant and promoter of absorption. As to diagnosis, I should like to have the opinion of older members of the profession.

THE RECUMBENT POSITION IN TYPHOID FEVER.

BY DR. GEO. HAMILTON,

of Philadelphia.

In the REPORTER for February 3 may be found "Observations on the Management of Enteric Fever," read before the College of Physicians by Dr. James E. Wilson. After the reading of the paper, Dr. Hamilton is quoted as "speaking of the great importance of preventing hypostatic congestion by changing the position of the patient from time to time." These are the words, however, of Dr. Wilson, and were expressed by him after Dr. H. had said: "In view of the frequent occurrence of hypostatic congestion in the latter stages of typhoid fever, and its great danger, would not the plan recommended of placing the patient in bed from the first moment of attack, and keeping him there, in the recumbent position until the termination of the disease, not suffering him to arise even to obey the calls of nature, be well calculated to increase the liability to the dangerous condition alluded to?" That there is danger in this exceptionally novel, tentative mode of treatment, is tacitly admitted in the advice to change the position of the patient frequently. But how can this effectively be done, since the patient is to be kept, without intermission, in the recumbent position, so that whether upon his back, or on the right or left side, he is yet recumbent? Again, a very large number of typhoid cases now seen are slight, so that during the first two weeks the patients are able to move about, change their position in bed, get out and into bed with comparative ease when nature calls, and would much prefer so to do than submit to a regimen so irksome and inconvenient as that proposed. But this is not all. Many persons, females especially, are shocked at the idea of remaining in bed while urinating, or the bowels are being moved, and the fact that cleanliness in this way can scarcely be secured presents another objection. Nor is this all, for many persons are well nigh incapable of freely urinating, or evacuating the contents of the bowels, whilst in the recumbent posture, and the efforts of a patient to do so are not only annoying, but exhausting.

Let it be borne in mind that these objections have reference only to the earlier periods of the disease, and to patients who are quite able to assist themselves; for in the latter part of typhoid fever, when the stools are apt to be frequent and loose, and the patient exhausted, the bed-pan and the urinal, or something equivalent, are indispensable. A few years before the death of Dr. Wm. Gerhart, he informed the writer that fewer deaths, in proportion to the number of cases, had latterly occurred in this city than in the earlier years of his practice. He knew of no cause for this, but had known the same thing to occur many years before in Paris, where he had assiduously applied himself to the investigation of typhoid fever, and thus laid the foundation of his future eminence as an authority upon this subject. The rate of mortality in the hospitals of

Paris, he said, had varied in consecutive years from one death in three to only one death in seventeen to twenty cases, and this too under the same physicians, similarity of treatment and conditions. If the ratio of mortality in typhoid fever cases in this city is not greater now than at the time alluded to, it is evident that many of them are of a character that does not demand, in the early stage, the recumbency and quietude enjoined, and that the spontaneous tendency of a large majority of these cases is to recovery. A constant and long-maintained recumbent position, and the inaction that attends it, are not, as a rule, beneficial to the sick or to those in good health, as may be seen in the backache and headache so often complained of after a few days of confinement to bed. In typhoid fever there is often a disposition to congestion at an early period of the disease, and every effort should be made to prevent this unfavorable condition. But can this be done by the plan proposed? Physical inaction begets vital, molecular inaction; and that is the prelude too often to passive congestion, and this means diminished vital power, the result of the imperfectly oxygenated blood that attends such congestion. Whenever venous congestion takes place, the brain, spinal marrow, and, consecutively, the whole nervous system, deprived of the stimulus of well oxygenated blood, languishes, and hypostatic congestion, not of the lungs only, but of every other organ of the economy, ensues to a degree that renders doubtful the recovery of the patient.

This is, in fact, the great source of danger in typhoid fever, and probably occasions the death of more patients than supervening inflammation, acute or sub-acute, of the brain respiratory or abdominal organs, or perforation, combined. A large majority of the deaths occur in the third or fourth week, and it is at this period of extreme exhaustion, when low muttering delirium, stupor, visual illusion, picking at the bed clothes, twitching of the tendons, and other analagous symptons occur, that the propriety of the term typhoid is made manifest, as well as the extreme danger of the patient. During a practice of more than half a century, four cases have come under notice in which the patients were not confined to bed, but regularly dressed themselves every morning, at times going out to walk or to attend to some business or other matter, and again throwing themselves upon a bed or couch for rest. Of these one of singular interest may perhaps here be alluded to. A wealthy farmer, residing on a beautiful site on the Brandywine, a few miles below the battlefield. his wife, and a domestic, were attacked with typhoid fever. A married son occupied a house about two squares distant, and was in the habit of making daily visits to his parents, who, as well as the domestic, were well advanced in convalescence when the son was attacked with the disease. He was at no time confined to bed, but would occasionally rest upon a couch. In about three weeks from the attack he sent for me—the first visit of a physician: perforation had taken place, and in 35 hours he was a corpse. Cases, then, such as these may have occurred oftener than supposed, especially when no intercourse with another typhoid patient could account for the attack.

The prominent, peculiar feature in the paper of Dr. Wilson is found in the rigid and constant constant confinement of the patient to the recumbent position, from the moment of attack until its termination. This proposition brought to mind a lecture before the Philadelphia County Medical Society last season by Dr. Wm. Pepper, in which the same treatment was earnestly advised, a rather restricted diet enjoined, and a medication, as the writer thought, conservative and beneficial. Yet the almost unheard-of success, 98 per cent. of recoveries, is, under any aspect, of difficult explanation. If, however, after further and repeated trials of this treatment, a similar success is obtained, may we not all, with one accord, exclaim, "*Laus Deo!*" that the dread-inspiring typhoid is at length shorn of its terrors.

TYPHOID AND MALARIAL FEVER.

BY W. A. EDWARDS, M. D.,

Asst. to Prof. Clin. Med., Univ. of Penn.

By recording cases from one's practice, a mass of observed facts are at last accumulated which enable the profession to intelligently study and treat disease from experience and actual cases, rather than by theoretical niceties.

Compilations are of little value, and if the profession would devote their time (which many are giving to collecting other men's views) to simply putting on record their own observations, no matter how insignificant or unimportant a single case or example may seem to be, the aggregate would be a vast fund of knowledge which we may consult at any time with advantage. Above all, we should carefully study all cases that are not according to an admitted type, studying all exceptions to rules, never thinking of them as unmeaning or accidental.

As Sir James Paget says: "Not one of them is

without a meaning: not one but might be the beginning of excellent knowledge, if only we could answer the question, Why is this rare? or being rare, why did it, in this instance, happen?" The same eminent authority further says: "Good specimens, typical specimens (of disease), must be at hand for the teaching of pupils who have to study illustrations of the accepted descriptions of disease; but it is among bad specimens (non-typical) even as it may be among exceptional cases, that those who are past pupilage, though they may not cease to be students, may study the variations of disease."

I therefore present the following case as being somewhat out of the common:

On November the 28th, 1882, I was called to attend John C——, æt. 26. Upon examination, the patient was found to have a temperature of 104°, tongue heavily coated, hepatic tenderness, little, if any, enlargement of the spleen, bowels constipated. The abdomen presented a few non-typical spots. I was informed that the man was taken sick on the 22d, confined to bed, and on that date had a chill of moderate severity, followed by a fever and a sweat; this was repeated twice a day, at 2 p. m. and 3 a. m., for six days, the entire paroxysm, viz., chill, fever and sweat, lasting about three hours.

From the history, locality in which he had lived, signs, etc., it was diagnosed that our patient was suffering from a double quotidian intermittent.

Quinine was administered, as in those cases, followed by five grains hydrarg. chlor. mit. and a saline. The temperature was affected but little by the quinine, and the calomel produced a very exaggerated action. This put us on our guard, and the fact that we were unable to catch on a febrile period, although the temperature was taken six times in twenty-four hours, made us waver in the diagnosis, which was utterly routed, when, on the morning of the 30th, the eighth day of the disease, typical typhoid fever eruption appeared on the abdomen.

The patient now passed through an ordinary attack of typhoid fever, with a typical temperature sheet, marked, however, by great dicrotism of the pulse, with impending heart failure, which was successfully combated by cardiac and general stimulants.

On the 30th of December he was up and about, though greatly weakened. Three days later he had a chill, after which the temperature rose to 104°, followed by a sweat; this was repeated at 2 p. m. and 3 a. m., as when we first saw him, previous to the development of typhoid fever. The patient had his double quotidian intermittent for several days, until at last subdued by quinine.

It appears that the typhoid germs, poisoning, bacillus, what you will, was able to hold the malarial element entirely in abeyance until its course was run, when the malarial poisoning again asserted its mastery.

Once more we ask the question of Sir James Paget, Why is this rare? or, being rare, why did it in this instance happen?

There is not a day that most of us do not inhale or come in contact with the germs of some frequent or contagious disease, but they do not germinate in us any more than the seeds of tropical flowers in our streets or in fields to which the wind scatters them; we do not offer the fitting soil. When the germs do germinate, the product differs according to the environment. As above seen, our patient offered fitting soil for the germination of two distinct poisons.

Hospital Reports.

CANCER OF THE CERVIX UTERI.—COMPLETE PROLAPSE OF THE WOMB, WITH HYPERTROPHIC ELONGATION OF THE SUPRA-VAGINAL PORTION OF THE CERVIX.

A CLINICAL LECTURE DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA, OCTOBER 4, 1882.

BY WILLIAM GOODELL, M. D.,

Professor of Clinical Gynecology in the University of Pennsylvania.

Reported by WM. H. MORRISON, M. D.

GENTLEMEN: The first case that I shall bring before you is a woman, 37 years of age. She has had a number of children. The history is that some time ago the menses began to be a little more frequent, and that between the periods, coition caused a little bleeding.

What does that mean? It means that the male organ impinges on something which is vascular; but in order that this body may be impinged upon, it must be outside of the womb. It might be a polypus; but a polypus usually causes a dribbling of blood between the monthlies, whether intercourse take place or not. She did not have this. She, however, did have a bad-smelling discharge. The inference, then, is that this is a carcinoma. Another condition which sometimes causes hemorrhage during coition, is bad laceration of the cervix. In such a case, the slightest touch on the large vascular granulation will cause some bleeding.

Let us look at her color. Where a carcinoma has existed for a long time, there is usually a

change in the complexion, and you get the carcinomatous cachexia. You see the leaden hue of her skin. This is typical. Occasionally it is difficult to distinguish the change of complexion of cancer from that of old malarial troubles.

Passing my finger into the vagina, I come upon a sore which is characteristic. It is crater-like. There is a hard, irregular margin surrounding an excavation, which has on its bottom and sides friable granulations. This is typical of carcinoma.

In making the diagnosis, there is another thing to be remembered. Cancer is exceedingly rare in women who have not borne a child. There are occasional exceptions to this rule, but they are rare. I venture to say that in ninety-nine out of a hundred cases the woman has borne a child. Why is this? It is because some injury has occurred to the cervix; or, as the Germans put it, the cervix has received insults, the insults of coition, but more especially the insults of parturition. The cervix has been lacerated; the delicate lining membrane is kept in a state of constant irritation from rubbing against the vagina as she walks, and from injuries received in coition; it is kept constantly raw, and is liable to degenerate into a cancer. I have frequently proved that the seat of carcinomas was an old laceration of the cervix, by finding the remains of the tear. I find here a notch on the right side posteriorly. The head was probably in the fourth position: the occiput posteriorly and to the right.

Another point—Do women who have not borne children have other kinds of malignant disease? Once in a great while they do. In one case where the woman was said never to have been pregnant, I found carcinoma of the cervix. In very rare cases, I have seen sarcoma of the body of the womb in women who have never had a child. As an aid to diagnosis you should remember that in order to have a cancer of the cervix, the woman must, in the vast majority of cases, have borne a child.

The history of these cases is often this: the menses ceased several years previous to their seeking advice; but several months after the menopause, there was a reappearance of the monthlies. If the woman has borne children, that in the great majority of cases means carcinoma. She usually does not consult a physician, for a feeling of pride comes over her; she thinks that she is getting young again, that rejuvenescence is occurring. She has heard of such cases; she has read of women who have become pregnant at the age of fifty or sixty. [By the way, I saw last week the report of a case where a woman of sixty-two had borne a child.] After a time, the bleeding becomes more marked, and she consults a physician, who finds a carcinoma.

Women are apt to be misled by the fact that they have no pain. They imagine that cancer is accompanied by excruciating pain. In most localities cancer is a very painful affection, but on the cervix it usually does not give rise to more discomfort than is felt at the monthlies. This is because the cervix is an insensible part. After a time, however, when the disease invades the body of the womb, where there are many nerves, she suffers the tortures of the damned; the pain is excruciating. One of my patients had to take thirty-five grains of morphia a day in order to relieve it. The stomach would get so accustomed to it that to get its effect I had to give it by the bowel, then by hypodermic injection, and then by the mouth again.

The examination that I made has caused a little bleeding. That is one reason why you should never use a speculum in these cases. The finger tells the whole story, and a speculum may cause a hemorrhage difficult to control.

What about the prognosis? It is very unfavorable. Out of all the cases on which I have operated and of which I know the after results, only three have I considered cured. Still I can prolong life, and that is a great thing. In some of the cases on which I have operated, the disease has not returned in the cervix, but in some other part of the body. I have operated on women apparently in the last stages of the disease, so low that you would not give them two weeks lease of life, and have seen them get out of bed and live for over two years. My experience is that the older the woman, the more likely is the operation to be followed by success. In younger women there is more blood in the part, there is a luxuriance of growth, and they are not so apt to be benefited by an operation.

In reference to the treatment. You will find if you read the current literature, that within a year or so, Dr. Freund, a German surgeon, has removed the womb with alleged success for cancer; but the reports which have come from this operation have been so contradictory, the disease has returned so often, and the fatality of the operation itself is so great, that I am led to consider the operation unadvisable except under very exceptional circumstances. It should, I think, be performed only in those cases where the womb is movable; and it is rare that you see cases at this period. The womb is usually fixed, either by inflammatory lymph or by the cancerous material. In this case, the opsration would not be advisable, for the uterus is fixed, and the disease has invaded the vagina posteriorly. I once made an appointment to remove the uterus, but a short time before the period fixed, the lady had a convulsion, and an examination of the urine revealed albumen. I therefore did not operate.

The operation which I shall perform to-day, will consist in scraping away the cancerous matter as far as possible and trying to reach healthy structures. The removal of the friable granulations will arrest the bleeding, which may not return. In doing this, I shall use this serrated curette and this fenestrated forceps. In buying a fenestrated forceps, you should get it with the obstetrical lock, so that you can fasten the blades securely together. I am removing a large quantity of this offensive material, and my fingers are going to smell very badly. How shall I get rid of it? I shall first wash them well with soap and water, and then with turpentine, which is very useful under these circumstances. Then I shall again use soap and water, with another go with the turpentine. After this I shall probably immerse them in carbolized water. Permanganate of potassium is an excellent disinfectant, but it has the disadvantage of so staining the hands that one is not presentable for several days after its use.

Now, suppose a woman comes to you and you

diagnosis cancer of the uterus, are you going to say, "Madam, I am very sorry to tell you that you have a cancer."? No, don't you do that. I should not tell even if she asked me to tell her the truth: but in the majority of cases they do not want to know, and will say to you, "Now, doctor, if you find a cancer, don't tell me." No matter how good a woman is, or how fully prepared for the future she may be, the knowledge that she has a cancer is a terrible blow, and she at once gives up, begins to go down hill rapidly, and soon dies. I never, except in very rare instances, tell the patient that she has a cancer; but I always tell some member of the family, or a friend, exactly what is the matter. Suppose the patient asks straight up and down, "Is it a cancer?" You do not want to tell a lie, and you do not want to say that it is a cancer. I get out of it in this way: I say, "This is not that kind of cancer which you understand. This is not a hard cancer like that which comes in the breast, and which is hopeless. You have a bad ulceration of the womb. It is not hopeless; there are cases which are cured." In the case which I have mentioned, where the lady took thirty-five grains of morphia a day, the word "cancer" never passed my lips, nor did it pass hers. None of the members of the family used that word, yet she knew as well as I did that it was a cancer. It was always spoken of as that "bad ulceration." About three years ago, I learned a lesson on this point. I was asked by a physician to see a near relative of his. His suspicion was that it was a cancer. I said to him, "Suppose that this is the case, shall I tell the lady?" He replied, "Yes, she ought to know; tell her by all means." After I had examined and found a carcinoma, I said, "I am very sorry to say that this is malignant," and then went on and told in so many words what the trouble was. She never rallied from that. She made up her mind that her days were numbered, and that there was no use in doing anything, and in a short time she died. I say then, never tell a woman that she has a cancer.

I have now made a funnel-shaped opening, into which I can readily introduce three or four fingers; before, I could barely get one in. I have not gotten into the bladder nor into the peritoneal cavity, but I am afraid if I go further posteriorly, that I shall open Douglas' pouch. I can trace the cancerous tissue to the internal os, but it does not pass to the cavity of the womb.

You see that while there has been some hemorrhage, still it has not been alarming. Sometimes there is unpleasant hemorrhage. During the operation you are not apt to have much hemorrhage if you work rapidly, and quickly get down to healthy tissue. If hemorrhage should occur, do not use Monsel's solution (the sub-sulphate of iron) for it makes plaster-like clots, and so corrugates and contracts the parts that you cannot continue the operation. Under these circumstances, ordinary cider vinegar serves an excellent purpose as a hæmostatic, without the inconveniences of Monsel's solution.

Having removed as much as possible of this friable material, I purpose to apply fuming nitric acid to the raw surface. Usually, I prefer the application of Paquelin's thermo-cautery; but the instrument is out of order, and I do not think that I can reach all parts as well with the cautery as with a fluid. I apply the acid with a piece of cotton, allow it to remain for a short time, and remove by injecting water. I then again apply the acid. It is not necessary to use alkalies or oil to neutralize the acid. If enough water is injected, it will so dilute the acid that it cannot injure adjacent parts.

There will be but little pain from the operation, but she will probably feel some soreness from the position in which the limbs have been held. When she is put to bed she will receive a suppository of the extract of opium (gr. j).

I am sorry to say that these cases are very common. Cancer is, I think, on the increase; but why it is, I cannot say. The disease more frefrequently affects the uterus than any other part of the body unless it be the breast.

You see that I have a little wound upon one of my fingers, but I am not afraid of inoculating myself with the cancerous matter, for I am in good health. If I were run down, it might be somewhat hazardous to get such offensive matter on a wound. It is the same with dissecting wounds, which occur usually towards the end of the session and with those who are overworked. This is not the case with venereal disease. No matter whether the health is good or bad, one is liable to be inoculated with syphilis. Nothing would tempt me to thrust my finger into a vagina in which I knew there was a chancre. It was only yesterday that I was asked to take charge of a patient who had a chancre, but I absolutely refused to have anything to do with it. Some years ago I got caught. After examining a case, there appeared on my fingers a sore which would not heal. I showed it to Dr. Agnew, and he pronounced it to be a chancre. For awhile I believe that I was the most unhappy man in Philadelphia. The diagnosis I think was incorrect, for the sore disappeared, simply leaving a scar, and was never followed by any constitutional symptoms. A burnt child dreads the fire, and I cannot be hired to put my finger where I know there is a chancre. Winter before last, in one of the ward classes, after I and a number of the gentlemen had examined the uterus in one of our patients, she called attention to a sore in the vagina, which proved to be a chancre. Some of the gentlemen looked rather frightened, and I cannot say I liked it very well myself.

A number of years ago, I attended a respectable woman in confinement. I then lost sight of her for several years, when she again wished me to attend her. When I called to see her, I noticed that she kept herself wrapped up. As on the previous occasion it had been necessary to use the forceps on account of the narrowness of the pelvis, I was prepared when the head would not come down, to apply the forceps. When I exposed her, I found the nates and buttocks one mass of venereal disease, and her neck was raw from the same trouble. I would have presented any gentleman with a hundred dollars to have applied the forceps and delivered the child. I stripped my arms to the elbows, and thoroughly applied a mixture of carbolic acid and vaseline. I then applied the forceps, using one hand only in the vagina. As soon as they were in position, I ran

out of the room, and carefully washed my hands, and again applied the carbolized vaseline. I then delivered her, and again washed myself with the utmost care. For a number of days I waited anxiously to see what the result would be, but no bad effects followed.

Complete Prolapse of the Womb, with Hypertrophic Elongation of the Supra-Vaginal Portion of the Cervix.

Our next patient is 34 years old. and has had one child, which is near seven months old. Previous to her confinement, she says that she was perfectly well, but now the womb comes outside of her body. I there show you a complete prolapse of the womb.

What has been the history of this? There has been a laceration of the cervix, and consequently the womb received too much blood, for according to the old saying, "Wherever there is irritation, there is flux of blood." As a result of this, involution did not take place, and the parts were left too heavy, and in a plastic condition. The vagina, which, during pregnancy, is thick, did not become thin. The fundus of the womb was kept in place by the suspensory, and partly perhaps by the broad ligaments, while the neck was drawn down by the weight of the vagina and the bladder, and when it had descended far enough, the weight of the urine helped to elongate the cervix. We had then prolapse of the womb with hypertrophic elongation of the supra-vaginal portion of the cervix. That is a pretty long name: the first year students know nothing about it; the second year, a little more perhaps; the third year do not know much about it; and I know very little about it myself.

The supra-vaginal portion of the cervix is that portion of the neck above the attachment of the vagina, and is normally about one inch in length. In the present case it was this portion of the neck which was stretched, but gradually the ligaments holding the fandus in position began to yield, and at last the whole womb escaped from the vulva. It now does not measure more than three inches, but before the fundus began to descend it probably measured five inches.

This pouch containing liquid is the bladder. It always contains residual urine. We empty our bladders by the extrusor muscles. The great extrusor muscles are those of the abdominal wall, but here the abdominal muscles cannot act on the bladder because it is outside of the body. She tells me that in order to urinate she has to replace the bladder, and then the urine only dribbles away. This is because the urethra is sharply curved around the sub-pubic ligament. We have stenosis by angulation. If when you are watering the flowers through a rubber hose, a mischievous boy bends the tube, the water stops flowing, because you have stenosis by angulation, or, in plain old-fashioned English, narrowing by bending. In order to show that this is the bladder, I pass the sound through the urethra, and you see the end of it moving beneath the vaginal mucous membrane.

In treating this patient, the first thing will be to cure the laceration of the cervix. We shall wait a while, and then narrow the aperture of the vagina, and perhaps remove some of the redundant portion of the vagina. The operation is not a first-class success. There are several ways of operating, but I have not yet decided which method I shall adopt. In the mean time, I shall give her some simple remedy, and advise her to replace the womb and introduce into the vagina a vaginal suppository containing five grains of tannic acid. That will often so contract the vagina as to prevent the uterus from escaping.

Medical Societies.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated meeting, Thursday, January 1, 1883. First Vice-President, Dr. T. M. Drysdale, in the chair.

Death from Embolism.

Dr. William Goodell reported the death of the patient from whom he had removed an uterine myo-fibroma. (Case reported by Dr. Baer, in the discussion on Dr. Drysdale's paper, at the meeting of December 7, 1882.) The patient had progressed favorably, but some weeks after the operation, while straining at stool, she had evidently loosened a portion of clot on the proximal side of one of the venous ligatures. It passed into the pulmonary circulation, and quickly caused death.

What is the Proper Management of the Bowels After Perineoraphy?

Dr. Goodell had recently operated, for the relief of lacerated perineum, upon an insane woman, who had been sent to him for that purpose from an asylum. Her insanity commenced after labor, and was probably due to a complete laceration of the perineum, extending two inches up the rectum. It had always been his habit to prevent any action of the bowels during the first week after the operation. This patient, soon after coming out from the influence of the anæsthetic, tore off the bandage from her knees, removed the catheter, and by severe straining efforts, secured a movement from the bowels. As she could not be controlled, laxatives were given to secure liquid stools and avoid straining. The patient walked freely about the ward from the day of operation. The doctor expected the operation to be a failure under such circumstances; but to his surprise, on removing the sutures he found that in the rectal portion and the important part of the perineum, union had taken place.

His attention has been called by this case to the question of the advisability of keeping the bowels constipated after this operation. He intends to try the effect of laxatives in future cases.

Dr. R. P. Harris reported the case of a woman who, after the operation of perineoraphy, would strain, and her efforts at defecation opened the wound to nearly its original extent. In a second operation on the same patient, the bowels were kept free and union was perfect.

Dr. E. E. Montgomery, after operating for lacerated perineum, does not use a catheter, but allows the patient to pass her water, as he does not consider healthy urine disadvantageous for a wound. He has been in the habit of using compound liquorice powder to keep the stools liquid. He has had good success in both primary and second-

ary operations upon the perineum where the rectum was involved.

The following members were then elected

Officers for 1883.

President, Dr. Richard A. Cleemann.

Vice-Presidents, Drs. B. F. Baer, and W. T. Taylor.

Secretary, Dr. W. H. H. Githens.

Treasurer, Dr. Alfred Whelen.

Librarian and Curator, Dr. E. E. Montgomery.

Publication Committee, Drs. John H. Packard, Elliott Richardson, James V. Ingham, B. F. Baer.

Counsellors, Drs. R. P. Harris, L. D. Harlow, Wm. Goodell, T. M. Drysdale.

Library Committee, Drs. Horace Williams, D. M. Cheston.

Committee on Proceedings, Drs. A. H. Smith, E. E. Montgomery.

Stated Meeting, Thursday, February 1st, 1883.

The President, Dr. R. A. Cleemann, in the chair.

Dr. B. F. Baer read the analysis of twenty-seven operations for the restoration of the Lacerated Cervix-Uteri, with special reference to the effect on Sterility and Labor.

In the discussion which followed the reading of Dr. Playfair's paper on "Trachelorraphy, or Emmet's Operation," before the Obstetrical Society of London, on March 1, 1882, Dr. Herman, in the course of his remarks, said that "The American literature on the subject consisted mostly of general statements. Few writers had published cases, and the cases were mostly complicated ones." There is some force in these words. But to avoid a monotonous repetition, it is desirable only to publish such as are strongly illustrative of the class to which they belong, or such as bear directly upon any point which may be under discussion.

In the *American Journal of Obstetrics* for January, 1883, Dr. P. J. Murphy, of Washington, D. C., makes some "Observations on the Effects of Trachelorraphy on Fertility and Parturition," and comes to the conclusion "That repair of lacerations of the cervix uteri is usually followed by sterility." Now, there is no doubt of the truth of this statement, so far as it goes; but I think that he ought rather to have said that in those cases in which sterility followed the operation, that condition also preceded the repair of the cervix in the majority of instances, either as a result of the laceration itself, or of its effects on the uterus and its appendages: and that the operation was not the cause of the sterility, but that it simply failed to cure it.

The only way to arrive at anything like a correct conclusion on this subject, is to take a number of cases (it need not be large) and analyze them, and this I purpose doing with mine.

Of the twenty-seven cases in which I have made the operation, six were either widows, or had reached or passed the menopause, and must therefore be excluded from the analysis. This leaves twenty-one cases to be reported upon in this inquiry. Of these twenty-one cases, thirteen had been sterile from five to sixteen years previous to the operation, and I think, for reasons which I will give farther on, that they ought also to be classed as beyond the probability of becoming pregnant. In the remaining eight cases, pregnancy had occurred within five years, but had resulted in abortion in five. In twelve of the twenty-one cases, from one to five abortions had occurred in each subsequently to the occurrence of the laceration. This gives abundant proof of the ill-effects of the lesion and its results, subinvolution, chronic hypertrophy, cellulitis, oöphoritis, etc., on fertility.

Is the assertion that sterility usually follows, as a result of the operation, correct? I do not think so; provided, of course, that the operation was properly made, that the os was not made too small, and immediate union followed the coaptation of the parts, so that there was left the minimum amount of cicatricial tissue to interfere with the normal resiliency of the cervix.

The oftener abortion occurs, as a rule, the greater and more persistent will be the histological changes in the uterus and its appendages, which finally result in sterility.

The majority of cases in which the operation has been made have been of long standing, because the operation is new, and there were many old cases of so-called "ulceration" with chronic hypertrophy, waiting ready to be experimented upon with this, as they had been before with many other old and new remedies.

Is this last new remedy followed by any greater success than the old in the reduction of the size of a large uterine body, which has become hard and fibrous from connective tissue hyperplasia? I think not; and hence its failure to cure sterility of long standing, from this cause. But, for the cure of certain cases of hypertrophy of the cervix, inflammation, ectropion and abrasion of the mucous membrane, with their local and remote symptoms, and possibly, even probably, preventing epithelioma, and in the more recent cases for the cure of subinvolution, abortion, and sterility, the operation is an immense stride in advance of the old way of destroying the tissues of the cervix by amputation, or by the application of the hot iron or the potential cauteries. It is an advance, because it restores the cervix instead of destroying it.

The following case proves, I think, that abortion may result from laceration of the cervix, although none of the usual inflammatory consequences of the lesion are present.

Case 1.—Mrs. M. L., æt. 30, consulted me in January, 1881. She was delivered of her first child two years previously. The labor was rapid. The child was fully developed and vigorous. There was nothing unusual in the puerperal period, and she seemed to be well. Ten months after the birth of the first child she became again pregnant. Between the second and third months of gestation the product of conception was expelled with little pain, but it was followed by severe hemorrhage. Within three months, she was again pregnant, and aborted at about the same time and manner as previously. This was followed within six months afterwards by a third pregnancy, and abortion under similar circumstances. The last occurred about two months before she consulted me. She had absolutely no symptoms of uterine disease, such as leucorrhœa, menorrhagia, and the pain which always results from congestion and hypertrophy of the uterus; and expressed herself as feeling as well as ever

she had in her life. There was no evidence, whatever, of syphilitic infection, either in the patient herself or in her husband. They are both robust and well developed.

Examination.—The perineum and vagina were normal. The uterus was in normal position; it was neither congested nor enlarged; but the cervix was lacerated on the left side to a point beyond the vaginal attachment, apparently approaching and involving the fibres of the internal os. On the right side there was a mere fissure only. There was no hypertrophy, eversion, or abrasion of the mucous membrane. The sound passed to a depth of two and a half inches. I expressed the opinion that the lacerated cervix and the abortions stood in the relation of cause and effect; and I advised an operation for the restoration of the torn cervix.

On March 10, 1881, I denuded the surfaces, being careful to remove very little tissue, and to freshen the edges as far up towards the internal os as possible. I then placed six carbolized catgut sutures, and clamped them with shot. I used the gut suture here in preference to the silver wire, because, as the cervix was not large, and the tear principally unilateral, there would not be much tension, and for the additional reason that I especially did not want any cutting of the tissues by the sutures, which is more apt to occur when wire is used. Another advantage of gut suture is that the line of union need not be disturbed by the removal of the stitches. On the seventh day after the operation, I inspected the cervix through Sims' speculum, and found the sutures all *in situ*, though they were partially absorbed. Union was perfect. Two days afterwards the shot were lying loose in the vagina. There had not been the slightest discharge from the united surfaces since the operation.

On June 3, 1881, the patient reported that she had not menstruated for seven weeks, and there was every indication that she was pregnant. A week later I was requested to visit her. I was much chagrined to find when I arrived that she had aborted. This was very discouraging, but I found some comfort in the character of this abortion. More pain attended the expulsion, and less hemorrhage followed it, than on the previous occasions. This I ascribed to the restoration of the symmetry of the cervix, and its better retentive power.

On October 9, 1881, she reported that she was about two months pregnant, and feeling well; and on May 7, 1882, she was delivered at full term of a fully developed, healthy boy, after a perfectly normal labor of six hours' duration. Examination two months afterwards revealed not the slightest laceration of the cervix. The mother and child are both well.

Case 2.—Mrs. M. R., æt. 21 years, consulted me in May, 1878. She had been delivered eight months before of her first child; the labor being tedious, was terminated with the aid of the forceps. The puerperal period was also tedious, and she had ever since been troubled with pain in the hypogastric and lumbar regions, together with a profuse leucorrhœa. Coition was painful, and followed by slight hemorrhage. She was anemic, and had lost flesh.

Physical Exploration.—The perineum was slightly lacerated, and the vagina relaxed. The cervix uteri was pressing low down on the pelvic floor, and lacerated, bilaterally, but to a greater degree on the left than on the right side. The tissues were soft from engorgement, and the mucous lining of the cervical canal greatly hypertrophied, everted, and abraded of its epithelial covering, so that it bled on the slightest touch. The uterine body was likewise congested and tender. The sound gave a measurement of minus three inches.

I treated this patient locally and constitutionally for almost a year, with marked general improvement, and although the local condition would improve, the benefit was only temporary. On April 30, 1879, I made the operation for lacerated cervix, placing seven silver sutures. Perfect union resulted.

Three months after the operation she became pregnant, and was delivered spontaneously at full term. The labor was so easy that delivery occurred before the arrival of the physician. Two months after the labor she called at my office, at my request, and I found the cervix healthy, although there was a very slight fissure on the left side. She stated that she had been well since the operation.

Case 3.—Mrs. A. B., æt. 34 years, was sent to me in July, 1880. She had had eight children, the youngest of which was six months of age. She stated that she always menstruated during lactation, and became pregnant when her children were about eight months old. Since the birth of the last child she had had metrorrhagia every three weeks, lasting one week, and a profuse leucorrhœa for years. She complained of pain in the lumbar region, with a heavy dragging sensation in the pelvis and on the top of the head. She was emaciated, and so pale that she appeared bloodless. She had become hysterical.

Touch.—The perineum and vagina were very much relaxed. The cervix uteri was far back, and presented a nodular surface, the result of three deep rents in its tissue, one of them extending through the centre of the anterior lip, flush with the vaginal junction. There was marked ectropion of the mucous membrane, with abrasion. The body of the uterus was anteverted, and only slightly larger than normal.

I placed this patient upon the "rest treatment" of Dr. S. Weir Mitchell (modified somewhat to suit the circumstances), in addition to the necessary local treatment. Her improvement was very marked, and on October 10, 1880, three months after she first came under my care, I operated for the laceration, and secured immediate union.

Under the date of October 27, 1881, a year from the date of the operation, I find this note in my case-book: "Returns to-day at my request for examination. She has improved so much in appearance that I scarcely knew her, and she states that she has been well since a short time after the operation. The cervix is normal.

I recently received from my friend, Dr. Wm. L. Taylor, the following note concering this lady:

"Dear Doctor: In answer to your inquiry regarding Mrs. B., I will state that she was confined six weeks ago. The labor was natural, and if it differed in any way from her former labors, it was more rapid. I examined the cervix to-day, and found the external os patulous, but no laceration."

(To be continued.)

EDITORIAL DEPARTMENT.

PERISCOPE.

Electrical Stimulation of the Uterus.

The *Lancet* says that the influence of electricity on the uterus, whether empty or gravid, is a point on which authors have made various statements. The difference of opinion may be due to the circumstance that the conclusions have been drawn from the somewhat uncertain field of clinical observation. M. Dembo, in a note presented to the Académie des Sciences by M. Vulpian, has endeavored to decide the question by experiments on animals. His observations at present relate only to the non-gravid condition. In the rabbit, direct faradization of the uterus or of one of its cornua causes a contraction at the point to which it is applied, and which extends for a distance of about twenty millimetres, but never reaches the other cornu. If one electrode is applied to each cornu, both can be made to contract in the neighborhood of the poles, but not in the interval between them. Very different, however, is the effect when the application is made to the vagina. If both electrodes are applied to the vesical wall of the vagina, a manifest contraction is produced in both parts of the uterus, vermicular in character, passing from below upwards. If the application be made to the lateral portions of the vaginal wall, a contraction is produced only in the corresponding cornu. Local contractions on the corresponding side can be produced by placing the electrode on certain points in the broad ligament, but the contraction never extends to the whole uterus. It is impossible to produce contraction of the non-gravid uterus by faradization applied through the abdominal wall. The excitability of the uterus of the rabbit was found to vary according to the age of the animal, and according to whether it had borne young or not. That of a young animal is so irritable that manifest contractions are excited by mere exposure to the air, but in old rabbits the uterus is much less susceptible. In some dogs and cats no contraction of the empty uterus could be obtained by faradization, in others slight contractions with distinct pallor were produced. Faradization of the vaginal wall caused pallor of the mucous membrane, and also of the whole uterus, due apparently to contraction of the vessels, but no contraction of the substance of the uterus. Frankenhauser found that stimulation of the aortic plexus caused a manifest contraction of both cornua, and it is highly probable that an analagous nervous plexus is situated in the vesical wall of the vagina. The observations were made on animals under the influence of either chloral or curara.

Radical Cure of Inguinal Hernia.

Dr. James Whitson reports the following case in the *Medical Times and Gazette*, January 27, 1883:

John McB., aged fifty-six, laborer, was admitted on October 18, 1882, to the Royal Infirmary, suffering from what was supposed to be a strangulated inguinal hernia, which, however, Mr. Greenhill, house-surgeon, succeeded in reducing, without difficulty, the ring being a wide one, and the distance, in consequence, between its pillars being very considerable. The patient having afterwards expressed a desire to be relieved of his infirmity, which was a constant source of annoyance as well as danger to him, I resolved to perform an operation for the radical cure of hernia; but, before doing so, I thought it expedient to give him a few days' rest in bed, so that his bowels might be carefully regulated, and any shock which he had suffered from on admission might have had time to pass off.

On October 27 the patient was put under chloroform, the pubes carefully shaved, and, with the kind assistance of my friend, Mr. Clark, I proceeded to operate by first of all transfixing a fold of skin over the inguinal ring, and cutting outwards. The various structures between the skin and the mouth of the canal were successfully divided on a director until the sac was reached, when it was opened into, and a large portion of it removed. Wood's needle, threaded with the strongest chromicised catgut, was then passed through the upper and outer side of the ring, carried over towards the inner pillar, and when brought into contact with the skin on that side, the latter was pulled away in the direction of the mesian line, so as to permit of the exist of the point of the needle at the opening already made. Three separate sutures of catgut were introduced in this way; and the cut edges of the sac were stitched together with moderately-sized gut. The pillars of the ring were then firmly approximated by tightening the sutures, and securing them with reef-knots. A decalcined drainage-tube, threaded with horse-hair, was inserted into the wound, the margins of which were brought together with two button sutures, and accurately apposed by means of several stitches of fine gut. Protective plaster and gauze were next applied in the usual way, and an elastic bandage assisted in keeping the whole in excellent position. The dressings were changed on the second day, when the hair was withdrawn from the drainage-tube, and union by first intention had taken place along the whole line of incision, with the exception of the lowest point, where a necessary aperture for the exit of the discharge remained. It is needless to give further particulars of the progress of the case, as the wound followed a truly aseptic course, and the patient made an excellent recovery. He was dismissed, cured, on December 2, 1882.

Hysteria in Young Boys.

From the *Med. Times and Gazette*, January 13, 1833, we learn that M. Charcot has recently (*Progrès Médical*, 50 and 51, 1882) published a lecture devoted to proving that hysteria in its ordinary and typical form may occur in young

boys. We should hardly have thought that a separate lecture was needed to demonstrate the fact. Even amongst such a non-emotional set of beings as the English are, we yet have ample proofs afforded us that boys can and do have hysteria, even when mere infants, as Dr. Barlow has on more than one occasion shown. One of the patients whom M. Charcot showed to his class (and we need only quote this one) was a young Hebrew, aged thirteen, who had been brought by a fond but exceedingly foolish father from Russia to Paris. The history of his malady was that he had a persistent headache, a spot of exaggerated sensibility on the top, and an attack coming on every evening about the same time, consisting of an increase in the headache, noises in the ears, and a sensation of thoracic constriction. At other times, on the right side there was analgesia to a prick, to cold, and to faradisation; taste, smell, and hearing were diminished; and there was contraction of the field of vision on this side, as also some impairment of color-vision. During the attack, he used to lie down on a couch doubled up, with his hands up to his head in a fixed position, his eyes filled with tears. In a few minutes the attack would pass off without any of the ordinary manifestations of the termination of a hysterical attack. The father, unintentionally, doubtless, adopted the best means to insure an occurrence of the attacks; for as the usual time of their appearance drew near, he would pull out his watch and begin asking the boy how he felt, and expressing sympathy for him in his sufferings. As might be expected, a speedy cure was effected when the boy was quite separated from his father, though it was about a month before the amblyopia had finally disappeared.

Hydrargyrum Formidatum in Syphilis.

The *Medical Times and Gazette*, January 6, 1883, says that Professor Liebreich brought forward, at the last meeting but one of the Berlin Medical Society, a new drug for the treatment of syphilis by the subcutaneous method. This drug rejoices in the name of hydrargyrum formidatum, and is, therefore, merely a different form of the old cure for syphilis. The mode of its preparation was not stated; chemically, it belongs to the amide group, in whose structure the monovalent amidogen (NH_2) plays an important part. Liebreich was led to think of this new preparation from the notion that the ordinary amides of the body, of which urea may be regarded as the principal one, pass out of the organism in an undecomposed state; when, however, an amide is in combination with a metal, decomposition readily occurs, and the metal is reduced and deposited. Liebreich repeated his experiments before the Society, and showed that these conjectures were quite true for the metal mercury. It is supposed, therefore, that the formamide of mercury, after the hypodermic injection, undergoes disintegration; and so the mercury is set free, and is able to exert its well-known power over the lesions of syphilis. The preparation is easily soluble in water, is of neutral reaction, does not coagulate albumen, is not precipitated by caustic soda, and the presence of mercury can be demonstrated by means of sulphide of potassium. The drug, when injected under the skin, produces its effects very surely and rapidly. This is not regarded as a disadvantage, for the medicine is said to be easily borne, and has never produced salivation in Liebreich's hands. There is very little pain attendant on the injection, which has never excited any inflammation. From a half to a whole of a Pravaz syringeful (a 1 per cent. watery solution) may be injected twice or thrice daily. Liebreich looks on the preparation as the best we yet have for subcutaneous injection.

Teeth Injured by Tobacco.

In the *Southern Dental Journal*, for January, 1883, John G. Harper, D. D. S., writes as follows:

"I was taught that the use of tobacco in any form was not injurious to the teeth, and in all the literature of the profession I have found nothing alluding to what I desire to present to the profession; namely, the evil effects upon the teeth, caused by the constant use of tobacco. My attention was first drawn to this evil just one year ago this month, when I was filling the teeth of a patient who has for years been in the habit of smoking and chewing a great deal of tobacco.

"The injurious effects are not very noticeable until the person has been using the weed for about fifteen years, but the use of the pipe to excess will show its injurious effects in less time. Tobacco chewing is the most injurious, as the tobacco acts as an irritant in two ways, mechanically and by its properties—mechanically by particles of the tobacco being forced between the gums and the teeth. We have proofs of the irritable effects of tobacco in snuff. The direct effect of using tobacco is the recession of the gums of all the teeth, but more especially those on the side of the mouth used most in chewing the tobacco. The sequel to this recession may cause the loss of one or more teeth, by a diseased condition of the pulp, resulting from its being irritated by having the neck of the tooth and the root exposed to thermal changes in food and in the air we breathe. Exostosis and calcification may result.

"Tobacco chewers' teeth wear away on the grinding surface rapidly, caused by the gritty substances naturally entering into the tobacco. The gums recede and are red and congested, and underneath the gum a narrow line of dark tartar is nearly always present, and particles may be found still further toward the apex of the tooth."

Hegar's Operation.

From the *New York Med. Jour.*, January 27, 1883, we note that Dr. C. C. Lee, the President of the New York Obstetrical Society, related the following case: An unmarried woman, aged thirty-six years, was sent to the Women's Hospital by Dr. Strecter, of Watertown, to have oöphorectomy performed for the relief of symptoms due to a large multilocular fibroid tumor of the uterus. She had been suffering from menorrhagia and dysmenorrhœa for years, and had been unable to obtain relief. The tumor was as large as a fœtus at the seventh month, lay principally on the right side of the abdominal cavity, and extended as high up as the umbilicus. The uterus could not have been extirpated without imminent danger to

life. After an unsuccessful trial of medicinal treatment for a month, it was decided at a consultation of the surgeons of the hospital, that Hegar's operation should be performed. The President removed the Fallopian tube on one side and both ovaries. The case was progressing favorably since the operation. The right ovary was bound down by adhesions, and extremely difficult to remove. Where adhesions were not present, however, the operation was not a difficult one. This was the third time it had been resorted to at the Woman's Hospital within a month—twice by Dr. Thomas, and once by himself. The patients were doing well. According to the statistics of the operation, as given in the "American Journal of Obstetrics," January, 1880, out of one hundred and twenty cases only twenty-eight deaths had occurred. The success of the operation in relieving menorrhagia and dysmenorrhœa had been so great, and the dangers attending its performance had been so small, that the President thought it should be resorted to in these cases more frequently than had been done in the past.

An Epidemic of Diphtheria from Infected Milk.

Dr. Morrell Mackenzie has favored the *British Medical Journal*, January 20, 1883, with the following note of a severe but limited epidemic of diphtheria recently raging at Hendon, which has been traced by himself and Dr. Cameron to the infection of the milk supply. Although in some previous epidemics a strong suspicion has been entertained that milk was the vehicle of the poison, the inquiries have generally been made so long after the occurrence that it has been difficult to arrive at any certain result. In this instance, however, the facts appear to be conclusive. Fifteen persons were attacked on a single day, the disease in every case being a typical example of what French writers call *diphthérite d'emblée*. All the patients received their milk from the same vendor, and no other case occurred among the comparatively large population supplied by other dairymen. It has been discovered that the purveyor of the tainted milk, washed his cans in water derived from a brook which contains a large amount of sewage matter. Indeed, the whole of the Church End district of Hendon is drained by an open ditch into the Brent, and this ditch passes slightly above and in close proximity to the brook used by the dairyman in question. In the Tenterden Park district, every household made use of the tainted milk except two. One of these families had cows of their own, and the other had thrown away the milk supplied to them the day before the outbreak began, because it was thought "it looked bad." These two were the only houses in the Tenterden Park district which altogether escaped infection.

Compensatory Hypertrophy of the Kidney.

From the *British Med. Jour.*, January 13, 1883, we learn that Prof. Golgi has recently communicated to the Lombardy Institute the results of his experiments on this subject, showing the changes in one kidney when the other has been removed. The author points out that Valentin, in 1839, basing his opinion on experiments, held that the increase in size and weight of the organ was due only to the increase of its contents through dilatation of the blood-vessels and the canaliculi. In 1871, Rosenstein supported almost the same view, attributing only a trivial portion of the augmentation to increase of the epithelium, or of the interstitial tissue. Of recent authors, Ribbert held, but without proving it, that proliferation of the epithelium accompanies the dilatation of the canaliculi. Tizzoni and Pisenti, on the other hand, asserted that the epithelium of the tubules was altogether passive. These last authors, however, had overlooked the only criterion by which it was possible to say whether the cells were passive or not, namely, the series of changes they undergo in multiplying. Taking these changes as his guide, Professor Golgi found that the increase of a kidney after the removal of its fellow should be ascribed, at least in part, to a development of the pre-existing glandular tissue. Whether new canaliculi are formed, he does not as yet feel authorized to say; and on this point he thinks further researches are desirable.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——An edifying and unique contribution to medical literature comes to us in the form of a reprint from the *American Journal of the Medical Sciences*. Dr. John L. Atlee, of Lancaster, contributes a valuable article on a case of Strangulated Hernia, complicated by a very extraordinary diseased spermatic cord; his son, Walter F., a case of ovariotomy, in which the expanded bladder was wounded, with recovery; and his grandson, Louis W., a case of Congenital Cyst of the Back of the Head, with serous contents, its cavity unconnected with that of the skull.

——An excellent and forcible article in favor of cremation is the address on "The Disposal of the Dead," read before the American Public Health Association, by Dr. W. H. Curtis, of Chicago, which we receive as a reprint from the Public Health Papers of the Association.

——The Board of Trustees appointed at the last annual meeting of the American Medical Association, charged with the duty of agreeing upon the plan of a weekly medical journal to take the place of the annual volume of Transactions, and to ascertain how far pledges for its pecuniary support could be obtained from the profession, held a regular meeting at Chicago, on the 17th day of January, 1883. They reported that they believed the proposed plan could be carried out.

——The contents of *Lippincott's Magazine* for March are unusually varied, and include several articles of special interest. Professor James D.

Butler has an apparently exhaustive paper on the "Portraits of Columbus." "Invalid Life in the South" sums up the experiences of five years spent in the recovery of health, and contains much information and many suggestions that cannot fail to be useful to those who are in search of a genial climate and other favorable conditions with the like object.

——In a reprint on the medical relations of the various forms of food adulteration in vogue in this country, Dr. Henry Leffman, of this city, who is a competent chemist, makes the comforting assurance:

I cannot let this opportunity pass without stating my convictions that at present no urgent necessity exists for specific legislation in reference to food adulteration. I do not agree with the view that extensive disease is caused by the practice; and even if such effect did occur, I feel certain that, under the principles of common law, ample protection to the community exists, as soon as the attention of the prosecuting officers is directed to the matter.

——The "Proceedings of the Naval Medical Society," Vol. I., No. 1, makes a neat pamphlet of 32 pages. It is taken up with papers on "Etiology and its relation to Line of Duty," matters of purely technical interest. The following are the officers of this Society at present: President, Albert L. Gihon, M. D.; Vice-President, John M. Browne, M. D.; Secretary, James M. Flint, M. D.; Business Committee, Thomas J. Turner. M. D., Adolph A. Hoehling, M. D., Thomas H. Streets, M. D.

——A broadside "Consultation Chart" of the eye symptoms and eye complications in general diseases has been prepared by Dr. Henry G. Comwell, of Columbus, Ohio. It appears to be full and accurate, and is well worth the practitioner's attention.

——To the literature of tuberculosis we add the following titles: "Tuberculosis as Manifested in the Larynx," a report of a number of instructive cases by Dr. J. Solis-Cohen, of this city; and "A Simple Solution of the Mystery of Tubercles," by Dr. Rollin R. Gregg, of Buffalo, N. Y., whose peculiar views we have previously referred to.

——Dr. Douglas Graham has republished through J. H. Vail & Co., New York city, a popular description of Massage and its uses, originally written for the *Popular Science Monthly*. It is a succinct and accurate essay on the subject.

——A pamphlet of interest to botanists is one entitled "The New Botany," a lecture on the best method of teaching the science, by W. J. Beal, M. Sc., Ph. D., Professor of Botany in Michigan Agricultural College, Lansing, Mich. Second edition, revised by the author, price 25 cents. Published by Chas. H. Marot, 814 Chestnut street, Philadelphia.

BOOK NOTICES.

Sanitary and Statistical Report of the Surgeon-General of the Navy for the year 1880, Washington, 1882. 8vo. pp. 469.

It is rather late to receive a report for 1880, but better late than never. Moreover, it is a very good report—the best we have ever seen from that Bureau—and this makes amends. The opportunities for observation of the navy surgeons are unusual, and they make intelligent use of them. The volume is full of sanitary notices and local studies, which give pleasant reading to all who take an interest in medicine as a broad science. It deserves a place on the shelf of many who have never been to sea, and never expect to go.

A Practical Treatise on Diseases of the Skin. By James Nevin Hyde, A. M., M. D., etc. H. C. Lea's Son & Co., Cloth, 8vo., pp. 571.

The author presents here a work which does credit to his study of the subject, but we cannot say that we have found in its pages much or any fruit of original research. It impresses us as a compilation—a fair and judicious compilation—but not meriting a higher praise. We do not see that any particularly new light is thrown upon any of the vexed questions in dermatology, nor is the therapeutics of the branch enlarged by any discoveries.

To those who would like a compact treatise presenting what is known in this specialty, we can recommend the one before us; but the student of the branch who is already familiar with its literature will scarcely find it to repay him to read Dr. Hyde's book.

An Essay on the Breeding and Management of Draught Horses. By Richard S. Reynolds, M. R. C. V. S. London: Billiere, Tindall & Cox. 1 vol., Cloth, 8vo., pp. 104. Price, $1.25.

We have here one of those able monographs in veterinary science which show how much more thoroughly that department is studied in England than in this country. It is an excellent physiological treatise on the methods of improving the particular breed of horses under discussion, and though written for the latitude of Great Britain, the American reader can glean from it many valuable hints. For sale at the office of the Medical and Surgical Reporter.

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QUARTERLY COMPENDIUM

OF

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With January 1st, 1883, the COMPENDIUM OF MEDICAL SCIENCE, formerly published half yearly, has been commenced as a *quarterly*, to be issued on the 1st of January, April, July, and October.

It is especially adapted to be taken with the REPORTER, as few or none of the articles in it appear in our weekly journal.

The price of subscription remains the same, $2.50 per year. But as a special inducement to subscribers to the REPORTER to take the COMPENDIUM also, we offer the two journals at the very low price of

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THE WEIR-MITCHELL TREATMENT.

Every physician who knows anything at all, knows very well that Dr. S. Weir-Mitchell, of this city, has established upon a rational foundation his method of treatment of certain nervous disorders, by means of forced feeding and forced utilization of the food so ingested.

Dr. Playfair, of London, has been using the same methods now for some eighteen months, and his successes fully coincide with Dr. Mitchell's.

The case best suited for systematic Weir-Mitchell treatment is the worn and wasted, often bedridden woman, who has broken down, either from some sudden shock, such as grief, or money losses, or excessive mental or bodily strain, beginning with simple debility more and more yielded to, until at last all power of effort is lost. Coincident with this is the total loss of appetite, the profound anæmia, and the consequent wasting of the tissues.

Then follow the graver forms of hysterical disease, such as paresis, or paralysis, vomiting, disorder of motion, hystero-epilepsy, and many others, which constitute the despair of the physician.

The principal elements in the systematic management of these cases are:

1. The removal of the patient from unhealthy home influences, and the placing her at absolute rest.

2. The production of muscular waste, and the consequent possibility of assimilating food, by what have been called "mechanical tonics," viz., prolonged movement and massage of the muscles by a trained shampooer, and muscular contractions produced by electricity.

3. Supplying the waste so produced by regular and excessive feeding, so that the whole system, and the nervous system in particular, shall be nourished in spite of the patient.

Since one of the chief elements in this treatment is the removal of the patient to a hospital, thus isolating her from the morbid influence of well-meaning but injurious commiseration of anxious friends and relatives, it is evident that its application is restricted to cities, and cannot be

well carried out in country districts, where no such homes or hospitals exist.

The experience of these two eminent gentlemen is highly satisfactory, and it behooves us all to give great heed to these evidently valuable therapeutic measures.

THE ELECTRIC LIGHT IN SURGERY.

It would seem that we are on the eve of an exceedingly important development of the practical application of the electric light to aid the surgeon in many of his dark and narrow ways. More than a year ago, Sir Henry Thompson explored the bladder by means of the electric light; and now Leitz, of Vienna, is devising instruments for illuminating the throat, posterior nares, bladder, uterus, etc.

The aid that this light will afford us in detecting diseased conditions of these obscure cavities is simply incalculable. It will bring their hidden recesses as clearly and distinctly to our view as is now the external surface of the body. Dr. Thomas Oliver has recently demonstrated afresh the practicability of this use of electricity. He says:

"Having at the present time a patient in the infirmary who is suffering from hydatid disease of the liver, on whom the operation of abdominal section with incision of the liver had been performed, giving exit to about seven pints and a half of pus—I took advantage of the opportunity, and succeeded in lighting up the interior of the cyst by means of the electric light. For this purpose Mr. Payne devised and constructed a brass tube, electro-plated, nine and a half inches in length, and eleven-sixteenths of an inch in diameter externally. One end of this tube was funnel-shaped, and the other was closed by a piece of glass; down this tube was inserted a narrow cylinder, which carried a Swan's lamp and the electric wires. This tube, with its glazed extremity, was smeared with carbolized-oil, although, in future, I shall use carbolized glycerine for the window of the tube, and, with gentle pressure, I succeeded in passing it through the abdominal incision into the interior of the liver. The lamp was at once lit, and I had the pleasure of observing a greyish-red condition of the wall of the cyst, studded across which were numerous yellow-white spots, evidently pus; a slight oozing, or sweating, was also noticed on the wall of the cavity. The illumination of the interior of the liver by means of the electric light was in every way satisfactory and successful; and, although it is of little aid in the treatment of the case in question, it has shown us that the lighting up of internal cavities is not only a possibility, but a matter of comparative ease. With the extremely small size of the Swan's lamp required (it is not much larger than an ordinary bean), and which gives a light equivalent to that from three candles, and with the improved instruments which Mr. Payne is devising, I see how the electric light might become useful in operations for vesico-vaginal, or recto-vaginal, fistula, and in certain diseases of the bladder."

BILLROTH ON EMPYEMA.

Billroth's views on this subject are justly entitled to attentive consideration. He does not believe that either tuberculosis or caries of the rib are common sequences of empyema, but rather inclines to the view that death is more common from other accidents and from lardaceous degenerations.

He does not believe that the results of operations for this disease are any more favorable since than before the introduction of Listerism. Fifteen cases treated in his clinic since 1876, by free openings and various forms of antiseptic dressings, terminated as follows: Of three (empyema associated with tubercular disease), two died and the third was lost sight of. Of ten (the result of simple pleurisy), three died, one did well for a time, but died within a year; four did well for some months, but were then lost sight of; in three, while there was some improvement, the fistulas remained open and discharging two years after the operation. Of the last two (of traumatic origin), one recovered apparently completely in nine months; the latter improved, but was not healed after eighteen months.

Of fifteen cases operated on by Weinlechner & Billroth, in only two was a definite and permanent cure effected. The *Medical Times and Gazette*, January 27, 1883, from which we learn these facts, concludes that the statement of opinion by Billroth, that antiseptic treatment of the discharging empyema is without influence in the prevention of septic serous inflammations, is worthy of all attention, as proceeding from him; but we have seen isolated cases of enormous empyema in children, even when offensive to the nostril, do remarkably well with proper antiseptic dressings. We are glad that Dr. Fraenkel has put this series

of cases on record, and we hope that his excellent example will be followed both at home and abroad. More information and statistics on the results of cases treated with Listerism are greatly to be desired.

THE PREVENTION OF HYDROPHOBIA.

In 1862 Bourrel suggested that when the permanent teeth of a dog are well grown, the incisors and canine teeth can be blunted so as to render it impossible for a dog to inflict wounds on men or animals which might lead to inoculation with the virus of rabies. At the time, his suggestion was much ridiculed, one journal suggesting that all dogs should be provided with false teeth. The question has been revived in the *Medical Press and Circular*, January 17, 1883, by "a member of the Sanitary Institute of Great Britain."

"In general," says M. Bourrel, "it is a sharp pinching produced by the front teeth that causes inoculation; the skin is torn, or the bite draws blood. By blunting, or resection, sixteen obtuse surfaces are substituted for sixteen sharp points. Sporting dogs in the habit of tearing the game have been prevented from doing so by this measure, while the furious disposition of some dogs, such as watch-dogs, which render them dangerous to every one, was softened, and brutes which would have to be destroyed were consequently allowed to live. Terriers have not ceased to kill rats after this blunting; they have only lost their power to kill cats, which is a happy result. The same operation disarms those bull-dogs that certain individuals have the discreditable passion of exciting to fight; pet dogs have been operated upon without any inconvenience."

The suggestion seems to us a very practical one, and we heartily commend it.

It is too much to hope that legislation could compel compliance with it, but we give it publicity in this country, in the hope that owners of dogs will voluntarily resort to it, especially since it is expressly stated that it does not injure the animal.

The argument of "cruelty to animals" cannot be validly urged against it, since it is much less repellent than the clipping of the ears or tail, so commonly resorted to.

Hydrophobia is such a terrible disease when contracted, that so simple and commonplace a precaution ought not to be neglected; but its universal application will require the co-operation of the people.

FRENCH AND GERMAN SCIENTISTS.

One of the benefits to science of the animosities created by the Franco-Prussian war has been but lately made manifest. At the late International Congress of Hygiene, at Geneva, M. Pasteur, the celebrated French scientist, made an attack on Koch, the distinguished German investigator.

The latter, owing to want of familiarity with the language, postponed his reply, which he has now made in a pamphlet published at Berlin. He claims for himself the discovery of the cause of splenic fever (Pasteur's great stronghold), because he showed the development of anthrax spores and their relation to the disease in 1876, while Pasteur did not publish his discoveries until 1877. He denies the high value of preventive inoculation, in such diseases as fowl cholera and anthrax, claimed by Pasteur.

So on, throughout the pamphlet, he takes occasion to belittle and doubt the conclusions of the Frenchman.

This paper will naturally irritate the excitable French blood, and the gauntlet having been thrown down, the thinking world will no doubt be afforded much food for reflection ere the termination of this scientific duel between the illustrious and sanguine Frenchman and the distinguished and phlegmatic German.

So goes the world, and it is well that it does, for by these very conflicts of valuable opinions we are saved from accepting as settled facts the teachings of any one, until they have been tested and thoroughly criticised. It was said just after the close of the war that the feeling created by it would redound to the benefit of science, and it would seem as though the prediction were to be verified.

SANITARY LECTURES.

The Chicago Medical College is giving its students an extended course of lectures on State medicine, which embrace information concerning the introduction, spread, and restriction of smallpox; vaccination, and the propagation of vaccine virus; the prevention of epidemic and pestilential diseases; and sanitary living as applied to

the individual. This last comprises the location and construction of a house; the effect of ground-air and ground-moisture upon health, and the consequent necessity for thorough soil drainage; house drains, their defects, how to discover and remedy them; ventilation, heating, and personal habits.

This is the first college in the country to make "hygiene" a part of the regular curriculum. When will the authorities of our medical colleges, in this, the *alma mater* of American medicine, commence to appreciate the importance of sanitary science, and place its teaching side by side with physiology and anatomy?

Notes and Comments.

A Case of Causalgia.

A woman sustained a fracture of the lower ends of the bones of the legs. After a perfect union, there was slight stiffness of the muscles on posterior surface of the leg. Some weeks later she began to experience an uncomfortable burning sensation in the sole of the foot after walking, which gradually increased in severity until it assumed a very painful character. When Dr. Charles T. Poore, who reports the case in the *New York Med. Jour.*, February 3, 1883, saw her, she described the pain as follows: After walking a short distance, or letting her foot hang down with a boot on, the sole of the foot, at a point corresponding to the metatarso-phalangeal joints and a little behind them, began to burn; soon the skin became very sensitive, red, swollen, and the pain excruciating, so that she had to remove her boot; she had noticed that at times the skin had a glazed appearance. During the paroxysm the pain extended up on to the side of the foot, and then to the leg. When the pain was intense, she obtained relief by placing the foot in as hot water as could be borne. She had no pain when the foot was raised, even if she had a boot on. After an attack, the pain gradually diminished, and in an hour or so it disappeared. Electricity and iodine locally were useless. A Paquelin's cautery raised to a white heat was applied to the painful point on May 17th. The patient complained of but slight pain from the application, and was out in the afternoon. From this date until the 1st of June the foot was cauterized five times, with an almost entire relief from pain. She is now free from all trouble, and goes about as well as ever. This disturbance in circulation was probably due to a traumatism of the posterior tibial nerve.

Pulsation of Spleen in Aortic Incompetence.

The *Medical Times and Gazette* says, it would appear that this sign of aortic incompetence has not been previously described. Attention has now been drawn to it by Dr. Gerhardt, in the *Zeits. für klin. Med.*, IV., S. 449, without any attempt being made to magnify the importance of the phenomenon. We are familiar with pulsation in the smallest vessels of many of the visible parts of the body in aortic incompetence, including the bed of the nails; and Quincke has shown how the two factors necessary for its production are, relaxation of the vascular walls, and sudden great variation in the blood-pressure, such as occurs in aortic regurgitation. In Gerhardt's three cases the spleen was large and the patients in high fever. The splenic tumor swelled during cardiac systole, expanding gradually, and diminished in size again during diastole. A dull double sound was audible over the tumor, apparently distinct from the cardiac murmurs, which could be made out at the upper part of the tumor. To the finger the pulsation had not the characters of an aneurism, but was of the nature of a soft swelling, very much as in pulsating jugulars. The sign appears to be not entirely without some prognostic value, inasmuch as it indicates a sound condition of the left ventricular walls, and compensation, as far as possible, of the valvular inadequacy.

Intestinal Obstruction Treated by Rectal Tube.

Dr. J. Foster Bush reports (*Boston Medical and Surgical Journal*, February 1, 1883), three cases of intestinal obstruction, all of which came on after indulgence in improper food, and were relieved by injections through a rectal tube. The tube was introduced for a length of twenty inches, and injections of water were made once and sometimes twice daily through it, but a second was never given till the patient had recovered from the bad effects of the first.

In the first case mentioned the only time the injections were suspended for any length of time was when pain and intestinal spasm had been created; and whenever this is done, or whenever we have fear that the intestinal structures have been weakened by inflammation or ulceration, of course the injections would be contra-indicated.

Distention from below is not a new method, and other means than fluids have been employed. Air, for instance, has been forced in by means of

a pump or bellows, or by chemical action, as by the injection of an alkaline followed by an acid solution. These last have only to be mentioned to be discarded, for they have not the soothing or relaxing properties of the water, which also exerts a force directly proportionate to the bulk employed, by reason of its compressibility and by its being regulated at will.

Blenorrhagic Pleurisy.

Several years ago Dr. Sée observed a case of gonorrhœal rheumatism, complicated by pleurisy. To his mind the pleurisy was evidently due to the venereal disease, since the two inflammations, arthritic and pleuritic, commenced at the same time and without any previous exposure on the part of the patient. Quite recently he saw another instance of this rare complication of gonorrhœa (*Journal de Médicine*, December, 1882). This was the case of a young man, twenty-five years of age, who had contracted a gonorrhœa some three months previously. He was suddenly taken with chills, followed by pains in his side, fever, and dyspnœa. Pressure upon the sides of the thorax induced the most acute pain. Upon his admission into the hospital, he showed evident signs of pleuritic effusion with extreme dyspnœa. He was not benefited by hypodermics of morphia. A hypodermic of nitrate of pilocarpine, however, gave an excellent result. Dr. Sée insits that the thoracic pain, and the general, instead of the local disorder, is sufficient to establish a diagnosis of true gonorrhœal pleurisy.

Digestion of Meat.

Dr. P. Hönigsberg has made a number of experiments to determine the digestibility of meat. His results, which seem to be reliable, contradict somewhat our views hitherto held in regard to this subject (*Wiener Med. Blätter*, 1882, 19 and 20). Raw, cooked and fried meat was digested artificially with gastric juice, prepared out of five grammes pepsin dissolved in 1,000 cbctm. acidulated water (1 p. c. hydrochloric acid). Syntonin was removed by neutralization, albumen by boiling, and hemi-albuminose by treatment with acetate of iron. The solution was decomposed with phosphor-wolfram acid, the nitrogen determined in the precipitate and pepton calculated. It was found that fried meat is most perfectly digested, raw less, and boiled still less.

Ergotine Suppositories.

M. Liebrecht, of Liège, has found that ergotine administered in this way is very rapidly absorbed, its action is energetic, and it provokes no pain. With smaller doses than are usually employed in hypodermic injections, equal or even superior effects are obtained.

The following formula is serviceable:

R.	Dialyzed ergotine,	1½ grams
	Ol. theobromæ,	1½ grams
	Vaselinæ,	½ gram, M.

For one suppository: three may be applied weekly. The uterine affections, in which injections and suppositories of ergotine are of benefit, are: Fibroids, menorrhagia, metrorrhagia after labor, at the period of the change of life, or when tumors are present; finally in chronic metritis and endometritis. For hypodermic injection, M. Liebrecht uses exclusively pure dialyzed ergotine.

The Stomach of an Idiot.

The *British Medical Journal* says that from the stomach of an idiotic girl, aged 10, who died recently, there was removed a mass of vegetable fibres, (straw, twigs, fragments of matting, thread, etc.,) so interwoven and moulded as to make a cast of the stomach and duodenum. The stomach was 18 inches in length, and weighed 31 ounces. The case is interesting as showing how, in an individual of low nervous organization, obstruction of the stomach, by a gradually increasing mass, might for a long time be tolerated without any obvious symptoms of irritation. What next?

Tetanus in Typhoid Fever.

Dr. Morris Fussel, in the *Medical Times* for January 13, 1883, relates briefly two very interesting cases of tetanus complicating typhoid fever during the stage of convalescence, one of which terminated fatally. He failed to find any idiopathic cause for these occurrences, and suggests that they were probably traumatic in origin, the traumatism having been inflicted by the nozzle of a rectal syringe, by possibly abrading slightly the mucous membrane on the surface of a hemorrhoid.

Treatment of Gonorrhœa.

A rather large number of American, German, French, and English physicians have—as we see by reading through the many different foreign and domestic medical journals—of late been reporting very successful results in the treatment of gonorrhœa by the *yellow* oleum santali. We learn that the remedy invariably puts an end to the discharge within two days, but to prevent a relapse it has to be continued for two weeks longer. From 15 to 20 drops given three times daily is the usual dose, which may be administered on sugar or in gelatine capsules.

Infantile Ascites.

Professor Simpson exhibited to the Obstetrical Society of Edinburgh (*Medical Press*, January 17, 1883,) a case of a child which died immediately after birth from ascites of the peritoneum. There was fluid in the scrotum, showing a direct connection with the peritoneum.

Special Report.

REPORT OF PROGRESS OF OTOLOGY, NO. 2.

Diseases of the Ear in Children.

(*Continued from p.* 222.)

Earaches in children are well-known to be often extremely severe and continuous, and it is not wonderful that the cries of the child, produced by them, should be loud and bitter, and that it should continue with slight intermission for hours till the little patient is completely prostrated and hoarse. How natural it is that with the exceedingly impressionable brain and spinal cord of a child, all these "nervous" symptoms produced by an exudative inflammation of the middle ear should be much more marked, and that in a child the confounding of the ear disease with a meningitis should really be very easy. The symptoms of the ear disease, such as great increase in the pulse and temperature, with frequent vomiting, constant stupor bordering on complete loss of consciousness, irrational talk and screaming, great restlessness with an anxious opening of the eyes, before which objects move, and the conditions of irritability increasing to twitching of the facial muscles and to convulsions of the limbs, all tend to lead one to expect rather an internal affection than an ear disease. Many years ago, Schwarz, of Fulda, so expressed himself in a decided manner, and Ludw. Meissner wrote, "The inflammation of the ear is certainly one of those diseases which is most frequently overlooked in young children, as they are unable to define the seat, the kind, and the severity of the pain." Most commonly it is mistaken for inflammation of the brain. Helfft compared the symptoms of inflammation of the inner ear in young children to those of genuine meningitis. Hauner expressed himself later in a similar way. Streckeisen in his "Bericht über den Kinderspital in Basel, 1864," says, "In the pneumonia of infants, convulsive symptoms showed themselves usually in the last three days (of life), and the explanation of these was found on dissection to be purulent inflammation of the tympanum and its meningitic connections. The most valuable contribution is that of Steiner. As it concerns older children, he expresses the opinion that the chief cause of brain symptoms in the so-called cerebral pneumonia is a simultaneous purulent inflammation of the ears, as he observed in sixteen children, aged from five to ten years, that with pneumonia of the apex, the brain symptoms (a comatose delirium) disappeared as by magic on the appearance of a discharge from the ear. As the chief symptoms, which continue in variable intensity till the appearance of the otorrhœa, Steiner enumerated "vomiting, somnolence, alternating with great restlessness, delirium, expressions of pain in the head, a dulled intellect, or complete loss of consciousness."

A distinguished American physician, the late Edward H. Clark, Professor of Materia Medica of Harvard University, Boston, published twenty years ago: "So important is a proper attention to the ears during and after the disease just referred to (exanthemata), that the physician who treats such cases and neglects to give this attention, cannot be said to perform his duty to his patient." See also paper on the same subject by D. L. Turnbull, Ohio.

In regard to the cause and prognosis of an acute otitis media, the great width of the Eustachian tube in children must be regarded as a very favorable circumstance. "In older children or in the intense forms of acute inflammation of the middle ear, the disease, as during scarlet fever with diphtheritis of the nose and pharynx, an early paracentesis of the drum-membrane is, without doubt, the best treatment; with good illumination, the operation is very easy, and can be performed with any long cataract or corneal paracentesis needle; if it is to be done on the posterior half of the drum-membrane, which lies most exposed, it should be remembered that this portion is sharply inclined, its lower part lying deeper and consequently farther from the operator than its upper part. After the operation, the pus should be evacuated as thoroughly as possible by Politzer's inflation, and the fluid absorbed by a pellet of absorbent, not syringed out of the meatus with warm water, or injections of one per cent. salt or soda solution.

With this disease, the affection of the nasal and pharyngeal mucous membrane should always be treated. It is more convenient and thorough to use the nasal douche of Theodore Weber, but with great care.

Never use plain water, but if nothing special is ordered, either a solution of salt or milk and

water. Always have the water lukewarm (77°–90° F.) Never have the reservoir higher above the nostril than 1½ feet. Avoid swallowing, and breathe quietly through the mouth during the operation, and, with children, occasionally interrupt the current. Direct the stream backwards, never upwards. The atomizer for the naso-pharynx is especially used for this purpose. If the mucus is viscid, and apt to form crusts, a solution of soda should be used; if decomposition of the secretions of the nose has taken place, a disinfectant, with potassii permanganate or with salicylic acid, added to a borax solution.

In regard to chronic aural catarrh, when children have reached the age of one or one and a half years, and utter no sounds such as ma-ma, pa-pa, and do not even begin to affix words or sounds to the things with which they are daily surrounded, accurate observation should be instituted to learn how far the power of hearing exists. Every teacher will allow that deaf children are particularly prone to become fickle and visionary. As has already been said, in children a great variation in the hearing and in the other symptoms is noticeable.

What the fingers do by closing the nostrils in the physiological experiment, is accomplished in the catarrhal child by the swelling of the mucous membrane and the collection of mucus in the nasal cavity. Frequent insufflations of air into the nostrils by means of a rubber bag (the dry nasal douche of Lucæ) are in such cases of very great value.

In sub-acute cases, they often speak of a knocking or hammering in the ear. The meatus, as it does not take part in the pathological process, is normal. The drum-membrane, just before the rupture takes place, shows a loosening of its epidermal layer, which produces a perfectly opaque and whitish-gray appearance. After attacks of pain, extravasation can often be seen on the surface of the drum-membrane. The outer surface of the membrane is not otherwise altered, except that some of the blood vessels which run along the manubrium, or radiate towards the periphery, become visible. This radiating injection occurs when there is a large collection of secretion in the tympanum, and makes itself apparent sometimes by very marked changes upon the surface of the drum-membrane, when grayish or yellowish vesicles or hernial sacs appear.

In children the membrane, even when the tympanum is filled with fluid secretions, is much less commonly bulged outwards in some of its parts. In a child, up to a certain age, the drum-membrane is thicker and less transparent from the development of its surface layers.

During the course of catarrhal processes, there are produced various changes and irregularities in the color and the surface of the drum-membrane. Sometimes certain spots become opaque or otherwise discolored from circumscribed thickenings of the tissue.

To inspect the conditions of the tonsils, the mucous membrane, and the posterior walls of the pharynx, first depress the tongue with a spatula or finger. In the case of very small or intractable children, the opening of the mouth can be enforced by closing the nose. If the child can be pesuaded to sound a loud "a," a better view can be obtained, from the raising of the palate which is thus produced. The inspection of the naso-pharynx by rhinoscopy is only possible in exceptional cases in children under ten years of age, but a tactile examination is readily made with the finger, even by those whose fingers are short.

As we have already seen, the whole catarrhal process in the middle ear is, in the majority of cases, the result of the readily-occurring closure of the Eustachian tube, and we are justified in once more calling attention to the action of such a closure. We have already spoken of the very great advantages of the nasal douche. The inhalation of water, milk, or medicinal preparations from the hand is often necessary as a preparation for the nasal douche, but the same method is of undoubted value after washing out the nose, or in many cases, even without this latter procedure.

When there is a great deal of mucus, and the child does not understand how to blow the nose, air should be driven in forcibly from a syringe or from an air-bag, in order that a part of the obstructing secretion may be evacuated either into the pharynx or through the other nostril—a procedure that, in young children, is extremely useful as a preparation for the nasal douche.

In cases in which the nasal douche is, from any cause, contra-indicated, as, for instance, when one nostril is closed from malformation or granulations, or where it is desirable to apply medical solutions to the mucous membrane in small quantities or minutely divided, a finely perforated tube can be introduced for douching the pharynx, or an atomizing apparatus may be used; but if it is desired that the finely-divided fluid shall reach far backwards, an instrument must be used, the tip of which ought to be a tube long enough to reach the naso-pharynx, of flexible metal, so as to bend and accommodate itself to the irregular surfaces of the turbinated bones.

For some cases of chronic nasal and naso-pharyngeal catarrh, the use of sal-ammoniac vapor in statu nascenti is very beneficial.

Inflammation of the palatine tonsils often keeps up a chronic inflammation of the pharynx, just as a foreign body would, producing mechanical irritation and disturbances of circulation; they also interfere with the movements of the palate, and by pressing its posterior surface upwards against the tubal orifice, narrow or even close those passages.

In children and young persons the removal of hypertrophied tonsils improves the condition of the ears and of the hearing, often in a marked degree, and is always favorable to the chronic pharyngeal and nasal catarrh. In children of families where there is an hereditary tendency to catarrhal deafness, enlarged tonsils should be early removed as a prophylactic measure, even when the ears are intact. After the operation children breathe much deeper, and consequently the chest becomes more fully developed, the blood richer, and the child, previously pale and without appetite, improves in its whole constitution. If the enlarged tonsil is only soft, some improvement can be expected from iodine in gargles, and from frequent paintings with the same, long continued. (A paste of equal parts of caustic lime and caustic soda will be found very valuable in reducing this condition of the tonsils in children without an operation.)

Fahnstock's tonsillotome works admirably for children with whom it is impossible to use a knife; the larger tonsils should always be first removed. Ice is an excellent styptic and antiphlogistic. In regard to the local treatment of the ear necessary in chronic catarrh, the air douche is above all else the most important agent.

It will also be understood, from what has preceded, that paracentesis of the drum-membrane is very often desirable for the rapid evacuation of fluid secretion; the operation is, however, absolutely necessary when, in spite of repeated air douches, the fluid in the tympanum does not disappear, or the improvement from the inflation continues to be merely temporary.

The advice necessary for the hygiene of children suffering from chronic aural catarrh will be understood from what has already been said on the etiology of the disease. To the bad air to which children are frequently exposed, in their living and sleeping rooms, and school-rooms, the physician, in fulfilling his duty in preventing disease, should have a watchful eye. The ear may be affected by pathological conditions of the body, and especially of the circulatory system. Of course our therapeutic measures must often be directed to such general diseases.

Diseases of the Mastoid Region.—After incising a subperiosteal abscess, the bone may be found softened, roughened, or even with a fistula through it, and the best course then, is to remove the diseased spot immediately.

The cortical substance of the petrous bone is so thin in small children that a strong pressure with the knife is often sufficient to open the cavity; but it is much better to make a large opening into the antrum mastoideum by means of a sharp spoon, a gouge, or Luër's gouge-forceps. Of the 44 operations by Schwartze, 16 were in patients less than 15 years old.

Extensive necrosis of the petrous bone occurs rarely when we remember the frequency of the suppurations of the ear.

Diseases of the Inner Ear or Labyrinth.

The view that the nutrition and blood-currents of the membranous labyrinth is principally influenced by intercranial process, corresponds with the anatomical experience of Schwartze.

The disease cerebro-spinal meningitis finds most of its victims among children, and is the cause of innumerable cases of deaf-mutism. Unfortunately whe have but few accurate reports of the appearances of the ear in such cases of deafness produced by cerebro-spinal meningitis.

And a still greater difficulty is presented in the differential diagnosis between acute meningitis and other intracranial processes on the one hand, and purulent processes within the labyrinth on the other hand, as a very rapid diminution or complete loss of hearing power is common in both varieties, and a large number of similar appearances are found in each.

Comparing the characteristics of the disease in question with the well-recognized symptoms of meningitis cerebro-spinalis epidemics resulting in deafness, the very great resemblance will be recognized by every unprejudiced mind.

Let us now return to the consideration of those disturbances of hearing which, from the absence of changes in the peripheral parts of the ear, or from reasons of probability, we regard as the results of anomalies in the nervous apparatus. Such anomalies may be frequently the reason why children, and especially those who are unusually slow in their development in all particulars, only begin to talk very late and make such slow progress in their speech. Not uncommonly parents and physicians think of the hearing only after a long time, and then the most superficial tests im-

mediately show it to be very much impaired. If the ear is carefully examined by an expert, the presence of changes in the tympanum, which may have been produced in early life, or which may be even congenital, cannot be denied with certainty; but there are cases where a congenital defect and arrest of development in the nervous or central apparatus may be diagnosticated with the greatest probability.

Such are cases where the formation of the skull is peculiar, the intellectual development and power of walking are less than natural, and especially those where congenital anomalies and affections referable to the central nervous system, such as idiocy, epilepsy, deaf-mutism, exist in the family, particularly in the other children. In some of these families old syphilis is an important element, as it is very apt to be in cases of total or very extreme deafness. It should by no means be understood, however, that in the majority of these cases anything is to be gained by specific medication. More commonly the indication rather is to try the treatment for chronic tympanic catarrh, as already given, if any reason is found for it in the condition of the ear, nose, and pharynx, or in the gradual diminution of the hearing. More can be gained not infrequently in this way than was first expected. It may happen that, in addition to the congenital defect, catarrhal changes have occurred which still further reduce the hearing power, and, if an improvement or even the arrest of progress can be brought about in this, something has been gained. Only a properly-canducted treatment can, as a rule, show in how far the conditions in the tympanum are irremediable. The less the degree of hearing, and the more invariable it is, the less prospect is there of a result from such treatment.

In old nervous lesions any treatment is wholly useless; in recent ones it is advisable to try bleeding, derivatives, resorbents, and, later, electricity in one form or another, as sometimes the hearing power of itself improves up to a certain point, and an absolutely incurable process cannot be assumed at the very beginning.

Deaf-Mutism.—The same anatomical changes which at a later age simply cause total or great deafness, will, when they occur in the fœtus or young child, interfere with the development of speech: or, if the child has already learned to talk, cause it to lose its speech. In either case the child is a deaf-mute.

Among the diseases which most commonly produce total deafness, and therefore deaf-mutism, are acute otitis in scarlet fever, especially when associated with diphtheria and epidemic cerebro-spinal meningitis.

Care should be taken not to consider deaf-mutism as an isolated symptom, wanting in all variations of degree. If with children who are only extremely and not totally deaf, conversation through the ear-trumpet had been used early, and if they had been obliged to talk in the same way into their own ears, the learning of articulate speech would have been much easier for them; or in the case of a deafness acquired later in life, the distinctness of utterance would have been retained. If treated like an adult, and spoken to distinctly and slowly into the ear, or better, through an ear-trumpet, and at the same time if shown the object referred to, they can be gradually brought to perceive and understand what is said, will take an interest in using the hearing, and will very soon begin to imitate what is said and to speak. If the exercises in speech were further aided by obliging the child to talk often through the ear-trumpet into its own ear, in order that it may perceive its own voice, it would gradually gain control over this and over its pronunciation. Such a course of instruction, properly and consequtively followed out, would result in the child remaining simply hard of hearing, but possessing a tolerably distinct articulation; in other words, deaf-mutism would be prevented.

It is also very desirable to practice the child in reading words from the lips and repeating what is said. V. Trölltsch can recall several children with aural suppuration, who had already been placed in deaf-mute asylums or were regarded as hopelessly deaf-mutes, in whom deafness was so much reduced that individual instruction—and in one case even attendance at a public school—was sufficient to give them a very fair education and pronunciation. Institutes exist in which the instruction of very deaf children is being undertaken in the proper method, and it is no longer necessary to send them to deaf-mute schools when means do not allow of their being instructed alone.*

In most of the cases of those who have already learned to talk, the loss of speech from deafness occurs in the fourth year, occasionally even up to the tenth year, and only in extremely rare cases up to the fourteenth year. Children who can already speak may lose this ability if they become deaf at any time up to the seventeenth year. Even in the eighth to the ninth year, the loss of hearing may make speech very imperfect.

*See Turnbull on Imperfect Hearing and teaching deaf children at home and in public day schools. J. B. Lippincott & Co., Philadelphia, 1881.

The speech always lacks the euphony which is only attained and regulated when the person can hear his own voice; it is somewhat hoarse and monotonous, and characterized by the peculiarity that the single syllables are not run together, but sharply separated; the voice is as a rule, too loud, rough and irregular, without modulation, but this can be much improved by teaching them Bell's method of visible speech. The regular use of the voice counteracts the tendency to the development of the respiratory disease to which deaf-mutes are particularly liable. It is well established that an unusually large number of these unfortunates die of tuberculosis between their fifteenth and thirtieth years. Meissner (l. c., p. 130) gives a table of 61 deaths of pupils who were or had been in the Leipzig asylum. In 59, the cause of death was fully established; and 30 of these died of consumption of the lungs, 4 of inflammation of the chest, 1 each of pharyngeal phthisis, phthisis, and hydrothorax.

Finally, it should be stated that an immediately direct hereditary tendency to deaf-mutism is less common than a family tendency, even when both parents are deaf-mutes.

News and Miscellany.

Co-Education of the Sexes.

The *Boston Medical and Surgical Journal* says that an affair unfortunate for the advocates of "co-education" in medicine has recently occurred at Kingston, Canada, which seems to have been precipitated by the women themselves. It seems that there have been mixed medical classes, and recently the ladies took offense at a remark made by the professor of physiology, and left the theatre in a body. Thereupon the male students petitioned the Faculty to dismiss the ladies, and even went so far as to threaten to leave the school themselves if their request were not complied with. A compromise was agreed upon: the ladies now attending classes will be permitted to finish their course, but no more will be allowed to enter, and for the future the medical shool will be for men only.

Opium Smoking in the East.

Miss Bird, in her recent travels in the East, asserts from personal observation and inquiry that the use of opium no more frequently leads to the "opium habit" than the use of alcoholic beverages in England does to confirmed inebriety.

Another writer, in a recent issue of the *North China Herald*, maintains that the export of Indian opium to China is a great blessing to China, because it has been "steadily and certainly driving native opium out of the market, lessening its consumption, pushing the poppy farther and farther inland, and so has been wresting the land from poppy cultivation and freeing an ever-increasing acreage for the growth of other crops. Indian opium, coming under the law of the 'survival of the fittest,' will force native opium to disappear, and with it the cultivation of the poppy, so that, instead of being an unmitigated curse, Indian opium is doing good work. It is the fierce antidote that kills the deadly poison; and, after having accomplished a double mission in India by supporting the introduction of Christian rule, and in China by freeing the soil from the incubus of a harmful growth, Indian opium will disappear before something nobler—will disappear before the moral regeneration of the millions of England and China."

A New Pile Clamp.

This is the new pile clamp, invented by Dr. P. E. Skillern, of this city. It is a self-retaining instrument, with a good strong spring, that readily holds and compresses the pile during the operation. The instrument is seven inches in length, the blade being two and a half inches long and one-half inch in breadth, with the approximating surfaces slightly indented to prevent slipping. Pressure on the handle opens the blades, and when applied, and the pressure removed, the pile is tightly grasped and the circulation completely cut off. The simplicity of the instrument, together with its easy application and cost, are the points that recommend it. It is made by Mr. Lentz.

Licenses to Practice in Illinois.

The Illinois State Board of Health has just given notice that after the current scholastic year license to practice medicine in Illinois will be granted to graduates of those schools only whose requirements include a preliminary examination on the essentials of a common school education. As but one medical school in the State conforms to this requirement, even on paper, at present, there is some stir in the various faculties as to ways and means for complying with the letter of the law.

Preservation of Butter.

The *American Journal of Pharmacy* notes that Dr. W. Hagemann has observed in *Chem. Ztg.*, 1882, No. 67, that cow butter contains 0·5 to 0·6 per cent. of milk-sugar, which under the influence of bacteria is transformed into lactic acid, and this liberates from the glycerides the acid, containing less carbon. It is obvious from this that summer-butter becomes rancid more rapidly and strongly than winter-butter, and that for the preservation of butter two methods may be adopted, viz., either the lower fat acids are removed by soda solution, as proposed by Adolf Mayer and Dr. Clausnitzer, or else the milk-sugar must be removed, or its decomposition prevented by suppressing the vegetation of the bacteria.

The Mortality of Large Cities.

According to the latest official returns, the mortality per 1,000 inhabitants in the cities named has been as follows: Calcutta, 32; Bombay, 26; Madras, 33: Paris, 27; Geneva, 17; Brussels, 22; Amsterdam, 26; Rotterdam, 29; The Hague, 32; Copenhagen, 20; Stockholm, 32; Christiania, 17; St. Petersburg, 36; Berlin, 23; Hamburg, 24; Dresden, 29; Breslau, 26; Munich, 27; Vienna, 27; Prague, 28; Buda-Pesth, 24; Trieste, 29; Rome, 21; Turin, 26; Venice, 32; New York, 22; Brooklyn, 21: Philadelphia, 21; and Baltimore, 32.

Brandy.

From the report of the American Consul at Rochelle, we learn some startling facts concerning the adulteration of brandy. In most cases the spirits sent to England for consumption appear to consist of beet or potato spirit, diluted to the proper strength, and flavored with genuine cognac, and probably not unfrequently with the addition of other flavoring materials, so as to produce such a taste as would pass for ordinary brandy, and then bottled and labelled so as to sell at the prices of genuine brands.

Sir James Paget's Toast.

Sir James Paget, in proposing the toast, "Prosperity of the British Medical Association," at the recent Jubilee, uttered the following beautiful sentiment: "Do not let our disputes be very noisy on the scientific side. Remember always that it is only through clear and undisturbed water that you can see what lies at the bottom. In storms of controversy there is nothing to be found but the billow that moves to mischief and the foam that disappears."

The Oil Palm.

The fruit of the African oil palm (*Elais Guineensis*) has many applications, and it would seem it might have many more. The natives use it as an article of food. The oil is applied to the skin as an unguent, and to relieve slight inflammations. An excellent soap is made from it, well-suited to delicate skins. A Philadelphia merchant, Mr. Edward S. Morris, has taken much pains in collecting and refining the palm oil, and his products are acquiring much popularity.

An English Tribute to Oliver Wendell Holmes.

London Punch thus felicitously rhymes on the resignation of Dr. Holmes from the chair of anatomy in Harvard:

Your health, dear "Autocrat!" All England owns
Your instrument's the lyre, and *not* "the Bones."
Yet hear our wishes—trust us they're not cold ones!
That, though you give up bones, you may make old ones.

The Pennsylvania Board of Health Bill.

Both the House and Senate bills to establish a Board of Health in this State have been killed for this session. We need not go into the reasons assigned for this discreditable fact. The effort was made to have the Board a mongrel one of eclectics, homeopaths, and such like "schools." This was carried, and of course such a Board would probably be worse than none, so it was just as well that the bill was "indefinitely postponed."

Officers for the Massachusetts Dental Society for 1883.

President, Dr. F. Searle.
First Vice-President, Dr. A. B. Jewell.
Second Vice-President, Dr. D. M. Clapp.
Secretary. Dr. W. E. Page.
Treasurer. Dr. E. Page.
Librarian, Dr. R R. Andrews.
Executive Committee, Drs. D. F. Whitten, F. E. Banfield. J. S. Hurlbut, J. F. Adams, Leon Rideout.

Officers of the Medical Society of Tennessee for 1883.

President, W. F. Glenn, M. D., Nashville.
Vice Presidents, for Middle Tennessee: W. F. Clary, M. D., Unionville. For West Tennessee: E. Miles Willett, M. D., Memphis. For East Tennessee: G. A. Baxter, M. D., Chattanooga.
Secretary, C. C. Fite, M. D., Shelbyville.
Treasurer, R. Cheatham, M. D., Nashville.

Medical Society of the State of Pennsylvania.

The thirty-fourth annual session will commence at Norristown, Wednesday, May 9, 1883, at 10 a. m. All who desire to present papers at this session should send the title and time required for reading the same to Dr. J. O. Knipe, Chairman Committee on Programme, without delay.

W. B. Atkinson, M. D., *Permanent Secretary*.

Items.

—A baby show, on the American plan, will be shortly held in Hamburg.

—The *Tiempo*, of Valencia, notes the birth of an infant with a beard and a full set of teeth.

—At Vienna and St. Petersburg, Physicians' Mutual Aid Societies have at length been organized.

—During the past year there were 300 persons killed and 1,000 injured in the anthracite coal mines.

—The newspapers say that Montreal exports to the United States about 150 subjects for dissection every winter.

—New York has just made the discovery that Central Park, from a carelessness about drainage, is a source of malaria and ill-health to the houses round about.

—The authorities at Berlin are discussing the propriety of prohibiting the importation of American pork, which is said to be largely infected with trichinæ.

—A woman lay three days in a trance at Big Rapids, Mich. On recovering she believed that she had died and come to life as another person. This delusion cannot be dispelled, though in other respects she is sane.

—A Kentucky mule deliberately put its head through a crack in a post-and-rail fence, and stayed there until it choked itself to death. Such

instances of suicide are not rare among horses and some other of the lower animals.

—A California man feeds his family on raw fruit and coarse meal, to his great satisfaction; but when he told an audience of poor men how cheap and wholesome such a diet was, they got angry, and drove him out of the hall.

—The Chicago College of Physicians has been sued by a student who was promised a graduate's diploma at the end of one year's study. The faculty decline to keep the agreement, which was made, they say, by an individual teacher.

—One physician at Urbana, Ohio, said that another had killed a smallpox patient by mistaking the disease for measles. The retort was that the first accuser had caused a death by something worse than a blunder. Suits for damages are in progress.

—Massachusetts has an expensive and efficient State Health Board, with headquarters in the State House. But this did not prevent the Legislature from sitting in a room whose air was pumped in over a sewer, and whose ventilator was boarded up some time ago.

—The London *Engineer*, discussing the inability of man to fly, notes his weakness in physical strength as compared with fowls, and says no flying machine will ever be successful until so constructed that each pound of machine will develop as much energy as each pound of bird.

—In 1881 there were examined in the Municipal Laboratory, Paris, 3,001 samples of wine, of which 271 were found to be good, 991 passable, and 1,731 bad. In the first five months of 1882, 1,869 samples were analyzed, of which 372 were good, 683 passable, and 814 bad—145 of the latter being very injurious.

—A London dentist has invented a lamp for illuminating the cavity of the mouth during dental operations. It is of incandescent carbon, fitted into a vulcanite cup, covered for safety with a glass shade. The lamp is said to give a brilliant light just where it is needed, without producing heat, and the inventor freely offers its advantages to his fellow dentists.

—One of the New York city members in the Legislature at Albany has introduced in the Assembly a bill allowing everybody in the State to practice medicine. His name is Quinn, and, according to the terms of his bill, any man who has sense enough to come in out of the rain may be called on to attend a dying man, no matter whether he be ill of small-pox or a spavin on his leg.

—A man named Stewart has been arrested in Troy, New York, for the alleged murder of a woman. The statement in the papers is that a photograph of the dead woman's eyes disclosed upon the retina a picture of Stewart holding a chair over her head and just in the act of striking her. The matter has been brought to the attention of the Grand Jury. It is as well to add that this sort of evidence is illusive and probably fraudulent—unless the whole story is a hoax.

—Professor Sumner delivered a very incisive lecture in Brooklyn a week or two ago on some of the errors of social reformers. Its substance was an elaboration of the theory recently put forth, that the death and decay of the drunkards and the vicious were an illustration of the natural law of selection and the survival of the fittest, by which the human race was being improved, and that any interference therewith to preserve them was a contravention of the law of nature.

—The fatalities of the foot-ball ground recur with remarkable regularity. Some of these deaths result from accidents on the field, but more are caused by injury to the constitutions of boys who are physically unfitted for such rough sport. In view of this fact the London *Lancet* makes the suggestion that "no member of a club be allowed to engage in club matches unless free from heart or other organic diseases." This rule might be applied to other athletic games with manifest benefit.

—If the United States Congress desires to do something for the benefit of the country at large, it might well follow the example set by the French Minister of Agriculture, who has placed $10,000 at the disposal of M. Pasteur, to continue his investigation of contagious diseases of animals. Does Congress know how much money the Department of Agriculture of this country has saved through such investigations already made with entirely inadequate means? When the money value of such investigations becomes known, $10,000 will seem like a very small amount to be annually appropriated to this one purpose.

OBITUARY NOTICES.

PROFESSOR BENJAMIN H. RAND, M. D.

Professor Benjamin Howard Rand, a well-known physician and scientist, whose death on Wednesday, at his residence on Summer street above Sixteenth, was announced yesterday, was 56 years of age, and was born in this city. He graduated from the Jefferson Medical College in 1848, and two years later was elected Professor of Chemistry of the Franklin Institute. From 1852 to 1864 he was Secretary of the Academy of Natural Sciences. He accepted the Chair of Chemistry in Jefferson Medical College in 1864, from which ill health forced him to retire in 1877. He was elected a Fellow of the Philadelphia College of Physicians in 1853, and a member of the American Philosophical Society in 1868, and was also a member of the American Medical Association. He was the author of several elementary works on chemistry.

DR. R. A. CROCKETT.

Dr. R. A. Crockett, a popular and respected member of society and of his profession, and an old subscriber and regular reader of the REPORTER, died at his home in Willirnson county, Tennessee, of hemiplegia, on January 31.

MARRIAGE.

WINTERROWD—HOLLAND.—At the Moravian church, in Hope, Indiana, February 15, 1883, by the Rev. F. R. Holland, the bride's father, assisted by the Rev. E. J. Regennas, N. S. Winterrowd, M. D., and Miss Jeanne E. Holland, all of Hope.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1357.] PHILADELPHIA, MARCH 10, 1883. [Vol. XLVIII.—No. 10.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

BOUGIES, SUPPOSITORIES, ETC., OF GELATINE, FOR LOCAL MEDICATION.

[A paper read before the Medical Society of the State of New York, February 7, 1883.]

BY ROBERT NEWMAN, M. D.,
Of New York.
Surgeon to the Northwestern Dispensary, Permanent Member New York State Medical Society, Honorary Member Ulster County Medical Society, etc., etc.

For a long time the medical profession was in want of a convenient mass for the manufacture of medicated bougies and other forms for local applications to the mucous linings. Uterine pencils were used and recommended by Simpson, of Edinburgh, about twenty years ago. I followed his suggestions, but could not find a preparation to suit the indications; and all my experiments, with the assistance of chemists, failed. Urethral bougies I considered a necessity, and after many failures with different materials, forms, and compositions, could only use cocoa-butter compressed in a form as a vehicle for this medication. In the year 1869, I often ordered and used iodoform bougies, with considerable benefit to my patients. Soon after, a decided improvement was imported from Paris, as the "*Porte Remede Reynal*," a gelatine bougie medicated in various ways. But even this article was not practical, as it changed with the temperature, was too flexible, and even melted in hot weather, whereas in cold weather it was brittle and broke to pieces. As a rule it was too hard and stiff, irritating thereby the mucous lining, and even causing an inflammation. Another objection was the price, which for many patients was too high. So this article fell into disuse by degrees, and now is almost wholly discarded.

Next, American industry produced different articles in imitation, of doubtful merit. It seems the difficulty was to find a combination with the gelatine, which remained sufficiently soft and flexible, without being affected by the change of temperature, and which mass would easily incorporate the remedial agent in a state of solution.

At last the article has been perfected by Dr. Charles L. Mitchell, of Ninth and Race streets, Philadelphia, and I greeted with pleasure about two years ago his soluble gelatine preparations, which I have used since with entire satisfaction. It gives me pleasure to exhibit to the society some samples of Mitchell's Soluble Medicated Gelatin Preparations, among which you will find: nasal, prostatic and urethral bougies, rectal suppositories, intra-uterine pencils, hollow vaginal suppositories, etc.

The latter have an especial merit—they are hollow and have the shape and elasticity of the finger of a kid glove. The cavity is filled with absorbent cotton, which acts as a tampon, keeping the medicated part in close contact with the mucous lining. The soluble part, after having done its work, is absorbed by the cotton, which prevents leakage and thereby promotes cleanliness.

The pressure exercised by these suppositories also produces an absorbent action on the indurated tissues, and has rendered me good service in removing indurations left after pelvic cellulitis.

Your especial attention to-day is, however, called to the urethral bougies, of which I here present a variety of samples, which are perfection,

and excel all similar preparations in the following points:

1. The bougies are elegantly put up, have a neat, clean appearance, and are always uniform.

2. The medicinal remedies are equally distributed and divided, being held in *solution*.

3. The bougies are soft, elastic, flexible, never break, and at the same time are substantial and stiff enough for an easy introduction.

4. After introduction, and in contact with the walls of the urethra, the mass dissolves readily and exerts an even and prolonged local action.

5. These bougies are not affected by change of the temperature, and remain uniform in any climate, neither do they change or melt in the hand.

6. Time will not affect the article. I have here some bougies which have been shown as samples, and for over two years have been lying around in my office, loose, unprotected, have received very rough handling, and nevertheless are now as good as new, having preserved all their good qualities.

Directions for the Use of the Bougies.

The best, in fact the only reasonable time for their introduction, is when the patient is at rest and in bed. Hence, bed-time is the most appropriate season. The patient lies in bed on his back, the bougie is slightly oiled, or moistened in warm water. I prefer the latter method, because then the medication comes in *direct* contact with the mucous membrane, and the mass dissolves more readily, whereas oil rather retards both results. Then the bougie is introduced into the urethra in the same manner as a Nelaton's flexible catheter—this movement must be done rapidly, but if an impediment is encountered a slight rotation, or a little withdrawal, is necessary, and another effort of introduction will then be successful. The latter end of the bougie should be pushed a little beyond the meatus, which is then held closed with one hand, the lips pressed together and secured by any kind of adhesive strips. Sometimes a small piece of cotton over the meatus, beneath the plaster, will answer still better, because the cotton (non-absorbent) will prevent the plaster from becoming moist and loosening its hold. A good way of securing this plaster more firmly, is to insert each end in the furrow between the glans and prepuce, and then sliding the prepuce upwards, using it as a kind of bandage to the plaster. The penis must be kept up, resting on the abdomen; its hanging down must be prevented, because it may irritate and thereby cause an erection, and also the running out of the dissolved bougie. Both indications are fulfilled by applying a T bandage. If there is, during the night, a desire for micturating, the plaster can be moistened, loosened, and any remaining fluid let out. In some cases it is sufficient to leave the bougie in the urethra one hour, whereas in most cases it is better to let it remain the whole night. There are some cases cured by a single bougie, but the rule is that 10 to 12 nights medication are needed to cure an urethritis, and some patients use considerably more.

If it is desirable to limit the treatment to a certain portion of the urethra, a short bougie, or any part thereof, may be introduced through a tube and by a plug pushed to the place selected.

It is bad practice to introduce a bougie at the physician's office and let the patient walk about his business, as some of my young friends have done. It is a wonder if such careless experiments are not followed by severe inflammation of bladder, prostate or epididymis.

Indications for the Use of Urethral Bougies.

For a thorough understanding of this question it is best to begin to learn when medicated bougies should *not* be used. One rule will serve as a guide. Never use a bougie when its introduction causes pain. That means, no local applications should be used when the acute inflammation is at its height. In this stage any handling of the parts, or even the injection of a few drops of pure water, hot or cold, will cause severe pain, and can not be tolerated.

The bougies can be used in all chronic cases in the third stage of urethritis, and they may also arrest the disease in its initial stage. When an uneasiness, even a slight soreness, is felt in the urethra, frequent micturition, and a slight watery discharge appears, sedative medicated bougies may arrest the progress of and abort the disease.

In chronic cases we use astringents, either alone or in combination with sedatives, antiseptics, or absorbents. Any particular remedy, combination, or formula, I will not recommend. Each practitioner must select these himself, according to general principles of practice, as indicated in each individual case. Standing formulæ and general routine degrade the practice of medicine to a trade. The art of the physician is to select the correct remedy, and graduate the dose to each case as it requires it.

I have used these gelatine urethral bougies in many cases for the last two years, with better success than any other bougie, and with more benefit to my patients than injections.

A few cases in brief will illustrate the use of these bougies.

Case 1. Acute Urethritis.

January 3, 1881. S. M. had a discharge from the urethra for two weeks, which commenced eight days after connection. He had no pain at first, but after using injections the inflammation has increased, so that at present he has very painful micturitions and erections.

January 4. A Mitchell gelatine bougie, containing two grains of extract of hyoscyamus and half a grain of extract of belladonna, was introduced in the urethra at bed-time. During the night the mass was dissolved and ran out.

January 5. He feels easier. In the evening a bougie, medicated with half a grain of sulphocarbolate of zinc, was introduced, and held there by a strip of plaster. It was tolerated the whole night. Discharge is rather increased, and soreness remains.

January 6, 7, and 8. Each evening a bougie was used, medicated with sulphocarbolate of zinc, after which the urethra felt easier.

From January 10 until 15, four more bougies were used, each time improving the patient, until he was well on January 17.

Eight bougies in all had been used to complete a cure during twelve days.

Case 2. Urethritis.

S. J. C., a merchant from the northern part of this State, contracted a urethritis while sojourning in New York.

September 28, 1881, came to my office and complained of a discharge from the urethra, which was accompanied by the usual irritations and pains of a gonorrhœa in the first stage. The patient was of middle age, had had this disease several times before, and the symptoms were not very severe. Treatment was commenced at once with gelatine bougies, formula No. 18, each containing half a grain of sulphate of zinc and one grain of extract of belladonna. For seven successive evenings I went to his hotel, and introduced each time a long bougie, filling up the whole urethra. The improvement was almost immediate, and on the fourth day he felt so well that he could not stand the temptation, and had sexual intercourse again. Even this indiscretion did not hurt him: the bougies were continued every night, and on the eighth day he was well and left for home.

Two months afterwards I saw him again, when he told me that he had been cured perfectly, and remained well.

Case 3. Gleet.

Mr. H. L., æt. 45 years, single, New York. Has done all kinds of extravagancies, had gonorrhœa often, and has been suffering now for 7 years with a gleet, which off and on assumes the acute stage with purulent discharge.

September 26, 1881. Applied for treatment during one of his acute attacks. Had a thick purulent discharge from the urethra, frequent micturition, with pain and soreness toward the neck of the bladder and over the pubes. A particularly painful spot was found in the urethra, $4\frac{1}{4}$ inches from the meatus. Long gelatine bougies were ordered, each medicated with one quarter grain of chloride of zinc and one grain of extract of belladonna, formula No. 25. Every evening one bougie was introduced and left in the urethra over night. This treatment was continued with benefit, but at times exacerbations occurred. Patient needed for a cure two boxes of the bougies, which is more than the average, and this was due to the unusually stubborn, chronic state of his case.

Case 4. Gleet.

Dr. C. F., æt. 25 years, single. Had his first gonorrhœa six months ago, never was entirely cured, so that at present he has a gleety discharge and a desire to pass water frequently.

September 28, 1881. Treatment was commenced with gelatine bougies, each containing one grain of sulphate of zinc and one grain of extract of belladonna. Every other night one bougie was used. It was nearly a month before patient reported cured, during which time 12 bougies had been used.

Case 5. Gleet.

Mr. T. R. had been under my care for several venereal diseases, and left in good health for Chicago. During five years in Chicago, had been ailing with gleet and other discharges and emissions.

October, 1882. Came back to New York and placed himself under treatment for the above ailments.

October 22. At bed-time one bougie was inserted in his urethra, medicated with chloride of zinc and extract of belladonna. This bougie caused him some pain during the night, and the discharge was increased and became purulent the next day, October 23; but on the following day, October 24, all these symptoms had disappeared, and no traces were left of any disease. The patient was really cured with only one bougie. It seems that this application acted as a stimulant to the mucous lining, by which a healthy action was induced. Two weeks afterwards the patient was examined with the endoscope, and the whole urethra found healthy.

Case 6. Granular Urethritis, Prostatitis.

W. M., æt. 60 years, has been ailing for years with cystitis, urethritis, and prostatitis.

October, 1882. Has an irritation of rectum, a fullness of bladder, a desire to void water, must always pass water more frequently than when in health, particularly during the night, and feels more irritable in the bladder and penis in the morning; has a burning pain in urethra, and a soreness over the pubes.

Prostrate gland is enlarged, painful to touch, bleeds easily if any instrument passes over its interior lining. The endoscopic examination reveals a granular urethritis, a congested, red, mucous lining of the urethra, full of little granulations, denuded mucous membrane of a strawberry appearance, radiating lines with red and white points, with a white lustre over it.

The treatment consisted of local applications to granulated points through the endoscope; washing out the bladder; rest as much as possible.

October 21. Mitchell's urethral bougies, long, each containing two grains extract hyoscyam. and half a grain extract belladonna, were introduced into the urethra every other night. They acted well, and remained *in situ* the whole night.

On the alternate night a prostatic bougie, medicated with iodoform, was inserted through a tube, so that the medication was in contact with the prostate itself. The treatment was continued with short intervals for four weeks, when the patient was so much benefited that he left for home. An entire cure of the prostatic trouble is not claimed in this case.

Case 7. Urethretis Traumatica.

A. J., æt. 41, had retention of urine, and tried to pass a catheter himself, in order to relieve his bladder. His manipulations were such that he caused a violent urethritis.

September 28, 1882. He came under observation with a swollen penis, a sensitive urethra discharging abundantly muco-purulent matter. He had burning pain in the urethra, with frequent micturition, which was increased during the night. He was ordered gelatine bougies, one to be inserted into his urethra every night, each being medicated with extract of belladonna and sulphate of zinc. Only the first bougie smarted a little, the second did not hurt any more, and after the fourth he felt better. Eight bougies cured this case.

Case 8. Urethritis.

January 3, 1883. Frank C., æt. 24, contracted gonorrhœa twelve days ago; five days after connection he had a discharge from the penis. Yesterday (January 2) introduced bougie with zinc medication. This morning there was less discharge, but more pain in making water. It took two hours before the gelatine mass was dissolved. Discharge from penis was purulent.

January 4. Less pain; slight burning on passing water; discharge was less as compared with yesterday.

January 5. No pain on passing water; discharge very slight; no pain on passing bougie.

January 6. Patient appears to be well, and was discharged.

This acute case was cured with three bougies.

The last case is reported by Dr. McGillicuddy, who kindly observed a series of cases treated at the hospital of the work-house. The patients are all prisoners, who are kept under observation and control. The results, therefore, must be more reliable than in private practice.

These cases are not ready for tabular statistics, so as to be incorporated in this paper, but will be reported hereafter.

SCIATICA OF LONG STANDING CURED BY NERVE-STRETCHING.

BY DRS. JOHNSON AND WRIGHT,
Of Olney, Illinois.

Mr. C., aged 40, U. S. laborer. Family history good; has never had severe illness. He was firing at brick kiln for several days previous to the first attack of present illness. After firing for twenty-four consecutive hours, he was attacked, September 24, 1874, by a pain in right popliteal space, which continued, with varying degrees of severity, for five or six days, when he was suddenly prostrated by a lancinating pain in lower third of right thigh. Nausea soon followed. He was unable to move his right lower extremity for several hours.

This pain continued in a remittent form, attended by tingling in outer side of right leg, until December, 1874, at which time it became much less severe. During the winter of 1874–75 he was able to walk but little. He could sit in a chair without much pain, but attempts at locomotion always caused pain. During this winter his general health was fairly good.

From March to September, 1875, his appetite was poor, his bowels torpid, and his bodily forces considerably reduced. During all of this summer he had severe pain along course of sciatic nerve, and a feeling of stiffness and formication in right leg. During the fall of '75 and the following winter, his condition improved to such an ex-

tent that locomotion was tolerable, and he did some work.

In the spring of 1876 the pain became suddenly very severe in right hip—a catch. He was confined to his bed for two weeks, during which time he was unable to move his right leg without provoking a severe paroxysm of pain.

In June he had a relapse, and was confined to his bed most of the summer, his general health being much broken. Previous to this time his hygienic surroundings were fairly good. He received constitutional and local treatment, at times electricity, and morp. sulph. subcutaneously for forty successive days. He was worse during the winter of 1876–77 than during the corresponding periods of previous years. He was confined to his bed most of the summer of '77, and his sleep was much broken, and attempts at locomotion excited lancinating pain.

In summer he moved about on crutches, but his health was bad, and his pain was often severe, attended by a feeling of chill in lumbar region which would trace along spine to head. For 30 days in the spring of 1879 he was treated by inserting insulated needles deeply into thigh along course of nerve, and attaching the electrodes to them, and by the application of irritants to thigh. This treatment gave temporary relief. During the next two years his condition varied, he being unable to walk except on crutches. The pain would commence at an uncertain point in right hip, and extend along the course of the nerve down the posterior part of the thigh, through the popliteal space, under the fibula, behind the outer malleolus on to the dorsum of foot; again it would fly from one part of the limb to a distant one. During the two years preceding this date (fall of 1881), his hygienic surroundings were bad. He came into our professional care in August, 1881. We found him well nourished, weight 140, height 5 feet 10 inches, skin clear, thin, pale, facial expression indicative of pain. Tongue furred, appetite capricious, bowels irregular—often constipated. His sleep was much disturbed, and he was not refreshed by it. He was unable to stand erect, and he could not walk without the aid of crutches. Pressure just behind the trochanter caused pain, and there were several sensitive points on thigh and leg. He complained of pain about hip, thigh and leg, which was sometimes sharp, sometimes aching, often only a prolonged tingling. We gave him citrate of iron in sherry wine and, cas. sagr., and strychnia sulph., with morph. sulph. at night. We used deep injection into region of nerve of spts. chloroform. Generally the chloroform was injected into but one place at a sitting, the dose being 20, 30, or 60 minims according to amount of pain under which he was suffering. This treatment was decidedly beneficial, but not permanent. We also injected sulph. ether, but the relief was less pronounced.

On the 24th of November, 1881, we anæsthetized our patient, and applied the actual cautery to several points over the course of the right sciatic nerve. The white-hot iron was allowed to remain in contact with the skin only long enough to destroy it, and the scars were painted with strong carbolic acid. The cautery was applied in this manner again in January and in March, 1882. The pain from the burns was inconsiderable. Each application brought relief from the old pain. After the third he suffered no more in the right limb, a permanent cure being thereby affected.

During the months of April and May, 1882, he was able to move about his house on crutches without pain, but close confinement to the illy-ventilated, damp sick-chamber of his wife and daughter during these months impaired his general health, and he began to have pain along the left sciatic nerve. At first it was limited to the left hip; afterwards it extended to the lower part of corresponding thigh and outer part of left leg.

During all of this summer he received ferruginous and bitter tonics, laxatives, alteratives, and acids, as his condition seemed to need.

In June, 1882, we applied the actual cautery to this limb, but it did no good. In July we applied flying blisters with like results.

In October, 1882, we anæsthetized our patient for the fifth time, and having cut down upon the offending nerve just below its usual point of bifurcation in the lower third of the thigh, we seized it, having lifted it out of its bed, stretched it by pulling from above downward and below upward. Extensive, active inflammation soon followed the operation. The posterior portion of the thigh was much swollen for several days, causing much suffering. Pus burrowed into the upper part of the thigh, and formed in the calf, requiring several incisions to be made for its escape. The wounds were dressed with carbolized oil, and the limb with water dressings.

The inflammation has now, February 13, 1883, entirely abated, the wounds have healed, and our patient asserts he has not had any of the sciatic pain since we stretched the nerve, and that his limb is entirely free from pain. He can walk without pain in either hip, thigh, or leg, but the feebleness of his muscles requires him to use

crutches. He is gaining strength daily, and unless some untoward accident befalls him, he will soon walk without support. Verily, the operation has cured the man of his awful pain.

The following facts are worthy of special attention in this case:

1st. The chronicity—eight and a half years.

2d. The marked impairment of his general health.

3d. The number of well-informed physicians who treated him with as many different plans.

4th. The marked good following the use of the actual cautery.

5th. The cure by nerve stretching.

IODOFORM IN DIPHTHERIA.

BY DR. J. H. VOJE,
Of Fredonia, Wisconsin.

After reading the editorial on "Iodoform in Diphtheria" in your esteemed journal, I thought it my duty to report the results I have had with the remedy during a small epidemic of diphtheria here, which began the first part of November, 1882, and has not yet quite ended. Although I must state here that I did not in all cases use the iodoform exclusively, as the cases above four years of age also took the mixture recommended by Dr. H. Warren in the MEDICAL AND SURGICAL REPORTER, 1880, No. 7, yet are its beneficial effects nevertheless plainly shown. The iodoform was applied as directed by Dr. T. Benzon, in the *Wiener Med. Wochenschrift*, 35—'82, with the exception of the children below three years, in whom I used a powder blower, which I found more convenient. In those cases in which the nasal and post-nasal mucous membranes were implicated, these parts were also dusted with the powder-blower through the nostrils. In two cases also the steam atomizer was resorted to; in case 4 with lime-water, and in case 22 with lime-water and alcohol, equal parts, (Alcohol in Diphtheria, by Dr. Melsheimer, MEDICAL AND SURGICAL REPORTER, December 23, 1882,) in the latter case, whose larynx was involved, with the happiest result. I have not a very large number of cases to report, but they may serve, if added to others, in proving which is the best local remedy in diphtheria. In all twenty-four cases, nine males and fifteen females, between two and fifteen years of age, came to my notice and under my treatment. Four of these died, one boy aged seven years, and three girls, two five years old and one four years. Three of these cannot very well be counted, as one was dead when I came, and two were in articulo mortis, and died a few hours after my call. The boy had laryngeal diphtheria when I saw him; this rapidly spread down into the bronchial tubes, and in two days he died, in spite of iodoform, steam atomizer, brandy, emetics, etc. I had not then read the report of Dr. Melsheimer, but I doubt if the alcohol would have saved him, as he had been sick five days, and the infection was too profound.

In the twenty cases left, iodoform was used with good results; in every case it brought the disease soon to a stay, and it would in a few days thin the membrane down so that it looked as if the parts had just been brushed with an argent. nitric. solution. But I believe it did more, as I believe it prevented the membrane from forming in two cases, who had all the initial symptoms of the disease, and whose brothers and sisters were down with it. I applied the iodoform three times a day to the inflamed tonsils; no membrane formed, and by the fourth day they had no more fever. I found the iodoform to have the following advantages above other local remedies, viz: It is easy of application, and the children seldom object to it if once applied, as it causes no pain, but has a local anæsthetic effect, and has but little taste. It effectually stops the fœtor so disagreeable in bad cases, and brings diphtheritic ulcers to a rapidly healthy granulation; its effect on the temperature was marked, especially in the cases in which the iodoform was used alone. No case was sick longer than ten days. The disease was of a medium severe type. The pharynx, larynx, and nasal mucous membranes were in part of the cases involved; three cases have so far presented themselves with the characteristic paralysis as a sequela, aphonia, staggering walk, and one was also nearly blind for two weeks. In all cases the anæmia and prostration was very marked after the attack, however short.

Let me here state, as erysipelas has of late been brought into connection with diphtheria, that I had to treat during the time of the epidemic six cases of facial erysipelas of a very severe type, all in females between fifteen and sixty years of age; all recovered; only one case occurred in a house where there also was diphtheria—it was the mother.

OBSERVATIONS ON ECLAMPSIA.

BY H. L. W. BURRITT, M. D.,
Bridgeport, Conn.

In the *Compendium* for January, the question of Acceleration of Puerperal Convulsions (page 73) is stated to be an open one. I take it for granted

that by a large majority of the profession the following propositions are considered axioms:

1st. That bleeding *pro re nata*, as to quantity and according to constitution and strength, is indispensable, and its neglect almost criminal.

2d. That delivery the sooner the better is always the rule and not the exception, in all cases of eclampsia.

3d. That bleeding being premised, delivery will end the convulsions after half an hour.

4th. That delay is far more dangerous to the patient than the use of any means, manual or instrumental, to the end.

Hence I cannot see any force in the foreign authority or statements, "that delivery does not, as a rule, exert a favorable influence on puerperal convulsions," and that statistics, as given by Dr. F. Schauta, are unreliable, as his own exceptions—relief of pressure, restoration to the normal state, safety to the child, all deny his facts as given.

All experienced physicians have seen cases of convulsions in women seven to eight months pregnant, where even after bleeding the convulsions persisted until the os was forcibly dilated and the child turned and delivered, often with all the force of traction the attendant could use. I have seen thirteen of such cases without any bad result to the mother. In one case there were fourteen convulsions, six after bleeding to eighteen ounces—seven and a half months—fourth child, weight two pounds eight ounces—forcible dilatation—time, half an hour—only one spasm after loss of consciousness—child now five years old.

Turning is far preferable to the forceps, as there is no obstetrical instrument equal to, and no force so great, that can be used so safely, both in dilatation and extraction, as the *thinking* human hand; its power is sure, and it knows what it grasps, and it gives confidence to the operator. The experience of over a hundred cases justifies my opinion. Who ever heard of a case by a *regular* of injury to the mother where the hands were used alone? Is it not true that ergot carefully used, rupture of the bag of waters, and bleeding followed, by early and forcible extraction, have saved more mothers and children in eclampsia than any other method? Bleeding to save the brain, ergot as safety against the hemorrhage of chloroform, forcible extraction to relieve those terrible spasms, immediate relief where an hour's delay may be fatal, and bleeding, above all the anchor of safety—are not these *now* the established *rules* of the profession?

Hospital Reports.

CLINICAL SERVICE OF THE PHILADELPHIA HOSPITAL, FEBRUARY 17, 1883.

DISEASES OF WOMEN.

Procidentia Uteri.

Dr. E. P. Bernardy exhibited a case of complete procidentia uteri, associated with cystocele, rectocele, and enterocele. The vagina was lax and flabby, and the uterus retro-flexed. When a pessary was introduced and the woman coughed, it was forced out. He deems this trouble to be generally due to sub-involution of the vagina after labor, when, on account of its relaxed and stretched condition, it fails to afford the normal support to the uterus. The only satisfactory means of treating complete procidentia, is operative, by resort to a modification of Sims' operation, by which the calibre of the vagina is reduced. Relief can be derived by packing the vagina with cotton soaked with a saturated solution of oak bark, tying the legs across a beam, and keeping the patient on her back for a week or two. In some slight cases relief can be obtained from the use of such strengthening injections as a saturated solution of alum and zinc, and occasionally tannic acid.

MEDICAL CLINIC.

Acute Rheumatism.

Dr. J. B. Walker presented a case of acute rheumatism which commenced as sub-acute. He laid great stress on the necessity of examining daily the heart in all cases of acute articular rheumatism, because, while *pericardial* trouble may direct attention to the heart, by causing pain, *endocardial* inflammation may run its course without offering any pain; and even when it does not, the joint suffering may be so great as to mask it. He believes in combining the salicylic acid and alkaline treatments; the former is curative to the rheumatism, while the latter controls the cardiac complications. There is no antagonism between the two treatments. He uses salycilate of sodium, twenty grains, and bicarbonate, acetate or citrate of sodium, or potassium, twenty grains, every alternate two hours. When joint pains have ceased, the salicylates are of no use, but the alkaline treatment should be continued as long as there are evidences of heart trouble. Large hot poultices over the heart are of vast service, but blisters will do no more than merely relieve pain, though a small (2x2) cantharidal blister may immediately precede the poultice. Avoid all exposure, and insist on absolute quiet. Salicin is tonic as well as anti-rheumatic, so that it may be substituted for the salicylate, when the patient is very weak. Tincture of chloride of iron is very beneficial in convalescence.

Pneumonia—Hydro-Thorax—Empyema—Pneumo-Thorax.

A very intemperate man, aged 37, was admitted nine months ago with delirium tremens, and in six days developed a pneumonia of lower lobe of left lung. When it got better, there was bulging of intercostal spaces over the normal heart area, and the apex-beat was felt under the right nipple.

There was also dullness and absence of respiratory murmur on left side, and at the lowest point, pitting on pressure, which is usually indicative of empyema. With the aid of a hypodermic syringe, purulent fluid was drawn off, when, on four different occasions, at intervals of two weeks, he was aspirated, and one-half pint of fluid removed each time. As it continued to form and threatened to burst, the gathering was punctured and a drainage tube inserted. A warfare with death now set in. He would pull down and recuperate, only to fall again; bed sores formed, and temperature ranged from 97° to 102°. The cavity was washed out with tepid water, and after a while the man got about. After some slight exertion and coughing, on January 6, blood was discharged from external wound; which again occurred on the 21st, and was checked by injections of a thirty-grain solution of nitrate of silver through a catheter. Salicylic acid and iodoform in glycerine, were injected each day for three days. At present he is receiving Basham's mixture and nux vomica, with stimulants, good diet, and friction to part. General amyloid degeneration is a not unusual sequel of prolonged purulent discharge, to prevent which, Dickinson recommends alkaline treatment, on the idea that amyloid disease is due to want of alkalinity of the blood. There is no such trouble here. He has now pneumo-thorax. When you place a coin over a cavity filled with air, and striking it with a key, listen through a stethoscope, you will have a sound like the ringing of silver bells. The patient is slowly improving.

Catarrhal Jaundice.

One of the most frequent causes is hepatic congestion or hepatic catarrh. Jaundice rarely results from suppression of the biliary secretion, but is caused by its absorption (after being secreted) into the blood. In acute yellow atrophy, where we have suppression, jaundice is seldom found. In this case, the bile has colored the patient's hair on account of its elimination in the sweat. To test for bile in urine, put a drop or two of nitric acid on a few drops of the suspected liquid on a saucer, and if bile be present there will be the characteristic play of colors, green, red, blue. When the hepatic catarrh has been relieved, phosphate of sodium in drachm doses, in warm water, will promote convalescence.

SURGICAL CLINIC.

After exhibiting a case of amputation at the lower third of the leg, which had been performed two weeks previously, and was doing well, Dr. Porter showed a case of

Balanitis,

caused by a tight prepuce preventing the exposure of the glans, and the consequent accumulation of smegma (from want of cleanliness), causing the inflammation. He is opposed to indiscriminate circumcision, believing that, in the majority of cases, nature will sufficiently retract a redundant prepuce at puberty; but where balanitis or any venereal disease exists, he advocates the operation. He proposes to slit up the prepuce on its dorsal surface with scissors, trimming off the edges and bringing skin and mucous membrane together with sutures. He does not like to use phimosis forceps, because the skin is so slippery that with them you may only remove a ring of skin, even down near the base of the penis.

NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAPER.

Reported by W. H. Seelye, A. M., M. D.

(*Continued from p.* 152.)

Asthma.

GENTLEMEN: I show you again to-day, the same Patient who was the subject of our remarks the other day. You will remember that we then completed his physical examination. He slept well last night and says he is feeling better to-day. Yesterday afternoon he had a very violent paroxysm, from imprudence in eating. When we came into the ward, you noticed that he was lying quietly on his right side, but now, you see, he is disturbed and is suffering considerable discomfort.

I will now call your attention to some of the most important etiological features suggested by this case. You remember, I told you that his distress depended upon a spasmodic contraction of the muscles surrounding the bronchial tubes. The disease is therefore a neurosis. This is proved by its history. Hereditary affections such as this are often called hereditary neuroses. It is one of those nervous affections which sometimes take the place of other nervous disorders, and appear in different generations of the same family, in one form or another, or affect the same individual differently at different times. If we had not this hereditary peculiarity, as an evidence of its neurotic character, the striking feature of its sudden onset, and the speedy subsidence of the symptoms under the influence of controlling remedies, is sufficient to prove it. This is shown, moreover, by the fact that any unusual emotion, such as joy, laughter, grief, or any sudden nervous shock, will often bring on a paroxysm, and this always requires neurotic drugs to relieve it.

Etiology.—First, we will consider the exciting causes. We have in this disease an exceedingly exalted hyperæsthesia of the mucous membrane of the bronchial tubes, and the attack is excited by causes acting either directly or indirectly upon the mucous membrane, and producing either direct or reflex phenomena.

Asthmatics are sometimes made to suffer a paroxysm by inhaling certain odors, such as a rose or new mown hay, or by the emanations of certain animals, especially cats, or by taking certain kinds of food, or the action of some medicines. I have seen it brought on by breathing the dust of calomel; and ipecac is a very common exciting cause. All patients are not equally sensitive to the same thing, but each has his peculiar idiosyncrasies. An attack may be produced by various articles of diet, just as is the case in urticaria, a neurotic skin affection. And the same may be said of this, which Haverhill says of urticaria, viz, that "there is hardly any article of diet that will not produce it." Again, some are affected by certain kinds of air. One will be well in the country but not in the city. Another will be well on one side of the street but not on the other, or in

the front of the house and not in the rear. This is a peculiar fact, and one difficult to explain. You may have been treating a patient for a long time, and have found all medicines to fail, and are in despair, when some knowing neighbor will step in and tell your patient to move away, and on so doing he is immediately relieved, and you have lost your reputation. Again the attack is sometimes a reflex phenomenon, and may be due to the irritation of a loaded colon, and will be relieved by evacuating the bowels. Also indigestion or dyspepsia, certain articles of diet, or anything causing irritation anywhere along the gastro-intestinal canal, may cause a reflex attack. The same effect may also follow from a current of air blowing on the surface of the skin. These are all indirect and reflex causes which act upon the nervous centres.

Diagnosis.—It would seem that one could hardly mistake the character of the affection in such a well-pronounced case; yet there are certain things to be carefully considered in making a definite diagnosis. All asthmas are not of nervous origin, or pure neuroses. In ordinary bronchial catarrh we may have considerable difficulty in breathing, and a certain amount of nervous difficulty causing labored respiration from bronchial spasm added to the other causes of interference. Again, a person may suffer from great difficulty in breathing after eating an unusually hearty meal, and so arouse the suspicion of its being asthma. But on auscultation you will fail to get the characteristic signs of asthma, and so you will be undeceived. So also you might be deceived by a dyspnœa due to cardiac disease. You see, therefore, that making a diagnosis requires some knowledge of the conditions which may simulate asthma. Remember that this affection is a neurosis, the onset of which may be gradual, but the distress slowly increases, and anti-spasmodic medicines are required for its relief. And it is frequently associated with a neurotic habit of body, or a neurotic hereditary history. By so doing, you will make no mistake in distinguishing this from bronchitis, heart disease, or obstructions high up in the trachea.

Prognosis.—This, I am sorry to say, is not very hopeful, unless relief is obtained by a change of climate. And circumstances often prevent this. This is an expression of the worst decision to which we can come. But it would not be right to say that there is not a great deal which may be done to relieve the patient, or that it is not in our power to partially control the disease. We must be cautious in these cases, and be in no haste to give a prognosis until we have tried the various means for relief.

Treatment.—What is the rational treatment of asthma? It differs from empirical treatment in that it involves the removal of the cause of the disease, while empirical treatment makes use of those remedies which experience has taught us will relieve the distress. You will see that there is a good deal in the way of rational treatment suggested by the pathology and the etiology. The disease is constitutional, and nervous in its origin. But we cannot easily change the patient's constitution, nor the character of his nervous system. Many of the direct causes can however be removed. If it be due to bad air, the patient may change his dwelling-place. If to certain peculiar odors or emanations from animals, investigate and remove the cause. Then consider whether the asthma may not be due to reflex nervous action, from irritation on the integument or the mucous membranes of the body, and especially of the gastro-intestinal. Then investigate the diet and the manner of life carefully; and then remove these irritating causes, and give accurate suggestions as to the time and the things to be eaten, and thus you may give great relief. You will find that many asthmatic patients belong to a gouty race, and that they themselves, or their brothers, sisters, or parents, have suffered from gout or rheumatism; and knowing this, you can put them on the road to relief by using remedies appropriate for this disease.

From this man's history we learn that he has been an intemperate beer drinker, and he has had several attacks of rheumatism. Now in persons who are suffering from neuroses of any kind, the use of stimulants is, I am fully persuaded, a most serious and dangerous habit. I have frequently seen the neurotic tendency of constitution thus established, and this constitutional tendency is bound to be perpetuated in the progeny. These people should never be allowed to use stimulants, especially of the fermented kind. If they use any it should be distilled liquor, and it is sometimes necessary to administer this. But this man does not need any probably, for it aggravates the diseased condition of the nervous system. If he had abjured the use of alcohol earlier, he would probably have had no trouble of this sort. Where there is a gouty tendency, relief often comes from a modified diet, avoiding certain kinds of food against which the digestive powers rebel. This is especially important in gouty patients with asthma. They find difficulty in digesting the hydro-carbonaceous foods, such as fats, starch, and especially sugar. It is best therefore to withdraw these foods from them to a considerable extent, allowing them no sweets and but little starchy food, but allowing them all the animal food that they require. So in a few days the appetite and digestion will be improved, and relief experienced. Yesterday for dinner this patient had potatoes, and grapes, and other farinaceous vegetables, which underwent acid fermentation in his stomach, and as a result, within two hours after, he had an exceedingly violent attack of asthma. Proper directions in regard to his diet had been given him, but he did not follow them. He has had bread, beef tea, and milk, for both breakfast and dinner to-day, and as you see he has no severe asthma now.

A word as to the time of taking food. The principal amount of food for the day should be taken before three o'clock in the afternoon. It is found that the majority of attacks occur early in the day, between two and four o'clock in the morning, and this is particularly apt to be the case when a hearty meal has been taken in the evening before. So the supper should be light, and the breakfast and dinner hearty.

Now, a few words in regard to the means for immediate relief of the paroxysm. This embraces the use of anti-spasmodics, or medicines which depress nervous energy and relax spasm. So all the hypnotics are useful. Those most commonly recommended are belladonna, tobacco, lobelia,

stramonium, opium, chloroform, and ether. Most practitioners find belladonna, stramonium, and lobelia most effective; but I have been much pleased with the effect of opium, which I prefer. Chloroform is startling in its effects, but its action is only temporary, and the patient can not use it himself without danger, and he may form the chloroform habit. So it is better to make use of some of the other remedies taken internally. I will only give you here the principles of treatment, and not the details, which you can look up for yourselves. Fresh air and free ventilation are very important, and the application of dry cups is often beneficial, and was in this man's case yesterday. Many patients are relieved by the inhalation of the smoke of burning paper saturated with nitrate of potash. This "nitre paper" sometimes gives extraordinary relief. Others smoke cigarettes of stramonium leaves combined with the nitrate of potash. But all these remedies act only temporarily, and are useful for the relief of the paroxysm, and are largely empirical. The rational therapeusis is, as I have said, based on the fact that the disease is due to a neurotic habit of constitution, or is caused by reflex irritation.

Medical Societies.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Analysis of Twenty-seven Operations for the Restoration of the Lacerated Cervix-Uteri, with Special Reference to the Effect on Sterility and Labor.

(*Continued from page* 235.)

Case 4. Mrs. X. was sent to me by my friend Dr. Duffield, of McConnellsburg, Pa., in September, 1880. She was æt. 35, had had seven children and two abortions, the last one nine months before. She complained of pain in the lumbar region, a heavy, dragging pain in the pelvis, and very difficult and painful locomotion. These symptoms had been growing in severity for several years; she also had menorrhagia and leucorrhœa.

Touch.—Cervix large, soft, and lacerated bilaterally flush with the vagina. Mucous membrane engorged, everted, and eroded. Uterus retroverted, but mobile. The sound passed three and a half inches.

On February 27, 1881, I closed the rent, placing seven sutures. Union immediate. The result on the symptoms was all that could be desired. A letter a few days ago, in answer to one of inquiry from me, informed me that this lady is now pregnant.

Here are four cases in which pregnancy followed the operation, out of the class of eight in which impregnation had occurred within five years previous to the restoration of the cervix. And that there will be more, I feel sure, because a sufficient time has not yet elapsed since the operation was made, in some of my cases, to prove that sterility will continue.

That sterility does not result as a consequence of the operation, when the proper precautions are taken to secure immediate union and normal-sized os, does not this analysis prove? That it will prevent a recurrence of abortion and cure sterility of recent date, Cases 1 and 2 give undoubted evidence. That it will fail to cure sterility of long standing, for reasons given in this paper, I am convinced from my own experience. Time, however, may prove that a small percentage of this class will also be benefited in this direction.

I have selected the following case from the class of thirteen in which sterility had existed more than five years prior to the operation, as strongly typical of the point I wish to illustrate, viz., that the longer the time which has elapsed between the occurrence of the injury and its repair (pregnancy being absent during this time), the greater and more permanent will be the changes in and about the uterus, which almost necessarily result in a continuance of the sterility after the cervix has been restored.

Case 5. Mrs. M. R., æt. 39, consulted me in the fall of 1880. She had had six children, the last one thirteen years before. Her labors were all normal, so far as she knew, except the last. This was complicated by a malposition. The forceps were applied two hours before the delivery of the head, and great traction effort was necessary. The child was so injured by the forceps that it died on the third day after delivery. The patient was unable to be out of bed for nearly three months afterwards, and the bloody lochia continued during two months. She had suffered from menorrhagia ever since, and recently from metrorrhagia every two weeks, at times amounting to "almost a flooding." In the intervals between the hemorrhages, she had a constant and profuse mucous leucorrhœa. She complained of a deep-seated pain in the pelvis, "sawing" in character, with pain in the sacral and lumbar regions and across the shoulders. Coition could not be tolerated, because of the pain it induced and the hemorrhage which resulted.

Examination.—The perineum showed an old laceration of slight extent, and within an inch of the vaginal orifice the finger came upon a large mass of tissue which filled and distended the tube. It was hard and nodular around its border, but softer and rather friable in its centre; and it bled on the slightest touch. It gave me, at first, an impression of epithelioma, and I could readily detect that the cervix was bilaterally lacerated down to the vaginal attachment. The body of the uterus was hypertrophied, indurated, retroverted and slightly fixed from contraction of the broad ligaments. Through the speculum the cervix was seen to be lacerated, as the finger had indicated, and that the softer tissue, which occupied the space between the separated lips, was redundant mucous membrane, which seemed to have united from side to side, leaving a very small opening in the centre, corresponding to the external os. This tissue was dotted all over its surface with whitish spots—Nabothian cysts. The sound passed to a depth of minus four inches, and showed the uterine cavity to be rugous—vegetations of the endometrium. I now punctured the retention cysts, and found that the redundant tissue between the torn and separated lips was riddled with them. So much hemorrhage resulted from the scarification that, to check it, I was finally compelled to tampon the vagina. On the

next day I removed the tampon, and found the mucous membrane much reduced and less congested.

I treated this lady during a number of months for the purpose of relieving symptoms, and preparing the parts for an operation on the cervix. The hypertrophy and congestion of the mucous membrane of the cervix and uterine cavity were considerably reduced, the metrorrhagia and leucorrhœa diminished. The uterus became more mobile, and tenderness subsided; but the parenchyma of the cervix and body of the uterus remained sclerotic and unreduced in size.

On February 10, 1881, I closed the rent, after denuding the surfaces and dissecting away a large amount of cicatricial tissue from the sides and angles. I placed eleven silver sutures. Considerable difficulty was experienced in passing the needles through the dense and tough cervix, and I broke and bent several before I succeeded in placing all the stitches. The surfaces did not unite as readily in this instance as is desirable, but union was finally established by granulation, resulting in the formation of a good cervix.

This patient has been entirely relieved of the leucorrhœa and pain of which she complained, but she still has an occasional menorrhagia, and the body of the uterus remains large and hard, the sound entering three and a half inches. As was to be expected under these circumstances, she has remained sterile, but certainly not as a result of the operation.

Dr. Murphy further says: "I fear I shall never arrive at that perfection where it will be given me to appreciate why a laceration of the cervix, by being repaired, will probably prevent cancer of the womb."

I do not wish to discuss this subject here, as I am preparing a special paper upon it, but I would like to say that, if we believe that cancer may develop in consequence of the changes in the circulation and nutrition which necessarily follow when the cervix is torn, and it seems to me that one need not have arrived at perfection in the art of appreciation to believe that cancer might develop in a field such as was presented in Case 4 previous to the operation, then restoration of the organ ought to prevent cancer.

He also concludes, "That the character of the labor is unusually severe and protracted, and that, in a large percentage, laceration occurs a second time."

That this statement is too sweeping is abundantly proven by the cases I here record. I can believe, where pregnancy has happily followed the operation in a case of long standing, in which the cervix is sclerotic from connective-tissue hyperplasia, and cicatricial from non-occurrence of immediate union, that the first stage of labor might be tedious, and that relaceration might take place. But, suppose relaceration does not occur in some cases, is that sufficient reason to deprive the patient of the benefits which usually accrue from the operation, independent of pregnancy?

Not long ago I made the operation for the restoration of a lacerated perineum, which extended fully an inch and a half up the recto-vaginal septum, on the person of a lady fifty-one years of age. The laceration occurred twenty-six years before, with a severe forceps labor. She had been debarred from the society of her friends, and made loathsome to her husband as well as to herself, all these best years of her life. In answer to my inquiry why she had not sought relief long before, she replied that she had done so, but that she had been advised to wait until after the menopause for fear that, in the event of another parturition, the parts would relacerate! Comment on such argument as that is unnecessary.

The comfort which this lady has enjoyed since the rectum and perineum have been restored, causes her to feel far from kindly towards the gentlemen who advised such conservatism.

I have recently delivered two ladies on whom the operation for lacerated perineum was made about three years ago, one by Dr. Goodell, and the other by myself. Relaceration did not occur in either.

Dr. Githens stated that on June 18, 1878, Dr. A. H. Smith had operated upon Mrs. M. for the restoration of a lacerated cervix; and on July 10 of the same year, had performed perinæorraphy, both operations proving successful. On June 19, 1879, a year and a day after the first operation, I delivered her of a boy at full term, the labor being uncomplicated and easy, and no tear of either cervix or perineum occurring.

Dr. E. E. Montgomery remarked that as regards the question of sterility resulting as a consequence of the restoration of a lacerated cervix, he had been operating since 1879, and five of the patients he had operated upon have since become pregnant. The first patient upon whom he operated became pregnant lately, but aborted; as she had desired not to become pregnant, and was anxious that an abortion should occur, he believed that it had been artificially induced. Another patient operated upon in 1880 had been delivered in January, 1883, without accident. A patient operated upon in 1879 is now four months advanced in pregnancy; before the operation she had aborted at three months; this accident was apparently consequent on the existence of the laceration. Of these five cases, two were lacerations of long standing and three were recent.

Dr. Cleemann had operated upon one case of nine years' standing. During the first two years of that time she had two miscarriages, and then remained sterile for seven years. The operation was performed eleven months ago, and she is now two months advanced in pregnancy.

Dr. A. H. Smith had heard Dr. Baer's paper with pleasure. The general impression in this city is that sterility is a consequence of the injury, and a large proportion of the cases operated on by him have soon become pregnant after operation. The fear of the recurrence of the accident prevents pregnancy in many cases, as means are used to avoid that condition. Improved general health and local comfort are a result in a majority of these cases, even where pregnancy does not occur.

He would like to hear Dr. Baer's experience about the existence of obstinate nausea in pregnancies after operation upon long-standing cases accompanied with an enlarged and hardened condition of the cervix. It has been so with him. As regards the results of labor, there has been no tendency to relaceration in the same position. He

uses inhalations of chloroform and hot water douches in such cases, and does not rupture the membranes early; he also prevents the patient from bearing down, and by these means secures a slow and safe labor. He is sorry to hear that Dr. Baer has no confidence in the power of the operation to reduce the size of hyperplastic uteri. He has seen cases of the so-called sub-involute uterus, after the complete failure of local means, such as iodine, silver nitrate, etc., reduced one-third of its bulk by operating upon a laceration of the cervix. The rapidity with which the ultimate result of reduction in size is reached is in proportion to the time that has elapsed since the injury.

When the cervix is much hypertrophied, and ectropium exists, such a cervix as would formerly have been called cancerous, and would have been amputated, the stitches should be left in a long time. If they are removed too soon there is a proneness to gaping, a sort of ectropium or sprouting. This will not happen if the sutures are allowed to remain thirty to forty days.

Dr. Wm. Goodell regrets that he was too late to hear Dr. Baer's paper. With reference to the question of the influence of the operation in causing sterility, he thinks it does have such an influence. He has operated in one hundred and sixty-nine cases, and has only known of seven who have since became pregnant. There were probably more, as the cases have passed away from his knowledge, and he has never heard of them again, as he does not practice obstetrics outside of the Preston Retreat. In two of the seven cases a second operation was required, but it was slight. In one case not the slightest change occurred in the form of the os. As regards the effect of the operation in preventing cancer, he believes it fully, both from experience and from *a priori* reasoning. He has seen but two cases of epithelial cancer in women who have not borne children. In fact, his experience has been that the greater the number of children, the greater the liability to carcinomatous degeneration, and often the notch of a previous laceration is seen in the cancer. If carcinoma is, as we believe, a local disease at its beginning, what more probable cause could we have than such an irritating sore as a bad laceration of the cervix? In more than one case his principal reason for operating for the restoration of the cervix, has been an account of a history of cancer in the family.

Concerning the effect of the operation upon hyperplasia, he believes with both Dr. Smith and Dr. Baer. There is an element of passive congestion, the result of the irritation of the laceration, and when the cause is removed by the operation the effect passes away, and a great reduction in the size and weight of the uterus is secured. He believes that preliminary treatment in cases of enlargement with ectropium has a very great effect upon the results of the operation. Applications of iodine, glycerine, and tannin, and the use of the very hot douche, and cross-hatching of the enlarged Nabothian glands, have a softening and calming effect. In such cases, if the hard, gristly triangle in the apex of the wound be carefully excised, the tension on the stitches is slight. He generally removes the sutures in about nine days after the operation; in one case, in consequence of circumstances affecting convenience, they were allowed to remain three weeks. When he can secure easy approximation and close coaptation, which is readily done by means of his guiding thread, perfect union is more probable than in any other plastic operation. For his sutures he uses the finest possible silver wire; it is drawn to order.

As regards the result of the operation on various symptoms that were supposed to arise from the presence of the injury, he has experienced the greatest success and greatest disappointments. In some, local treatment would have answered every purpose. The most expensive present he ever received from a patient was from one on whom he had performed this operation, and relieved by it a morbid mental condition that had lasted for years, with great local stress and inability to walk any distance or to stoop over in packing a trunk.

Dr. A. H. Smith knows well the value of preliminary treatment, and employs it faithfully; but there is a limit to the endurance of a patient. She cannot be kept too long upon her back, and it sometimes becomes necessary to operate before all that is possible has been accomplished. In some cases there is an unavoidable tension, and in others a friable condition of the tissue, which is benefited by leaving the stitches in position. He allows the patient to attend to her domestic duties with the sutures *in situ*. In his experience there has been no relation between the number of children and the tendency to carcinomatous degeneration. Such growths have been in women who have had but one or two children only. Cancer of the mammary gland is most common in sterile women, or when children have been few. He has rarely seen cancer in its early stages in an enlarged cervix with ectropium, but, on the contrary, in unnaturally small cervices.

Dr. Wharton Sinkler has three patients who have been operated upon for lacerated cervix, one of them by Dr. Goodell. All of them have since become pregnant.

Dr. Montgomery remarked that one-sixth of the cases he had operated upon (within four years) had since become pregnant. He thinks Dr. Smith's suggestion an over-true one. As the injury was the result of pregnancy, the risk must not be run again. In the Philadelphia Hospital he has found cancer of the uterus most common after numerous labors. The same rule has held good in mammary cancer. It has been most common after frequent nursing.

Uterine hyperplasia is reduced by operating on the torn cervix. He has operated with this result in view in cases of so-called subinvolution. Dr. ——— divides the cervix and removes a wedge-shaped piece, reuniting the wound, as a remedy for this condition.

Dr. H. Beates has performed twenty-three operations, and has had two pregnancies since. He has had under his care seven cases of uterine carcinoma, and in all of them cervical laceration coexisted. The number of children varied from one to several.

Dr. Baer, in closing the discussion, remarked that in answer to a letter of inquiry to the husband of a patient upon whom he had operated to restore the cervix, he received one in return in which the idea of another pregnancy was scouted with disdain.

EDITORIAL DEPARTMENT.

PERISCOPE.

Brandy Poisoning.

Dr. J. A. Owles says in the *Lancet:*

On Tuesday, May 16, I was summoned to see a gentleman in a "fit," and found him lying on the floor of his bed-room in a deep sleep, with evidence of having recently vomited, and with a slight bruise on the right temple and another on the right thumb, which confirmed the supposition of a fall. His breathing was labored, but not exactly stertorous; his heart's action was very weak, and his pulse variable; the pupils were unequal, the left being a good deal contracted. It was difficult to rouse him, and impossible to get any information from him. A lady and gentleman (relatives) and the proprietor of the house in which he was lodging were present, but could throw little light on the history of the case. They said that he had come to Bournemouth for change after a very severe attack of inflammation of the right lung, that he was a little over thirty years of age, that he had been walking about "too much," and that he had been complaining of neuralgia. A friend had given him, a few hours previously, a glass of port wine, and he had also taken a "little" brandy. He had been sleeping a good deal upon the bed during the morning, but was not heard to fall, and no one knew what had happened until he was found upon the floor. Three bottles were upon the mantelpiece: one containing a tonic mixture with steel in it; a second, some creosote for local application; and a third was an ordinary brandy bottle half full. There was no reason to suspect poisoning, either wilful or accidental. The only odor perceptible in the breath was that of brandy, and it seemed unlikely that this was the cause of his illness, as he was an habitual abstainer from alcoholic drinks. We undressed him and used mild measures to keep him from sleep until we could ascertain more accurately his condition.

As soon as his clothes were removed, Mr. T. B. Scott, surgeon, of this town, who had also been sent for, entered the room. We then gave a little ammonia with belladonna, and some coffee, and put mustard to the legs and strong smelling-salts to the nostrils. The vomit, which had previously been scanty and somewhat like froth and treacle, was now much increased; inequality of the pupils was more marked, and the difficulty of keeping him awake was greater: but with the remedies named we aroused him sufficiently to get his own account of what had happened. He admitted, in reply to close questions, that he had taken during the day, in six to eight hours, about half a bottle of brandy for the neuralgia; and added that, though an abstainer, he always took it when suffering pain. It was evident, therefore, that this was the primary cause of his fit, and that the brain pressure resulted from it. Being convinced of this, we allowed him to sleep, watched by a nurse, and left him for two hours; at the expiration of which I returned and found him somewhat better, though still drowsy.

May 17th: The patient had passed a fair night and felt much relieved, but there was still inequality of the pupils and partial loss of sight in the left eye. He also complained of a "creeping" sensation at the "top" of the head near the centre, and occasionally extending to the forehead and eyes. I gave some bromide of potassium and gentian, with a little aconite for the neuralgia, and a dose of calomel with rhubarb for the bowels.

18th: The pupils nearly equal, the sight of left eye normal, and the "creeping" sensation less. He then gradually improved, till one week after the "fit" he was well enough to return to London.

I have recorded the case for two reasons: First, because of the combination of symptoms of alcoholic poisoning and apoplexy obscuring diagnosis; secondly, because of the somewhat remarkable effect of half a bottle of brandy upon an habitual abstainer.

Cerebral Dyspepsia.

Dr. John S. Main, in the *Brit. Med. Jour.*, strongly insists on the purely cerebral origin of many forms of dyspepsia, where the patient is neither overindulgent, nor intemperate, nor addicted to hurrying over meals, nor accustomed to eat coarse or unwholesome food. The cerebral form of dyspepsia is well seen, in many cases, where a healthy man, with a good appetite, suddenly receives bad news when sitting down to a meal. "But, perhaps, of all conditions acting on the brain in this manner, and through the brain on the stomach, no one is more injurious, or more jarring to the cerebral elements, than uncertainty, and the worry caused by the same, more particularly in preternaturally irritable subjects. In fact, it is in connection with this same worry that the form of dyspepsia I have at present under consideration most frequently occurs. The mind, in such cases, preys upon itself; the cerebral elements seem to get jarred and out of gear; and with this condition the stomach sympathizes. But in addition to worry, the habitual practice of calling into action the "reserve fund" of the cerebrum, as already mentioned, will bring about the same consequences—namely, cerebral fatigue and exhaustion, indicated chiefly by preternatural irritability; this condition, sooner or later, telling upon the digestive organs. Having said this, it is almost unnecessary to add, that such cases are most commonly met with amongst those who are engaged in the hottest part of the 'battle of life,' or 'struggle for existence;' and, again, amongst these, chiefly those whose business or profession leads to much anxiety, uncertainty, or overstretching of the mental powers. In over-aspiring, over-ambitious natures, 'hope deferred' may bring about the same results; as, according to the biblical expression, 'it maketh the heart sick.' My attention was drawn to several cases of dyspepsia

connected with one or other of these conditions, some time ago; and what made me more strong in my view of these cases being cerebral, and not stomachic at all in their origin, was their obstinacy under all forms of natural treatment. Latterly, I have found that the only treatment capable of doing these cases any permanent good, is a change, in the wide sense of the term—a relaxation from business or study; and as regards medicines, not such as are meant to act on the stomach directly, but those meant to act on the cerebrum. Amongst these, I have found the most useful to be the bromide of ammonium or bromide of potassium—preferably the former—given in a sufficient dose at bedtime to secure a good night's sleep, this being often very indifferent, and so tending to complicate the case; and, combined with this, to be taken three or four times during the day, such medicines as are known to have a building-up effect on the nervous system—amongst these, the most useful being phosphorus, or the hypophosphites, and cod-liver oil. Arsenic and quinine are often also useful, and a generous diet is always indicated. Unless the stomach has passed into a state of disease (which it may do, if overtasked when in this weakened state), any of these medicines are generally well borne. It will be well to bear in mind, however, that if the mucous membrane of the stomach be in a state of irritation, quinine, arsenic, phosphorus, the hypophosphites, and sometimes even cod-liver oil, are generally inadmissible."

The Agency of Micro-Organisms in Decay of Human Teeth.

The *Dental Cosmos* for January, 1883, publishes a paper on this subject, read by W. D. Miller, of Berlin, before the American Dental Society, of Europe, at Ostend, from which we note the following conclusions:

1. The first stage of caries of the teeth, *i. e.*, the extraction of the lime-salts, is for the most part caused by those acids which are generated in the mouth by fermentation.

2. Decalcification of the enamel signifies total destruction of that tissue; of the dentine there remains after decalcification a tough, spongy mass, which becomes subject to the invasion of enormous numbers of fungi (leptothrix-threads, bacilli, micrococci, etc.).

3. The leptothrix-threads are found, with rare exceptions, only upon the surface, or in the superficial layers of the softened dentine, and appear to take but a small part in the invasion. The bacilli, on the other hand, penetrate far into the dentine, even into the finest branches of the canaliculi. Micrococci penetrate furthest.

4. In the separate tubules is frequently to be seen a gradual change from leptothrix-threads to long bacilli, from long to short bacilli, and from the latter to micrococci.

5. The fungi produce anatomical and pathological changes in the deeper layers, stop up the canaliculi, and necessarily lead sooner or later to the death of the dentinal fibrils. The outer layers of dentine, thereby deprived of nourishment, die and fall a prey to putrefactive agents.

6. The invasion of the fungi is always preceded by the extraction of the lime-salts.

7. The fungi have not the power either to penetrate or to decalcify sound dentine, so that the infection of a perfectly sound tooth by a carious one seems to be excluded.

8. We may accordingly look upon caries of the teeth as consisting of three stages: (1) decalcification; (2) infection and devitalization of the decalcified dentine; (3) putrefaction of the devitalized dentine; though it would not be easy to say just where the one stage ceases and the other begins.

9. I have in a number of cases been able to establish the participation of the fungus saccharomyces mycoderma (?) in the carious process.

I do not, however, wish to be understood as saying that acids, or pathogenic bacteria, or putrefactive bacteria, or all together, are the sole and only cause of decay of the human teeth. What I am prepared to say is this, that in my opinion there is not a single case of caries in which micro-organisms do not play some part, and that in the most cases they play a very important part.

Dialyzed Iron.

The *Chemist and Druggist* says that Dr. Prosser James has lately said, in a summary of the position which dialyzed iron is entitled to hold in medicine, that the persalts of iron are frequently employed solely on account of their astringency, while the protosalts are occasionally considered as being destitute of this quality. The freshly-prepared carbonate is an excellent mild chalybeate, but difficult to keep in an unaltered state, so that preference is given to reduced iron. The scale preparations of iron are held in repute, both from the extreme facility of their use, and their agreeable taste. When these three forms of iron are inadmissible, dialyzed iron may be resorted to with admirable effect. It is a milder chalybeate than the three preceding, and does not produce the slightest irritation.

A recent analysis by Professor Tichborne of Wyeth's preparation agrees almost exactly with Graham's statement, that dialyzed iron contains 98.5 parts of the oxide and 1.5 parts of hydrochloric acid. The liquid thus obtained differs altogether from an ordinary solution of salts of iron, by its not giving rise to the blood-red color on the addition of alkaline sulphocyanide, nor to the blue precipitate with ferrocyanide of potassium. It does not become cloudy on boiling, nor when agitated with two parts of ether and one part of alcohol is the ether layer colored yellow. It is so sensitive that ordinary spring water will cause a precipitate, yet no precipitate is produced by nitric, acetic, or muriatic acid. Graham's solution gelatinized in about twenty days, and he regarded it as a solution of colloid ferric hydrate, which, he considered, existed in both a soluble and insoluble form. It is, however, never free from chlorine. Theoretically, therefore, the liquid is a solution of a basic oxychloride, but it can never be imitated by dissolving saturated solutions of the hydrate. All these artificially-made liquors are astringent, with ferruginous taste and acid reaction.

Respecting the therapeutic value of dialyzed iron, of which there has lately been some inclination to doubt, Dr. James says there is no question. By the method now followed of counting blood-corpuscles, it is found that the taking of dialyzed

iron both increases their number and improves their condition. Dr. James gives, as an average dose, twenty to fifty drops, daily, in three doses. Dr. Weir-Mitchell, of Philadelphia, gives as much as a drachm at a time.

Specimens have appeared in the market which are not only innocent of any acquaintance with a dialyzing membrane, but seem little else than diluted solution of perchloride of iron.

Naked Eye Anatomy of the Female Genital Organs.

Before a recent meeting of the Edinburgh Obstetrical Society (*Edinburgh Med. Jour.*) Dr. Hart said:

The point I wish to clear up is easily understood. In the anatomical descriptions of the external genitals, the fourchette and labia minora are stated to be mucous membrane. Anatomists have described them thus, in error, owing to the fact that the external genitals in the cadaver soon get altered, and have a misleading appearance to the naked eye. In the living female, however, it can be readily seen that the fourchette is skin, and that the labia minora are also skin. If I am asked on what I base this statement, I reply that to the naked eye these structures have the appearance of skin: and, further, that the line of separation between skin and mucous membrane can be clearly seen not to include them. Hilton has already noted that at the anal aperture the line of separation between skin and mucous membrane is perfectly distinct, and he terms it the white line. This line is of great importance in determining the fact as to whether piles are external or internal. If the external genitals be looked at carefully, we can trace the line of demarcation between skin and mucous membrane as running along the base of the inner aspect of each labium minus, and passing into the fossa navicularis, separating its skin boundary, the fourchette, from the mucous membrane over the hymen. While Garriguez has drawn attention to the error in the statement that the fourchette is mucous membrane, no one, so far as I am aware, has pointed out the true structure of the labia minora. Turner, however, has described them as muco-cutaneous. The exact relation of the external genitals to one another is of interest. The labia majora have their under surfaces in contact, whatever posture a woman may assume. The labia minora are also in contact, and the fossa navicularis is artificially made when the fourchette is hooked down. This exact apposition of the external genitals has, of course, a protecting influence on the sensitive organs.

The President thanked Dr. Hart for drawing the attention of the Fellows to this point in anatomy. Though it might seem of small moment, it might be of pathological importance in explaining warts and other growths on the nymphæ. Since Dr. Hart had directed his attention to this point, he had examined several cases, and could confirm Dr. Hart's observation.

Pessaries in Minor Displacements.

In the course of a lecture on this subject—*Medical Times and Gazette*, December 30, 1882—Dr. J. Matthews Duncan says that intra-uterine or stem pessaries are the only instruments you can rely on for straightening the uterus, or keeping a flexion undone. They do this as a male bougie straightens the urethra. The patient's mind must be guided, and you must take care not to let any harm come through your treatment. You may replace a descended or retroflexed or retroverted uterus, and keep it replaced by a pessary, and you may so relieve or remove pains. You cannot cure a displacement, though sometimes you can substitute one displacement for another; that is, for example, change a retroversion into an anteversion. No doubt a displacement may sometimes be, in a sense, cured—as when an adhesive perimetritis ends in tying a uterus up to the higher part of the sacrum. One of the best examples of relief by a pessary is observed in the anteversion (by probe) of an engorged, retroverted and descended uterus.

Here a well-fitted Hodge is comforting and curative, maintaining the anteversion, elevating the uterus, or preventing descent on walking or standing, and preventing relapse into retroversion or retroflexion by keeping the posterior laquear of the vagina pressed against the sacrum.

Another notable example of relief is seen in descent with tendency to cystocele, when the irritation of the cystocele pushing at the orifice of the vagina is most annoying. In such, a suitably sized Hodge, or India-rubber ring, often, by its anterior limb, just catches the cystocele and obviates the tendency to protrusion through the os vaginæ. For each case your pessary must be specially adapted—a boat-shaped or a double-curved—and it must fit the patient in size and contour. Nothing can instruct you in this but bedside experience. A pessary, if it is to be useful, will give relief at once, and will need very little attention from you. If you are frequently fitting and re-adapting, you are almost surely doing more harm than good. A well-fitted pessary may be worn for months without being attended to. You must take care that the pessary does not cause ulceration and cut the vagina, and you must have a new one placed when the former one gets decayed. You will find it hard to get any good from a pessary unless you have a fair amount of perineum to support it. A pessary will be inefficient if the vagina is not long enough and capacious enough to allow of its action without strong pressure on the vaginal wall.

A Foreign Body in the Ear Nearly Twenty Years.

In the *British Medical Journal*, February 3, 1883, Dr. Lucius Holland describes the following case:

"A woman aged 27 came to the dispensary complaining of frequent headache and giddiness. According to my custom in these cases, the ears were examined, and a black mass of cerumen being visible in the right ear, she was referred to my clinic for diseases of that organ. Some difficulty being experienced in clearing the canal, a probe was employed, which at once came into contact with a hard body; and its impaction required the further use of forceps for removal. This body, upon examination, was found to be metallic, in the shape of a grape-stone, with very sharp apex, and weighed twelve grains. It was kindly tested for me by Mr. Leopold Dean, analytical chemist at Sir William Armstrong & Co.'s, and proved to be

a globule of iron. The patient had lived in the neighborhood of ironworks from the age of three until ten years, and as a child played and rolled in the sand. During the latter part of this time she suffered from pain in the right ear, for which the workmen puffed in tobacco smoke. At the age of ten years she was removed from the locality, and since then has resided in such places where no opportunity was afforded for the introduction of such a body, besides having no recollection of anything of the kind happening during the seventeen years. The globule of iron will, therefore, have been in the ear nearly twenty years. It was imbedded in dense cerumen, occupying the deep part of the canal, the circumference of which I observed to be irritated; the membrana tympani was somewhat depressed and thickened, with alteration of the 'cone of light.' Hearing has not diminished, and since the removal of the foreign body the giddiness and headache have ceased. After the age of ten years, the earache subsided as the calibre of the canal increased. This case may be regarded as a most remarkable instance of a dangerous foreign body remaining for years in the ear without serious and alarming consequences."

Nocturnal Enuresis Treated by Voltaic Alternatives.

Dr. Julius Althaus describes the following case in the *British Med. Jour.*, January 20, 1883:

In June, 1882, I was consulted in the case of a boy, aged 15, who had suffered from incontinence of urine during sleep, ever since he was nine years of age. He had been treated with belladonna and other medicines without relief; and as he was about to enter a public school, where a continuance of this trouble might have been particularly annoying, the parents were very anxious that something more should be done. The boy's general health was good, but he was considered a nervous child, and highly sensitive. There were no ascarides, but he had a very long prepuce, which could only with difficulty be retracted. There was, however, no suspicion of masturbation. Treatment by electricity having been recommended, I applied the middle-sized circular cathode over the region of the bladder, and the large oblong anode (five inches by two) to the lumbar portion of the spine — the current-strength, 2.50 milli-ampères, for five minutes at a time. As after a few such applications no material benefit appeared to have been gained, I then added fifty voltaic alternatives produced in the metallic circuit. The night after this was free from the usual annoyance, and the boy has made an apparently uninterrupted recovery.

Pepsina Porci—How to Get It.

The *Druggists' Circular*, January, 1883, says: For those who wish to be at the trouble of preparing their own pepsine, we can recommend the following simple process, first published by Dr. Lionel S. Beale, F. R. S., in the *Archives of Medicine*, Vol I.:

"Procure some fresh hogs' stomachs, slit them and remove the contents; then dissect the mucous membrane from the muscular coat, so that it can be laid smoothly on an even board. Wash it carefully with water, then squeeze the pepsine from the mouths of the glands by firmly scraping the surface with a paper-knife. Spread the mucus thus obtained in a very thin layer on plates of glass, and dry quickly before the fire at a temperature of about 100° F., a current of air being allowed to play freely over it. In twenty minutes or half an hour it is perfectly dry, and can be scraped off and powdered in a mortar.

"The quality of the pepsine is estimated by the quantity of albumen that it is able to dissolve in a given time, when mixed with dilute hydrochloric acid."

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——*Lippincott's Magazine* for February is full of the usual interesting matter. Few of our monthlies surpass it in excellence of choice in contributions, and its illustrations are all of a high order of merit.

BOOK NOTICES.

The Systematic Treatment of Nerve Prostration and Hysteria. By W. S. Playfair, M. D., etc., Philadelphia. H. C. Lea's Son & Co., 1883. 8vo., pp. 111.

The treatment of nerve prostration by electricity, massage and isolation, systematically combined, was first fully set forth by Dr. S. Weir-Mitchell. In the volume before us Prof. Playfair gives a number of cases, details of treatment, and minute directions for carrying out the plan. It will be found a useful little manual by all who have this class of cases under their care.

Experimental Pharmacology: a Hand-book of methods for studying the physiological actions of drugs. By L. Hermann. Translated with notes and additions by Robert Meade Smith, M. D., Philadelphia. H. C. Lea's Son & Co. 8vo. pp. 201.

How much or how little benefit therapeutics derives from the study of the physiological action of drugs is still a much-debated question. But to those who have faith in that method of investigation, this handy volume will be found a very complete and satisfactory guide. It is divided into two parts, the one a study of the action of a poison on isolated organs; the other an investigation of the general action of poisons. The directions are clear and brief, and the scheme for correct observation is very lucidly defined. Much of the merit of the book is due to the translator, who has added copiously to the rather barren text of the original.

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THE MISSING LINK.

An enterprising London showman has on exhibition a human being whom he glowingly advertises as "Krao, the so-called missing link."

This child is creating a great stir in unprofessional circles, and a large number of medical men were invited to a private view. Except her extreme hairiness, she exhibits no signs of physical degradation below the type of her race, and the *Medical Press and Circular* very sensibly points out that she is simply an exceedingly hairy Siamese child.

Several years ago, photographs of the hairy family of Siam were exhibited in England, and it is well known that the king of Siam bribed a man to marry the first hairy woman in the family, who transmitted the characteristic hairiness to her offspring of both sexes. Attention is called to the fact that Darwin again and again expressed his belief that the progenitors of mankind became divested of hair at an extremely remote period, before the several races diverged from a common stock, and before that common stock became erect. The discovery of a hairy race living in a tropical climate at the present day would therefore be almost more opposed to his theory than in favor of it.

The truth is that a copious growth of body hair is characteristic of the higher rather than of the lower races of mankind, and is a distinctive mark of the Semitic and Indo-European families; whereas, amongst the Northern Asiatic Mongols, Hottentots, and Bushmen, there is a scanty or scarcely perceptible crop of hair on the trunk and limbs. It used to be believed that extreme body hairiness was, at least in one instance, a national or tribal trait, and that the Ainos, the inhabitants of Jeyo, Saghalien, and the Kuriles, exceeded all nations in the world in this respect, possessing an almost animal-like covering of fur on the upper part of the body. But recent observers have greatly modified this exaggeration, and shown that, as regards hairiness, the Ainos could not even be compared with European sailors. No doubt one of the most permanent physical charac-

teristics of man is his covering of hair; and variations in its color, length, and distribution, as well as in the form of the hairs, as seen on horizontal section, afford valuable assistance in classifying and determining the affinities of the races of mankind; but instances of extreme hairiness like that seen in Krao must be put in a category by themselves. There are instances of a sport or variation arising we do not very well know how, and capable of transmission to offspring, and are indeed analagous to those cases of alteration of the cutis, or ichthyosis, which have been noticed from time to time in groups in the same family, as, for instance, in Edward Lambert and his sons —the celebrated porcupine family—who were publicly exhibited in England, France, and Germany, in the middle of the last century, and who were doubtless provocative of much learned and ingenious speculation in their day and generation. To quote or adduce such cases, however, in proof of man's descent from the apes, is either reckless audacity or profound ignorance. As well might we adduce cases in which children are born *minus* two fingers in evidence of his descent from the three-toed sloth, or cases in which there is a growth of a horny excrescence on the scalp as indicative of his close alliance to the unicorn.

So while this girl may put money in the showman's pocket, her presence will not do much towards enlightening the followers of Darwin.

THE NOTIFICATION OF INFECTIOUS DISEASES.

It is always gratifying to have the results of experience prove the wisdom of certain acts. So then is it pleasing to the sanitarian, when he can adduce undeniable facts to prove the wisdom of his efforts to stay the ravages of contagious diseases, and to protect his fellowmen from their malign influences.

It has been recently stated by the Chairman of the Public Health Committee of Edinburgh that the experiment of the notification of infectious diseases has been carried on in Edinburgh since 1879 with great success, and his last report to the Town Council showed that during the year 1882 no fewer than 7,063 intimations had been sent in to the authorities by the medical practitioners of the city, and that not the slightest objection had been raised to the system of notification by any of the numerous medical men, or by the rate-payers. Personally, this gentleman testifies to the great assistance the arrangement has afforded the Health Committee and their officials in preventing the spread of infectious dieases; on a former occasion he alluded to outbreaks of small-pox, which the early information, thus obtained, enabled them to stamp out; and last year he had to record that several outbreaks of typhus, which formerly was the great scourge of Edinburgh, were promptly dealt with and localized, so that both mortality and expense were saved to the citizens. The death-rate of Edinburgh for 1882 was 18·54 per 1,000, and zymotic diseases contributed 9·90 per cent. of the mortality as compared with 13·20 per cent. for 1881.

The proposal to make this notification compulsory has many violent opponents in various portions of Great Britain, even to-day; but after careful reading of the literature of the subject, we are forced to the conclusion that all this opposition rests on the selfish ground that medical men are fearful of losing their patients, if they give notoriety to the existence of a disease that calls for removal and isolation.

That such a motive is unworthy the votaries of our dignified calling, needs no proving. The point we desire to make is, that *compulsory* notification of infectious diseases is a void that needs filling in the sanitary legislation of our own country. "Pro bono publico" must be our motto; individual desires must be subordinated to general good; for to secure complete *isolation* we must have *compulsory* notification.

DEVELOPMENT OF THRUSH IN TYPHOID FEVER.

During the recent epidemic of typhoid fever at Paris, M. Damaschino and M. Duguet reported a number of cases of thrush developed in the course of the disease. In M. Duguet's service, which contained at one period eighty typhoid fever

patients, more than half were affected with aphthæ, which first appeared on the pharynx and soon became so confluent as to form extended white patches, very much resembling the membranous patches seen in diphtheria.

In most cases, however, a number of separate distinct aphthæ were found about the patches. Such cases were also observed by M. Duguet among his private patients, generally in cases of gravity. In all cases there was considerable dysphagia, the patients were unable to swallow, and in some cases vomited all that was taken on the stomach, to such a degree that it was feared they would perish from inanition.

There was no difficulty experienced in removing the exudation, exposing the excoriated mucous membrane; frequently in 24 hours, through repeated swabbing with mel boracis and a concentrated solution of bicarbonate of soda, the patches entirely disappeared. But the aphthæ showed a remarkable tendency to reappear on the surfaces originally affected, and it was necessary to devote a considerable time each day to the care of these patients. In two very grave cases of the adynamic type, the greatest difficulty was experienced in nourishing the patients; they presented constantly recurring patches, which did not disappear at the period of convalescence.

They suffered considerably on any attempt at swallowing, and vomited every kind of liquid, bouillon, milk, wine and water, etc., and this to such a degree that they became exceedingly pale and feeble; in fact, there was every prospect of a fatal issue, without any of the ordinary complications of the period of convalescence.

M. Duguet was convinced that these dangerous symptoms were due to the extension of the aphthæ to the œsophagus and stomach, and administered from three to four grains of bicarbonate of soda daily in milk or water, continuing at the same time the frequent swabbing of the throat with alkaline lotions. A favorable change was obtained in a very few days, there was less dysphagia, and bland liquids were taken without inducing vomiting; in less than eight days, soups and eggs could be given, and after fifteen days they were able to be about and take food the same as the other convalescents. Such was the treatment M. Duguet found most applicable in severe cases of this complication.

THE RISKS OF MEDICAL PRACTICE.

We have had occasion to refer in the past to the serious risks that physicians run, in the general practice of medicine, of being injured socially and professionally through the unfounded charges of bad, designing, or hysterical women. Two recent cases cause us to again utter a word of warning.

In England, a young girl came to a physician, complaining of morning sickness, headache, and total suppression of menses for five months. Suspecting pregnancy, he refused to give any emmenagogue medicine, as he was asked to do. An examination was made, with the girl's full consent, and the physician's suspicions were confirmed. The patient left, and the next thing the doctor heard was a summons for assault. Fortunately, he was able to produce the evidence of three visitors and three servants, who were all within earshot at the time, yet heard no outcry. The charge was at once dismissed. The other case occurred in Canada. A physician who had attended a woman for miscarriage, subsequently visited her (three weeks later) for some uterine trouble. Requesting her little boy (ten years old) to leave the room, he suggested a vaginal examination, which was made. He was subsequently charged with assault, which charge was afterwards modified so that it seemed that the woman yielded to his persuasion. The husband wrote to the doctor, offering to compromise for $200. The doctor refused, and determined to stand trial. The little boy was coached to testify that, going into the back room, he saw, through an open door, the doctor leaning over his mother, and heard her say, "What will my husband say?" In rebuttal, it was proved that this door had not been open for months, and that both man and wife were disreputable and unworthy of belief. The doctor was triumphantly acquitted.

Happily, such cases are rare in our country,

but they are liable to happen at any time, to any physician; and, even though acquittal results, yet such a charge leaves behind it a cloud well calculated to prove a loadstone on the reputation and prosperity of the physician.

To avoid the possibility of such a calamity, it should be made an absolute rule, admitting of no exceptions, that examinations of women should never be made save in the presence of reputable witnesses; and further, the leaders of the profession in a district should unite to prosecute, to the fullest extent of the law, any one who prefers such serious charges when they have been proven to be false and groundless.

We congratulate the Canadian doctor on his manliness in fighting this charge.

Notes and Comments.

Whooping Cough Remedies.

M. Pierre Vigier, in a French journal, gives a few prescriptions. First, he recommends Drosera to be given in the form of alcoholate for a child one to two years of age, twenty drops three or four times a day in a little sweetened water; for older children, from one to four teaspoonfuls in the course of the day. The favorite remedy of Dr. Delpech is one frequently employed in this country, namely, thirty grains of powdered cochineal and twenty grains of subcarbonate of potash in half a pint of water, flavored and sweetened. M. Vigier gives as a modification of this formula a recipe for a preparation which will keep, as follows:

Powdered cochineal,	15 grammes,
Subcarbonate of potash,	12 "
Boiling water,	600 "
Sugar,	900 "

Infuse the substances for half an hour, add the sugar, dissolve with a gentle heat, and strain. Children of one or two years may take two to three teaspoonfuls per day; older children, from three to six teaspoonfuls; and adults, two tablespoonfuls per day.

Dr. Beauchene prescribes the following powder:

Calcined magnesia,	8 grammes,
Sugar,	2 "
Extract belladonna,	20 centigrammes,
Kermes,	10 "
Orris,	60 "

Mix the extract and the sugar, add the kermes and the orris, then the magnesia, and triturate to homogeneity. Divide into fifty powders. Children of one year may take three per day between meals; children from two to three years of age, five; and older persons, eight.

Sponge-Grafting.

Dr. P. W. Perkins Casé contributes an article on this subject to the *Brit. Med. Jour.*, January 13, 1883. He uses the finest Turkey sponge, free from grit, etc., which he slices as thin as possible, and soaks in acid nitro-hydrochloric oil for two or three weeks, till all the calcareous and silicious matters are dissolved, when, after repeated washings with water, it has soft, velvety feel; this, neutralized by washing with liquor ammonia and steeping in carbolic acid solution (1 to 20) for twenty-four hours, is ready for use. A healthy granulating surface is required for it, preferably that of a burn, if there had been loss of subcutaneous tissue. First, he gently scratches the granulations till they bleed slightly, then places pieces of this sectioned sponge about the size of a shilling on the bleeding granulations, and they soak up blood, which, coagulating in the meshes of the sponge, forms thereby a temporary adhesion. The superficial wound-surface, if less than two inches square, is entirely covered with sponge; if more than about two inches square, about half, irregularly, with pieces of that size, and dressed after the Listerian method with oiled silk, six or eight piles of sanitas gauze, gutta percha tissue, and bandage. Sanitas lotion is generally used afterwards at the dressing, it being not so irritating as carbolic acid. The dressings are usually taken down the second day, and the grafts are then found firmly adherent by the coagulum, and comfortable; afterwards dressed every second day; but great discharge requires daily dressing. The sponge seems to become completely organized.

Lesions of the Isle of Reil.

The left third frontal convolution and the Isle of Reil are known to be the cortical centre for articulated speech: the memory of words, of spoken language. But that a part at least of the isle had also something to do with motion has long ago been taught; but cases with such lesions were rare, and experiments do not give always the same result, as it is almost impossible to injure alone that part of the brain. Pathological cases presenting such isolated lesions are therefore always interesting, and Drs. Raymond and Brodeur merit the thanks of the profession for reporting three cases of this character (*Revue de Méd.*, 1882, 7.)

They had thrice the opportunity to note in very aged individuals (twice hemorrhages, once softening), lesions which were strictly confined to the region of the *right* isle, and especially never spreading over the front wall. Clinically, the cases had the following aspect: hemiplegia attacking the contra-lateral extremities, leaving trunk and face unaffected; the arm was in every case attacked decidedly more than the leg; contractions and disturbances of sensation were not noticed. Skin—and sinew—reflexor as well as electric reactions were normal. Concerning secondary degeneration, nothing could be established on account of the early death of the persons, caused by other lesions.

The Mortality Referable to Alcohol.

A committee appointed by the Harveian Society of London to inquire into the mortality referable to alcohol have made their report, which is published in the *Brit. Med. Jour.*, January 20, 1883, and from which we take the following:

We find, therefore, upon the whole, reason to think that, in the metropolis, the mortality among any considerable group of intemperate persons will differ from that generally prevailing among adults in the following important particulars, viz., a fourfold increase in the deaths from diseases of the liver and chylopoietic viscera: a twofold increase in the deaths from disease of the kidney; a decrease of half as much again in those from heart-disease; a marked increase in those from pneumonia and pleurisy; a considerable increase and an earlier occurrence of those from disease of the central nervous system; a marked decrease in those from bronchitis, asthma, emphysema, and congestion of lungs; a decrease nearly as great in those from phthisis, and a later occurrence, or at least termination, of the disease; a very large decrease in those from old age, with an increase in those referred to atrophy, debility, etc., and the addition of a considerable group referred in general terms to alcoholism or chronic alcoholism, or resulting from accidents.

Convallaria Majalis.

To those who have been reading long accounts of this *new* addition to our therapeutic resources, the following from the *Med. Times and Gaz.*, January 13, 1883, will possess a peculiar interest:

"The '*Convallaria majalis*,' recently so strongly recommended by Russian physicians as a substitute for digitalis and otherwise, is, we may inform those of our readers whose botanical knowledge does not go beyond the plants of the Pharmacopœia, the familiar 'lily of the valley.' In Ray's catalogue, 'Plantarum Angliæ,' published in 1670, and dedicated to *clarissimo viro* D. Francisco Willughby, *armigero, amico et mæcenati suo, plurimum honorando*, to whose labors he owed much of his materials, Mr. Ray gives the uses of the plant in medicine as follows: 'Usus præcipue in morbis capitis frigidis, ut apoplexiâ, paralysi, vertigine, epilepsiâ: hinc et in lipothymiâ. Insigne itidem errhinum exhibent pulverisati flores.—*Schrod.*' As lipothymia is an old name for syncope, and is coupled with vertigo, a notion of its strengthening the heart's action seems to underlie the whole. Indeed, the apoplexy referred to may have been intended for cerebral anæmia."

Corrosive Sublimate.

The *Med. Press and Circular*, January 31, 1883, says that this powerful drug, whose virtues as an antiseptic were first made known to the world by R. Koch, is now rapidly coming into use. Tarnier employs it freely in his maternity hospital. Every attendant on entering the labor wards must wash the hands and arms in a solution of corrosive sublimate (1 in 1,000). The patient's genitals are bathed in a solution of the strength of 1 in 2,000; this is also the strength required for vaginal injections. He appears to be well pleased with the results.

Billroth has also been employing it as a surgical dressing in a case of suspected anthrax. A patient admitted into hospital had been in attendance on a sick ox, from the rectum of which he had removed masses of coagulated blood, passing the hand deeply into the cavity. Afterwards pustules made their appearance on the dorsum of the hand. It was this condition of the hand, with the attendant history, that led Billroth to a trial of corrosive sublimate, apparently of the strength of 1 in 5,000. No fever had set in after several days' employment of the antiseptic.

The Treatment of Delirium Tremens.

Death, no doubt, in delirium tremens arises from want of sleep, but the want of sleep arises from want of nourishment. So says Dr. F. P. Atkinson, in *The Practitioner*, January, 1883. He recommends half a tin of Brand's liquid essence of beef and half a pint of milk to be taken alternately every two hours, and all stimulants to be cut off. Twenty-five grains of chloral, with thirty minims of compound tincture of cardamom in an ounce of water, every four hours, after the beef tea, will be useful. By this treatment, the pa-

tient is generally free from delusions in thirty-six hours; but good strong liquid food should be taken less frequently for some days. When there have been from ten to twelve hours more or less continuous sleep, then it is advisable to give up the chloral, and give thirty minims of the compound tincture of gentian with five minims of the tincture of nux vomica three times a day for about three days. This restores the tone of the nervous system and stomach, and creates an appetite. A little tincture of euonymin may next be substituted for the nux vomica, and some Carlsbad salt may be given in the morning when required.

Therapeutic Items.

Dr. Hanawalt, of Galena, Kan., uses the Syrup of Yerba Santa to disguise the taste of quinine in solution, which he says is the best he has ever used.

Nitric Acid, as an application in chilblains, has been recommended. Equal parts of dilute *nitric acid* and *aqua menth. pip.*, are penciled on the toes, at first daily, then twice a day.

Dr. Spörer recommends that three to four lumps of hydrate chloral, 10.03=.006 grm. should be inserted into the hollow of a painful tooth, the chloral being allowed to dissolve. He has treated 38 cases successfully in this way, and has also obtained good results in several cases of hemicrania resulting from carious teeth.

Finger-nail Polish.—Pure oxide of tin, tinted with carmine, and perfumed to suit. Apply by rubbing on the nail either with a finger or a nail-polisher covered with leather.

Clergyman's Sore Throat.—Dr. Springstein recommends the following as a useful palliative, and in some cases, a cure for this troublesome disease: Tinct. opii., tinct. sanguinariæ, āā fl. ℥ j.; balsam tolu, ℥ ij. M. Sig.—Twelve drops on a lump of sugar three or four times a day.

Fibrous Papilloma of the Bladder.

A young woman was troubled with passing dark-colored urine, while her general health remained good. She was treated for hæmatinuria, with astringent injections for a year without any permanent benefit. Dr. Frederic Thorne, who reports the case in the *Lancet*, January 13, 1883, then forcibly dilated the urethra, and just within reach of his finger, felt a large soft mass, growing from a pedicle attached to the base of the bladder. Seizing it with forceps, he dragged it with a portion of the bladder through the urethra, and transfixing the pedicle with two sharp hooks, separated it with scissors. Some adjacent rough patches were removed with the curette, the stump freely swabbed with tincture of iodine, and all bleeding having ceased, returned into the bladder, which was then injected with iced water, with about 10 per cent. tincture of iodine. A subsequent severe hemorrhage was controlled by gallic acid in forty-grain doses, twice repeated. Many clots were passed, and the woman made a complete recovery.

Recovery from Severe Rupture of Abdominal Walls.

Dr. P. J. Higgins, of Wilkesbarre, reports in the *Medical Record*, January 27, 1883, the case of a man who was thrown from a locomotive down an embankment. There were two extensive rents in the parietal layer of the peritoneum, while at least sixty square inches of the visceral layer were exposed to the atmosphere for over half an hour, and freely manipulated for over five minutes.

The abdominal walls were not cut, but torn clear through, as if burst, not from without, but from within. The patient was a vigorous, healthy, temperate man, which certainly contributed materially to his recovery; but the method of inserting the sutures was undoubtedly the main factor in the case.

These were inserted in such a manner, and drawn sufficiently tight, to produce a slight pouting of the lips of the wound, thus shutting off the silk from the cavity of the abdomen, which the exuded lymph, aided by the double pressure, soon sealed air-tight once more, thus preventing the entrance of pus, blood, or other irritating or foreign matters.

Bacteria and Puerperal Septicæmia.

Many investigators have been engaged in this field of pathology without having as yet given us any accurate data. The latest researches in this direction have been made by Dr. Ferdinand Karewski, of Berlin. He has found bacteria in the lochia of the healthy as well as of the sick, and the *Medical Times and Gazette*, January 20, 1883, notes his conclusions as follows:

He supposes that they are derived from the atmosphere; that they get into the vagina when this canal is opened up during parturition; and he points out that the conditions within the vagina as to warmth and moisture are highly favorable to the life, growth, and propagation of organic forms; and that under such circumstances they may, so to speak, cultivate themselves, and change under cultivation, till an exceedingly virulent bacterium is the result. If we admit that

such is the case, it explains why some lochia should be more dangerous than others, and why the later lochia should be more noxious than the earlier.

Erysipelas and Elephantiasis.

In the course of an address on "Diseases Allied to Erysipelas," Mr. Jonathan Hutchinson (*Medical Times and Gazette*), January 6, 1883, makes the assertion that we shall make a definite simplification in our nosology when we class elephantiasis as, in the main, a result of chronic and recurring erysipelas. All observers agree that elephantoid parts are prone to attacks of erysipelas: let us change the mode of expression and say, not that elephantiasis is liable to erysipelas, but that it is in a large degree the result of it. He has seen several cases in which some slight wound of the foot or leg, some sore on the genitals, around which inflammatory œdema has occurred, and from that œdema, the elephantoid process take its origin. He does not deny the influence of climate, race, and diathesis, as predisposing factors. He does not believe in the specificity of erysipelas, contending that it is simply an inflammation affecting the lymphatic spaces, but that it is capable of generating a virus that renders it contagious.

Papilloma of the Bladder.

The recurring expulsion of pure blood from the bladder, and its presence in smaller quantity in the urine at short intervals, pain radiating from the perineum to the penis and rectum, and inability to sweep the fundus and sides of the bladder with the beak of a Thompson's searcher, were the prominent points in a case reported by Dr. Joseph Ranschoff, of Cincinnati, in the *Medical News*, February 10, 1883. Cystotomy allowed the finger to come in contact with a fleshy mass (about the size of a peach) situated on the posterior wall of the bladder. It was not movable, and was firmly attached by a broad base. The écraseur was, therefore, useless. A Volkman's sharp spoon was used to scrape the mass, which came away in shreds and in larger masses. Not until a distinct excavation could be felt was the scraping desisted from. A slow-healing ulcer now took the place of the growth, and it was a year before the man fully recovered.

Post-Diphtheritic Atrophy.

In the ordinary form of post-diphtheritic paralysis there is not usually observed any atrophy. But Dr. Kahn records in the *Berlin Klin. Woch.* No. 1, the case of a boy aged fourteen, in whom eight days after recovery from a mild attack of pharyngeal diphtheria, paralysis of the lower part of the œsophagus set in, which caused a return of the food ingested, which did not reach the stomach, as it was not of acid reaction. Then set in great atrophy, so that in June, 1882, the boy weighed only fifty pounds, notwithstanding good nourishment, which was introduced into the stomach by means of a tube, so long as the dysphagia lasted. The temperature was normal and excreta natural, so that it seemed as if only the process of assimilation was at fault. He finally improved in all respects, and in October weighed seventy-five pounds.

The Bacillus of Measles.

From the *British Medical Journal*, January 27, 1883, we learn that according to M. Le Bel, (Académie des Sciences), the bacillus is found in the urine in the early stages, and disappears with the fever; is a slightly curved, highly refractive rod, moving very slowly; it contains oval spores at one-third its length, in a bag of dead protoplasm, which gradually disappears, the spore showing then a zone of mucilage around it. Another occurrence of spores on the thirty-fifth day was observed in an adult. The bacillus also may be got from the skin at the later stages. M. Le Bel cultivated it, and injected it into a guinea-pig, which, on the tenth day, showed small bacilli in its urine, but did not seem incommoded. The urine in scarlatina and in diphtheria shows a microbacterium and a micrococcus, respectively both quite different from the "bacillus of measles."

A New Sign of Pregnancy.

Dr. Jorisen, of Liege, led to do so by the statement of Graves that the frequency of the circulation remains invariably the same in all positions when there is hypertrophy of the heart, has made observations with the object of ascertaining whether the hypertrophy which occurs during pregnancy would give the same result. As a result (*Brit. Med. Jour.*, January 28, 1883), he found that a woman who is pregnant has the same number of pulsations whether she be seated, lying down, or erect. But as an offset to this, Dr. H. D. Fry, of Washington, has made some observations on ten pregnant women, the results of which he reports in the *Medical Record*, January 6, 1883, as follows: "Taking the ten cases, we find that in five of them the pulse varied in the different positions from three to six beats, and in five cases from six to twenty." We await further developments.

A Treatment of Acne Rosacea.

M. Bouchut, in *le Paris Medical*, recommends the following preparation:

℞. Aquæ Destill., ℥v.
Aq. Rosæ, ℥iij.
Spts. Camphoræ, ℥iiss.
Sulphur. Sublimat., ℈ss. to ℥j. M.

This is used as a lotion, and is applied to the affected parts at night with a soft sponge and allowed to dry. The next morning it is washed off with water as hot as can be borne, which has been previously boiled to rid it of all traces of chalky matters.

This treatment should be continued for some time, and when the pustules have disappeared, linear or punctated scarifications should be practiced, to divide the cutaneous vessels and induce complete cure of the redness and thickness of skin which remains.

Ligature of Common Carotid for Hemorrhage.

Mr. M. A. Messiter reports, in the *Lancet*, January 13, 1883, the case of a young man in whom, after catching cold, the left tonsil was found inflamed and enlarged. Subsequently, a swelling, like mumps, appeared externally. Three days later, without warning, profuse arterial hemorrhage occurred to the extent of three pints, when the swelling disappeared. After twenty-four hours, the swelling reappeared, and alarming hemorrhage occurred (even to the verge of syncope) with a like result. Considering that the proximity of so many large vessels would make it unsafe to select the external carotid, the common carotid was ligatured under antiseptic precautions, with a complete recovery.

Treatment of Typhoid Fever.

In an editorial on the recent epidemic of typhoid fever in Paris, the *Medical Record*, January 6, 1883, says that the conclusion to be drawn from the Paris epidemic, as regards the therapeutics of typhoid fever, is that the disease must be watched, not actively treated. We believe that the sooner this view is taken, and typhoid fever is looked upon as a disease like small-pox or scarlet fever, whose course the physician cannot greatly modify, but whose dangers we can, in part, avert, the better it will be for our science and our credit.

Pregnancy Complicated with Cancer of the Cervix.

Dr. Edis related to the Obstetrical Society of London (*Medical Times and Gazette*, January 6, 1883,) the case of a woman, six months pregnant, who, eleven months previously, had begun to suffer from pain, hemorrhage, and discharge. There was epithelioma, involving the whole circumference of the cervix and the greater part of the posterior vaginal wall. Palliative treatment was adopted. When labor commenced, it was evident that delivery *per vias naturales* was impossible, so Cæsarian section was performed. The child was born in a state of suspended animation, but recovered; the mother also recovered, and when seen, eight months later, the disease had made but little progress.

Naphthalin as an Antiseptic.

From an article in the *Am. Jour. Med. Sci.*, we learn that naphthalin is available for all the purposes to which iodoform has been applied, and as yet no constitutional effects have been observed to follow its use locally. It is as powerful an antiseptic and "antibacteric" as iodoform, and has a less disagreeable [?] smell. Its application causes a slight transitory sensation of heat, but no pain. Anschütz states that very sensitive granulations sometimes bleed rather freely after it has been applied, owing to the sharp angles of the hard crystals. This can be obviated by using it in fine powder, though if there is much discharge it is then apt to form a crust on the surface of the granulations. When the crystalline form is used, the discharges escape freely.

Origin of White Corpuscles in Leukæmia.

Dr. G. Varios, a pupil of Robin, has instituted a series of observations to determine the origin of white blood corpuscles in leucocythæmia (*Journ. de l'Anat. et de la Physiol*, 1882, p. 266). He is of the opinion that the enlargement of spleen, liver, and lymphatic glands exerts no direct influence on the increase of the number of white corpuscles. In an enlarged liver of a case of leukæmia he found the capillaries dilated by white corpuscles, but no lymph-cells whatever in the interstices, and at the same time he did not notice any trace of biliary ducts in his slices. The latter fact is, as Dr. Friedländer remarks, a rather curious one, and would seem to throw some doubt on the reliability of Variot's observations.

Treatment of Prolapsus Recti by Langenbeck's Method.

The *Medical Record*, January 15, 1883, tells us that Turbin reports (*Mediz. Obozr.*, Feb., 1882), two cases of prolapsus recti cured by the subcutaneous injections of ergot (℞ Extracti secalis cornuti aquosi, ℈j.; glycerini, aquæ destill., āā ℥j. Solve. A syringeful.) In one of the cases the prolapsus was reduced by five injections,

in the other by nine. A swelling as large as a walnut formed after each injection, disappearing in one to two minutes under moderate massage by a finger. Pain, though invariably produced, was insignificant.

Local Medicines.

A retired surgeon is writing in the *Medical Press and Circular* some of his observations or fancies accumulated during his active practice. One of his notions is this: "That in particular districts of the country medicines seem to me to derive special efficiency when combined with certain agents. For example, in the cotton districts nitrate of potash seems singularly useful in combination with all sorts of other medicinal substances; in the iron districts, sulphuric acid seems to exercise a similar special influence; while in the coal countries nitric acid seems to be specially necessary." This subject is interesting, and worthy of further observation.

Abdominal Presentation.

Dr. Marchionneschi reports one case and refers to three others in the *London Medical Record*, Nov. 15, 1882. The dorsum was lying upwards, the abdomen underneath, masked by the agglomerated upper and lower extremities. He reached down a leg and found the umbilical cord so tightly twisted around it that it was difficult to pass a pair of scissors to divide the cord before bringing down another leg. The rest of the child followed easily and it was born alive, healthy, and well shaped. All progressed favorably.

Solution of Cayenne Pepper in Glycerine for Tinea Tonsurans.

In the *Mississppi Valley Medical Monthly*, Dr. G. W. Overall reports two cases of tinea tonsurans, where the head was almost bald, with a few dry, dead-looking hairs scattered over it; the dry scaly crusts extending all over the head. All the usual remedies were unavailingly tried. Finally the head was cleansed with a solution of sulphite of soda, and then on alternate days a saturated solution of cayenne pepper in glycerine was applied. This produced most satisfactory results.

Restoration of Frozen Persons.

The *Am. Med. Weekly*, January 6, 1883, says that some recent researches have very important bearing on the resuscitation of persons nearly moribund from freezing. Laptchinski (Knowledge) has made a series of very careful experiments upon dogs with the following results: "Of twenty animals treated by the method of gradual resuscitation in a cold room, fourteen perished; of twenty placed at once in a warm apartment, eight died; while of twenty immediately put into a hot bath, all recovered."

Vesical Calculus with Hair-pin Nucleus.

Dr. W. R. Gillette presented to the New York Obstetrical Society (*New York Medical Journal*, January 27, 1883), a vesical calculus removed from a girl aged nineteen, whose symptoms were emaciation and incontinence of urine. The stone had a hair-pin for a nucleus. It was removed through the vesico-vaginal septum. The patient professed ignorance as to how the hair-pin had entered the bladder. He had a similar case some years ago.

Hæmatemesis in Chronic Splenic Tumor.

Dr. Wm. Osler calls attention in the *Canada Med. and Surg. Jour.*, to the fact that severe, even fatal hæmatemesis may occur at an early stage of the splenic trouble, even before the constitutional symptoms are marked. The importance of the fact is chiefly from the diagnostic standpoint, and in an attack of vomiting of blood, the attention should always be directed to the spleen as well as the liver, as a possible cause.

Treatment of Meniere's Disease.

Dr. Arthur Flint writes to the *British Medical Journal*, January 20, 1883, that he has had under his care for six months a case of this disease, which has improved greatly under the use of ammoniated citrate of iron, and the bromide and carbonate of ammonia. A liberal diet was enjoined, and severe brain work interdicted. When anæsthesia of the fauces and soft palate supervenes, the bromide is stopped for a short time.

Correspondence.

Treatment of Rosacea by Leeching.

Eds. Med. and Surg. Reporter:—

Mrs. G. suffered with Rosacea for five years, and had undergone many forms of treatment with but little relief. Her case was a true type of the disease. About two years ago she consulted me for treatment. There existed no uterine trouble; and she said her health had always been good with the exception of the disease of the face. Her appetite was good, digestion fair, and bowels regular. I gave her occasional alterative doses of blue pill and calomel, and Fowler's solution with iodide of potassium internally, and used externally ointment of chrysophanic acid. In a month or two, the Rosacea began to disappear, and the

face became smooth; but the skin did not resume its natural appearance, but remained of a deep brownish color. She discontinued the medicine and considered herself cured, and remained much improved until a few months ago, when she again called my attention to her case. I found Rosacea had returned, with more boldness than it had shown two years before. The forehead and face presented a yellowish brown appearance. The nose, cheeks, and chin were studded with angry-looking pustules, from the bases of which radiated a deep erythematous hue. So reddened was the condition of the integuments of the cheeks, chin, tip and alæ of the nose, that I decided that neither medicine internally nor local applications could avail anything in removing the long-standing and extremely congested condition of the skin of the face. I advised the immediate application of a leech to each cheek, to the side of the nose, and to the chin; and directed that the bites of the leeches be allowed to bleed two or three hours. This was done, and I prescribed the following mixture and ointment:

℞. Iodide of potash, ℥ iss.
Tinct. gentian comp., ℥ j.
Fowler's Solution, ℥ ij.
Aqua. distil., ℥ vij.

Mix. Shake well and take a tablespoonful after each meal, and:

℞. Chrysophanic acid, grs. xx.
Vaseline, ℥ j.

Ft. ungt. Sig.—Apply to the pustules night and morning for a day or two, and then once a day. At the end of two weeks, the pustules disappeared, and the Rosacea was cured, leaving the complexion in a more natural condition then it had been for five years. I attributed the rapid disappearance of the Rosacea to the relief given to the extreme local congestion of the integument of the face, by the depletion produced by the application of the leeches. By this leeching, the injected and turgid state of the capillaries of the skin of the face was relieved, and a healthy circulation re-established in its stead. The leeching proved a vast improvement on the lancet-puncturing plan of relieving the congestion of the skin in Rosacea. J. B. Johnson, M. D.

Washington City, D. C.

A Diagnosis Wanted.

Eds. Med. and Surg. Reporter:—

On the evening of the 6th inst., I was called to see Miss P., aged 22 years. I found her suffering acute pain radiating from the upper cervical vertebræ half way around the neck and down over the shoulders. The history of the case seemed to indicate a periodicity, disappearing towards morning, and recurring again towards four o'clock in the afternoon. My diagnosis was miasmatic neuralgia, and treatment, antiperiodic doses of quinine. On the evening of the third day after my first visit, her father came to my office and stated that she was much better, in fact without pain, and comfortable in every sense. On the following morning he again sent for me, and I found the following conditions present: circulation good, tongue heavily loaded and slightly dry on the tip, the pupils normal and responding to light, a feeling of numbness on the right side, and partial paralysis as to motion, but normal as to sensation; the tongue was protruded in a direct line from the mouth, the mind perfectly clear, and no tenderness along the spine or pain in any region of the body; the respiration was somewhat hurried, but the lungs were clear throughout their whole extent. I had noticed a tendency to constipation, and received but a slight response from four c. c. pills administered the day before. There was a peculiar nervous excitation, for which I could discover no adequate cause. I prescribed:

℞. Podophyll., gr. iij.
Capsicum, gr. vj.

M. et Ft. Pil. No. vj. Sig.—One every 4 hours till bowels moved; and,

℞. Potassii brom., ℈ ij.
Ext. valerian, fl ℥ ss.
Elix. simp., q.s. ad ℥ ij.

M. Sig.—Teaspoonful every two hours till nervousness subsided.

I called again in the afternoon and found patient just as in the morning, except the respiration, which was more hurried, and the tongue moist. Ordered a sinapism along the spine, and continued the above prescription. Inside of an hour I was called for again, and on reaching the house, in ten minutes after the messenger was sent, found that the patient had been dead for five minutes. She had died almost instantly, and without any apparent change in her condition. What was the trouble? Did death occur from pressure on the pneumogastric interfering with the heart and respiration? If so, why was not the interference with the circulation perceptible, as well as with motion on the right side? What caused disappearance of pain in neck while sensation remained intact till the moment of death? If occasioned by thrombus or embolism, why such marked periodicity with painless intervals? J. E. Howe, M. D.

Greenfield, Iowa, February 13, 1883.

A Five-Franc Piece Swallowed and Vomited up After Lying in the Stomach Eighteen Days.

Eds. Med. and Surg. Reporter:—

Miss Ellen S., aged 17, single, came to me for treatment in September, 1874, when the following facts were elicited: During a scuffle with a friend over the possession of a five-franc piece, she placed it in her mouth for safe keeping, and inadvertently swallowed it. The coin lodged at the cardiac orifice of the stomach, giving her much pain, nausea and vomiting. The patient came to my office about three hours after the accident, and I saw at once that I could not extract the coin; I therefore took a probang and pushed it into the stomach, employing considerable force in the operation. Vomiting of blood, together with the contents of the stomach, at once followed, and continued at intervals for eighteen days, attended by emaciation and loss of strength and appetite.

Often during this time, whenever the coin changed its position, she would fall insensible, as though struck in the stomach by some instrument. The young lady frequently remarked that she "could *nearly* vomit up the money," and expressed the thought that it could be more easily done if the stomach were filled to repletion. She

accordingly filled her stomach to its fullest capacity with pancakes, and made ready to try the experiment. The first attempt was successful, the coin being ejected with such force as to knock out the two upper incisor teeth, and to loosen one bi-cuspid so much that it soon fell out. Large quantities of blood, mixed with the contents of the stomach, were thrown up, and the digestive power was greatly impaired. This condition of affairs lasted twelve months; and during the first three months it was with great difficulty that food of any kind could be retained in the stomach. Up to this time the action of the stomach showed ulceration, by the vomiting of blood and pus. These attacks of vomiting became less frequent and severe, and at the end of six months the patient seemed in a fair way to recover, and is now (1883) well.

SUMNER PIXLEY, M. D.

Peninsula, O., Feb. 8, 1883.

NEWS AND MISCELLANY.

The Results of Improving the Milk.

The *Medical Record*, January 20, 1883, says that as a result of the improved quality of milk now brought to New York, the mortality among children under five years of age has decreased from 52 per 1,000 to 46 per 1,000.

The Massachusetts Medical Benevolent Society.

This Society held its twenty-fifth anniversary a short time ago, and celebrated it by a dinner. The event was a very enjoyable one. The object of the Society is to give financial aid to widows and orphans of medical men. The funds amount to $20,000, and each beneficiary receives $80 a year.

How to Officiate at a Funeral.

Through the efforts of the Commissioner of Health, Dr. Oscar C. De Wolf, a course of lectures is being given to those who officiate at funerals, in the Chicago Medical College. The course comprises lectures by Dr. Billings, Demonstrator of Anatomy, and a brief course in Chemistry by Prof. Hatfield. Instruction is also given in embalming. About thirty undertakers of the city are attending the lectures.

Professor Gross Will Not Retire.

In contradiction of the rumors that Professor Gross intends retiring from active practice, the veteran thus writes to the Maryland *Medical Journal:* "Will you kindly correct an error which crept into 'Our New York Letter,' issued in the last number of your valuable journal, and thus save me from becoming an idle and useless man during the remainder of my life? The writer of the letter is not responsible for the error, for he only repeats what the New York reporters said, without any authority, in their accounts of Dr. Sims' reception. I have not retired from practice, and have no such intention so long as I have eyes to see, hands to work, and a brain to guide my actions. I can not consent to lock up my experience, or to consign myself to ennui and obliviousness. I am determined to work to the end, whenever that may come.

"I am very truly your friend,

"S. D. GROSS."

The "Hammond Prize" of the American Neurological Association.

A prize of five hundred dollars is to be awarded at the meeting in June, 1884, to the author of the best essay on the "*Functions of the Thalamus in Man*," under the following conditions:

1. The prize is open to competitors of all nationalities.

2. The essays are to be based upon original observations and experiments on man and the lower animals.

3. The competing essays must be written in the English, French, or German language; if in the last, the manuscript is to be in the Italian handwriting.

4. Essays are to be sent (postage prepaid) to the Secretary of the Prize Committee, Dr. E. C. Seguin, 41 West 20th Street, New York City, on or before February 1, 1884; each essay to be marked by a distinctive device or motto, and accompanied by a sealed envelope bearing the same device or motto, and containing the author's visiting card.

5. The successful essay will be the property of the Association, which will assume the care of its publication.

6. Any intimation tending to reveal the authorship of any of the essays submitted, whether directly or indirectly conveyed to the Committee or any member thereof, shall exclude the essay from competition.

7. The award of the prize will be announced by the Committee; and will be publicly declared by the President of the Association at the meeting in June, 1884.

8. The amount of the prize will be given to the successful competitor in gold coin of the United States, or, if he prefer it, in the shape of a gold medal bearing a suitable device and inscription.

Personals.

—Dr. Oliver Wendell Holmes, of Boston, is about to visit England.

—Dr. O. G. Cilley, of Boston, has been appointed Surgeon-General of Massachusetts.

—Dr. Samuel R. Rixey, a prominent physician of Culpepper Court House, Va., has been stricken with hemiplegia.

—Professor Huxley has been appointed the Rede Lecturer at the University of Cambridge for the ensuing year.

—Franz von Kobell, Professor of Mineralogy at the University of Munich, born on July 19, 1803, died on November 12th.

—Continental advices announce the death of the chemist Wöhler, to whom the world owes the discovery of aluminium. He was born at Eschersheim, near Frankfort-on-the Main, in 1809, and had for the past fifty years occupied a prominent position in the scientific world.

—Dr. W. G. Stedman, of Southington, Conn., was bitten recently in the hand by a pet squirrel; severe lymphangitis ensued, and it was feared he would lose his arm.

—The Sisters of Bon Secours, a Catholic order of unpaid nurses from Paris, have met with such success in Baltimore that they have sent home for assistance.

—Miss M. C. Thomas, daughter of Dr. James Carey Thomas, of Baltimore, has just been awarded the title "Doctor of Philosophy" by the University of Zurich, Switzerland.

—Dr. Bunsen, the German chemist, has been elected a Foreign Associate of the Paris Academy of Sciences. The dignity is one of the highest in the scientific world, and is limited to eight names. Dr. Bunsen succeeds the late Professor Wöhler, of Göttingen.

—The Duchess of Connaught has just recovered from typhoid fever, the malady which the Prince of Wales narrowly escaped, and of which the Prince Consort died. Now, Mr. Fawcett, the Postmaster-General of England, and his wife's cousin, are down with it.

—Chiari, the pathologist, who has just been made professor at Prague, is a man thirty years old, who has already made over 8,000 post-mortem examinations. At a recent supper given in his honor, one of the speakers said he could not wish for greater happiness than that of being post-mortemed—if one may use the expression—by his friend Chiari.

Items.

—A whole family in New York were recently made very sick by eating smelts.

—The Electrical Society is the name of a new organization recently started in Chicago.

—The sum of $1,029,953 has been appropriated for the public charities of New York City during 1883.

—Dr. Ogilvie Grant reports a case of rupture of the heart occurring during sleep. The organ was fatty.

—Dr. McCosh, of Princeton College, laments what he terms "the excessive indulgence in athletics."

—The buildings of the State Hospital for the injured of the anthracite coal region, at Ashland, are completed and ready for furnishing.

—Dr. W. H. Broadbent notes that a morbid condition which gives rise to convulsions, may in a less degree give rise to maniacal excitement.

—The past year brought death to the doors of no fewer than 22 eminent English medical men, and all were far advanced in age, the ages varying from 78 to 92.

—The Army Appropriation Bill as reported to the Senate abolishes the office of Assistant Surgeon-General, and appropriates $15,000 for the purchase of books for the Army Medical Museum.

—Eighty thousand packages of tea were refused a landing in England, under the Adulteration act, during 1881 and 1882, and it is said much of it found its way into the United States.

—The late Professor Pond was once demolishing Darwin and his theories—a task which he frequently engaged in—when he triumphantly wound up with the question: "If we are monkeys, where are our tails?" The Professor, who had been speaking for two hours at a stretch before asking this poser, was startled to hear a tired auditor answer audibly: "We have sat on them so long that they are worn off."

QUERIES AND REPLIES.

MESSRS. EDS.—Are greatly improved instruments for operations or examination generally patented? If not, why not? Would it be unprofessional in a physician to patent an improvement? C. B. N.

Ans.—The Code of Ethics declares against patenting surgical instruments. In this we have believed it unwise, and at various times have assigned our reasons.

Dr. W. C., of Penna.—We are sufficiently well supplied with the back numbers you name. As a rule our reserve is sufficient; but of a few numbers we are short.

Official, Mich.—The Penn Medical College, of Philadelphia, has not been recognized by the regular profession in this city.

Cadmus, Ala.—The explanation of the cures of the "Mountain Evangelist," and all others like him, is either the effect of imagination (expectant attention), or the alleged cures are shams—"pious frauds."

C. H. F., Ala.—What is the relative value of beef essence as a nourishment in cases of great loss of vitality and consequent feeble digestion? Is it still regarded as one of the best agents for the relief of such cases, or does the profession generally share the opinion of Moleschott—that the nitrogenous constituents of the beef are, for the most part, coagulated, and thus rendered practically inutile by the process of boiling?

Ans.—Those physicians who do not use their own eyes, but see only through the fog of chemical and physiological theorizing, agree with Moleschott, and talk of beef essence as "merely a condiment." Those who are independent enough to look for themselves—still more those who have felt the effects of the substance in their own persons—know that the essence is a powerful and valuable nutriment.

H. E. Z., Lawrence Co., Pa.—Make an emulsion by using ℥ ij. each of sugar and gum arabic to each f. ℥ j. of a mixture of equal parts of turpentine and water, and flavor with oil of wintergreen gtt. j. to the f. ℥ j. Graduate your dose that each may contain f. ℥ j. of the ol. terebinth. rect.

MARRIAGES.

CLEMENT—RICHARDSON.—At the home of the groom's father, in Levant, Me., December 24, by Rev. C. L. Baughart, Dr. W. B. Clement, of Biddeford, Me., and Miss Flora W. Richardson, of Oakland, Cal.

KYLE—GARDNER.—In New Bedford, Mass., by Rev. N. T. Whittaker, February 6, Fluvel W. Kyle, M. D., of Boston, and Miss Mary L. Gardner, of New Bedford.

WAGNER—STEWART.—February 15, 1883, in St. Paul's church, Doylestown, Pa., by the Rev. V. Hummell Berghaus, Dr. William H. Wagner, of York, Pa, and Miss Martha J. Stewart, of Doylestown.

DEATH.

BATES.—Dr. Joseph Nye Bates, a prominent physician of Worcester, Mass., died on the 22d, after a lingering illness, of heart disease. He was 72 years old.

THE

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ORIGINAL DEPARTMENT.

LECTURE.

LARYNGEAL ACCIDENTS OF LOCOMOTOR ATAXY.

BY M. DREYFUS-BRISAC,

Physician to the Paris Hospitals.

GENTLEMEN: Hardly a week passes without some new memoir on the already complex semiology of locomotor ataxy, or as it is more generally termed, since the researches of Charcot, tabes dorsalis; but it is most frequently the varieties of the disease, formerly considered as abnormal, which are the object of special study.

As we have gradually come to be more expert in detecting the primary manifestations of the malady, first described by Duchenne, we find that the type traced by that eminent observer is more or less ideal, and rarely presents itself in actual practice. The anatomical lesions of tabes are evidently less localized than was formerly believed; its place is no longer among the forms of myelitis, but among the cerebro-spinal or bulbo-spinal affections.

Since the researches of Pierret have definitively introduced this doctrine, the diverse symptoms due to functional derangements or organic alterations of the cerebro-spinal sensory system can no longer be classed as abnormalities or complications, even if they appear at the debut of the morbid processes.

During the past few years, the cerebral phenomena attending tabes have been the object of numerous works; the most recent are those of Joffroy and Hanot, Debove and Lecoq; if to these are joined the more recent researches on the ocular and auditory symptoms, it is evident that the description of tabes, affecting principally the bulb, is almost as far advanced as that of the disease following its usual evolution.

These cases are complex at a clinical point of view; for the different organs, under the dependence of the bulb, are simultaneously affected, and it is sometimes difficult to establish the origin and connection of the accidents observed. In this lecture we will consider only those cases where the larynx seems to be primarily or principally affected.

The principal observations and researches on the laryngeal manifestations of tabes have been made by French savants.

In 1868, M. Ferćol, in a memoir read before the Société Medicale des Hopitaux, demonstrated the existence, during the course of locomotor ataxy, of laryngeal troubles, which Cruveilhier had merely mentioned.

Then, in 1874, in the thesis of M. Martin, a fact of the same order, communicated by Prof. Vulpian, is related. A number of observations followed, the most remarkable being that reported by M. Jean, as it was accompanied by a description of the post-mortem lesions, and led to the relation of two similar facts by M. Budin.

Towards the same period, M. Charcot, in his clinical teachings, definitively introduced these laryngeal attacks into the semiology of tabes, among the other visceral manifestations of ataxy, of which the type is furnished by the attacks of gastric pain and disturbance (crises gastriques, described by M. Charcot). M. Krishaber, in a memoir published in the *Gazette Hebdomadaire* in 1880, called attention to a very grave form of ta-

betic laryngismus. The memoir of Cherchevsky, written under the supervision of M. Charcot, contains all the reported cases, and demonstrates the subordination of the accidents to the spinal disease (Revue de Médécine, Juillet, 1881.)

More recently, several new observations have appeared in the journals, by Lizé (Union Médicale, 21 Juillet, 1881,) by Vulpian (Rev. de Méd., No. 2, 1882,) and by Demange (eod. loco, No. 3); all are instructive, particularly the last at a pathological point of view.

Finally, M. Fournier, in his work on tabes dorsalis of syphilitic origin, devotes several pages to laryngeal accidents, furnishing the most precise clinical study which we possess of the laryngeal symptoms of locomotor ataxy.

Although the laryngeal manifestations assume very dissimilar forms and other symptoms complicate the clinical tableau, still they may be reduced, according to MM. Fournier and Cherchevsky, to three principal types of varying intensity, from a slight cough to a most formidable attack of laryngismus.

The slight attack is characterized by a peculiar cough, of a spasmodic nature, even in its most attenuated form. The patient has a tickling sensation in the throat, followed by a dry, nervous, irritating cough, which lasts several minutes and then suddenly ceases. The spasmodic element is often very marked in such cases; repeated expiratory efforts occur, a sort of convulsive hiccough, followed by a prolonged and harsh inspiration; a species of attack which has been very aptly compared to that observed in whooping-cough.

In the second type, the sudden perturbation of the respiratory functions predominates. The patient is suddenly seized with extreme dyspnœa; he feels that he is choking, and the face becomes cyanosed. The anguish is extreme, but lasts but a few minutes, for finally the rythm of the respiration becomes re-established.

Finally, in the most serious form, respiration is completely suspended, and the patient suddenly falls into a state of complete apnœa.

It presents the same clinical tableau as spasm of the glottis, which comes on so suddenly in young infants and so frequently proves fatal.

Such are the laryngeal phenomena; but as may well be imagined, in the more serious forms, the great functions of the organism do not remain unaffected.

There may occur other accidents which relegate the laryngeal symptoms to a secondary position, from simple vertigo and nausea to syncope and epileptoid or apoplectiform attacks.

It is for this reason that Lecoq, in his memoir on the apoplectiform accidents of tabes dorsalis, makes a special group of these cases, in which the laryngeal spasms, by the passive cerebro-spinal congestion which they induce, seem to have a predominant part in the causation of the apoplectiform seizure. These sudden attacks are not ordinarily preceded by any precursory symptoms, but sometimes a sensation of tickling is experienced about the larynx, resembling somewhat the aura preceding epileptic seizures.

These laryngeal spasms may have a fatal termination, (Duclos, Jean, Lizé,) either by sudden death, as in the thymic asthma of the newly-born, or by slowly progressing asphyxia.

M. Krishaber has reported such a case, where tracheotomy was required to arrest the progress of the asphyxia.

But, in the great proportion of cases, the spasm is suddenly arrested without leaving any traces after it, no matter what the gravity of the attack, proving that these disorders are purely functional. The duration of the attack is variable, from a few seconds to a few minutes, or even to twenty minutes, in attacks of moderate intensity.

Between the attacks the patients may present symptoms of disorder of the respiratory functions, just as in the intervals between the gastric attacks the digestive functions are in their normal condition.

The laryngeal phenomena have thus, like all the visceral manifestations of locomotor ataxy, a distinctly intermittent character.

Sometimes they occur as often as fifty times in the same day, without any appreciable cause, or under the influence of some passing emotion or vocal fatigue. Sometimes these attacks reappear only after ten or fifteen days; they may even disappear definitely. Certain patients have during the entire course of the disease but one or two attacks, either slight or violent, while others are at any time liable to be stricken down; but it will generally be found that in such cases extensive lesions of the bulb exist, and that by the side of these phenomena, other accidents occur, affecting organs similarly innervated.

No special absolute laws can be laid down regarding the frequency or progressive gravity of the attacks. According to M. Fournier, "The laryngeal attacks augment in frequency and intensity, progressively from their first appearance;" while M. Vulpian expresses a diametrically opposite opinion: "In all the cases I have observed the attacks have gradually become less frequent, less marked in intensity, and have finally com-

pletely disappeared." And in the collection of published cases, facts are found in support of these two contradictory opinions. In fact, is not such the case for almost all the manifestations of tabes?

The period of the malady at which these laryngeal accidents appear, is no less variable than their clinical physiognomy or their mode of evolution. They may appear at any period of the malady, but statistics would seem to show, that in about one-half the recorded cases they appear at the début of the affection. Often months and even years pass by before the other habitual symptoms of ataxy appear. It is very probable that the cases of laryngismus, premonitory of tabes, are much more numerous than medical literature would seem to indicate. Is it not, in effect, possible that such phenomena, particularly when of no very severe nature, are passed over or attributed to one of the many common affections of the respiratory functions?

In other cases, on the contrary, the laryngeal accidents appear late in the malady, and are then but slight and attract little attention. But it is in just such cases that they often prove of the greatest gravity.

We will say a few words in conclusion regarding the pathologic physiology and anatomy of this syndroma. For this we have but three observations with autopsy, (Cruveilhier, Jean, Demange,) and only the two last are complete.

The nature of the laryngeal accidents would seem to point to a functional derangement or an organic alteration of the bulb and of the nerves which thence have their origin—the pneumogastric and spinal.

Conformably with these anticipations, not only bulbar lesions have been found, but also very distinct alterations in the restiform bodies, and a sclerous degeneration of the sensory nucleus of the mixed nerves.

On the other hand, M. Krishaber has shown that these are purely spasmodic phenomena. Their sudden appearance and the negative results of laryngoscopic examination in many cases, are proofs of the truth of this assertion.

It is true that, in certain cases, a paralytic or paretic condition of certain muscles of the vocal cord has been noted; but as has been remarked by this author, "the persistent paralysis of a muscle or group of muscles induces with great facility the spasmodic contraction of its antagonist muscle."

The complete laryngeal attack may then be reduced to a reflex spasm, the genesis of which is explained by the hyperexcitability of the bulb, and the hyperæsthesia of the laryngeal mucous membrane, receiving its innervation from the pneumogastric.

If such be the mechanism of the laryngeal accidents in tabes, similar manifestations should be observed in the different morbid processes having their localization in the bulb, and these accidents would no longer have any great importance as regards diagnosis.

It is well known that laryngismus is sometimes met in hysterical patients. It has even occurred in individuals in perfect health.

As a premonitory symptom, these laryngeal accidents should be ranged among the possible signs of tabes, and may aid in arriving at a diagnosis; occurring late in the disease, they indicate a grave prognosis, in the sense that they reveal a functional derangement or an organic alteration of the bulb.

Communications.

SOME PRACTICAL FACTS RELATING TO THE TRANCE STATE IN INEBRIETY.

BY T. D. CROTHERS, M. D.,
Supt. of Walnut Lodge, Hartford, Conn.

In 1877 my attention was called to an inebriate who while sober had purchased a trotting horse, paying a fabulous price, giving a note of hand in part payment. Two days after, he denied all knowledge of the transaction, and became involved in a legal contest. On the trial it appeared that the purchase of the horse had been discussed for a day or more, and that he had exhibited unusual sagacity and judgment to avoid deception and protect himself. Also that, although drinking large quantities of spirits, he gave no evidence of other than good judgment, and perfect knowledge of his acts and their consequences.

In the defense it was shown that the purchase of the horse was a most unusual act; that he rarely ever visited the race course; was afraid of driving fast horses; never took any interest in racing; had many horses of his own; and lastly, needed the money paid for this horse for another purpose which had been determined before. From his own statement he had many blanks of memory while drinking, and at this time he lost all recollection of passing events from the hour of dinner, during which he drank freely, until the second day after, when he awoke in his store, and supposed he had been asleep a short time. His family were sure that in these blank states they could recognize a dullness of mental action and a

general abstractedness of manner not common when sober. He could not read in this state, and seemed incapable of fixing attention on the conversation for only a few moments at a time.

The suit went against him, and soon after he came to the asylum for treatment. His inebriety grew out of inheritance, overwork, and bad nutrition, and was noted for periods of continuous drinking and free intervals of sobriety, both of which were irregular, and not prominent in any particular.

From inquiry I was surprised to find that these blank states were not uncommon among inebriates; that nearly every case gave a history of loss of memory and consciousness of acts committed while using spirits to excess. In some cases this blank was total and remained so ever after; in others it was partial and cleared up after recovery. Acts committed during the delirium of intoxication, or in mental states approaching this, or stupor, would not be remembered, for some time after, but would gradually be recalled until it was all clear. In other cases this blank of memory would remain like a cloud for weeks, then all at once, from some little circumstance, break away, and every act be perfectly clear.

These freaks of memory (so called), following excess of alcohol, are almost infinite in variety and complexity, and are very significant when studied carefully. Where the blank is total, and remains so, during which the person acts more or less rationally, and never after is able to recall any recollection of it, it is called a trance state. In all probability this is a suspension or paralysis of certain brain functions, or as Dr. Beard believes, a consciousness that is not rememberable. In other words, the person in this state acts as if he was in full possession of all his brain powers, and yet the memory does not record it for future consideration. He is for the time being an automaton —acts and apparently reasons from some unknown stand-point.

Whatever the pathology may be, it is clear that the mind in this state is a mental waif, subject to every passing influence, both from disordered states within and without.

From my experience this state is very common in inebriety, and closely associated with many of the criminal and insane acts committed at this time.

As in all other new phases of science, there is a psychological element, which must be understood before its mysteries can be cleared away. Take any case of a chronic inebriate seen on the streets, and study the operations of his mind and the nature of his actions, while under the influence of alcohol, and this element will be clear.

The inebriate suffering from excess of alcohol has always a disorganized brain power; various governing centres are suspended, mental and physical incoördination is present, and he is literally unsound, insane, and irresponsible.

If the trance state is present, he is a dangerous automaton, moving along certain fixed lines of conduct, or acting in obedience to unknown forces which may change or vary any moment.

Thoughts and impulses suggested by deranged organs, or coming from the past, may suddenly concentrate into action, irrespective of consequences. Both subjective and objective states, influenced by conditions of health and brain power, may develop into deeds that are practically unknown and unrecorded by the higher brain centres.

The strange unaccountable acts of inebriates who are not stupid or wildly delirious, have been attributed to vice and low moral conditions. Yet a study of these cases reveals an absence of purpose and motive, and a class of actions that are devoid of all sense and common reason. For instance, a man who was an inebriate, while drinking and apparently conscious, sold out his farm at a very low rate. He had no recollection of this event, and there was no reason or motive for doing it. In one case a man forged a note and drew the money on it, while drinking, without any object or motive. He had no recollection of this, and had money at his command, and no possible use for other funds. In another instance, a man in this State offered violence to his father and mother, and was thoroughly unconscious of what he had done. These cases can be multiplied to almost an indefinite extent; and beside having no recollection of the act, they are marked by an absence of all reason or purpose, that indicates their real nature. They are not alone confined to cases of inebriety, but are seen following blows on the head and shocks from traumatism, either physical or psychical. The following cases are marked instances: A leading physician was rendered insensible by injury from a railroad accident: he recovered, went about assisting the wounded, was finally sent home, and regained consciousness, or apparently woke up, thirty-six hours after, having not the slightest recollection of anything which had happened from the time of the accident, in which he was precipitated to the bottom of the car.

A surgeon in one of the large cities was thrown out of a carriage, striking on his head, and was

unconscious for a few moments, got up and went to a hospital, wrote many prescriptions, directing the surgical dressing in several cases, came home and laid down sleeping and drowsy for twelve hours, then awoke, having no recollection of all the time from the moment of the accident.

In these cases there was a trance state following the injury, although there were no signs of this in the manner or actions of the persons. In inebriety such cases are those in which the mind moves along accustomed lines of thought and action, following some plan which has been usual or common in the past.

Epilepsy, insanity, or the emotions powerfully excited, may be, and often are, followed by these automatic phenomena. Instances of such cases are to be found in all medical literature relating to mental diseases, although not recognized by this name or understood. In inebriety there is a peculiar disposition to develop this form of mental disturbance, and its full recognition will mark an era in the progress of science. It is always found associated with a peculiar neurotic condition, either induced by alcohol or existing before alcohol is used. It is also seen most frequently in chronic stages. The practical facts which should be noted are not only to determine the presence of inebriety in a given case, but to study the character and nature of the mental state, and the actions which result from it. No one who uses alcohol to excess can be of sound mind. There are always instability and perversion of mental activity, as well as defective brain power.

The higher brain centres governing the relations of life are disorganized, and morbid impulses of any kind are likely to take possession and guide mental activity. No one can draw dividing lines where normal reason is lost in cloudy, unstable action.

When the inebriate, by his manner and conduct, exhibits manifest hallucinations, delirium, and unnatural stupor or excitement, it is not difficult to recognize the mental disturbance. But when his actions and manner are along the line of natural, every-day life, although he may be using alcohol to excess, and claims to have no recollection of what he has been doing, the case should receive the closest scrutiny.

When a drinking man, not stupid or delirious from alcohol, but known to be using it all the time, commits an extraordinary or unusual act, not in accordance with any reasonable motive or purpose, and after denies all recollection of what he did, the possibility of a trance state is very strong.

It has been well established that inebriates have, through some motive of their own, or by the persuasion of others, deliberately used alcohol for the purpose of giving them some power to commit crime; also hoping by this means to shield themselves from the legal consequences of their acts.

These cases are marked by either an unreasoning frenzy or a cool deliberation that is foreign to the man in his natural condition. The following case was very prominently discussed a few years ago. A mild, quiet man, who was a continuous drinker, and had never been known to do a violent act, committed a most aggravated murder of a man, who was on the best of terms with him, and for no visible purpose. He denied all knowledge of the act, and died in prison before his execution, from consumption following excessive grief. Some years after it appeared that after drinking a certain amount he was unconscious of the nature of his acts, but could be influenced by any strong will, and had been often persuaded to do certain things that were not natural in his sober moments.

It also came out that this murder was planned and urged by two men, who were fully aware of his condition of oblivion to the nature and consequences of his acts: that by continually plying him with spirits, and urging this act, it became impressed on his cloudy brain, and was carried out. This was a condition of trance, which had been noticed and was taken advantage of by the real perpetrators of the crime. I am convinced that much of the purposeless crime committed by inebriates, which puzzles both courts and juries to explain on any reasonable basis of human conduct, originates in the trance state. Such cases are never studied, and are unknown, and the legal efforts to remedy them by punishment literally precipitate them lower, and make recovery more and more difficult.

In an article "On the Trance State in Inebriety," read before the New York Medico-Legal Society last year, I have detailed some very significant cases showing the necessity of careful study of all these cases, by competent men before the nature of responsibility in any case can be determined. The plea of no recollection or memory of the act or event urged by the inebriate is always a physiological and psychological possibility, which can only be settled by a careful study.

So far my studies have indicated that the trance state in inebriates is marked by two forms of mental action that can be determined clearly; one in which the mind in this state moves along certain

familiar lines of action and follows some purpose which has been previously fixed, all of which appears natural and reasonable. The second form is where a new line of thought and action appears, unusual and foreign to his every-day life—often impulsive, inconsistent, and yet seemingly one which he is fully conscious of, and if questioned at the time, may give reasons that seem to justify his conduct.

In both of these forms, sudden changes may occur. Emotional disturbances may precede this state, or appear coincidently with it. The senses are dulled and enfeebled, or intensified in certain directions, and impulses of any character may appear without premonition, like a flash of light, and disappear the next moment.

Every physician should be able to recognize these states, and study their meaning both medico-legally and physiologically. In all probability medical interference in cases of supposed trance, in the form of an emetic or cathartic, or in the shape of a counter-irritant, would restore the normal recognition of environment, and save the patient untold suffering. The subject of inebriety must be studied above the dogmas of theologians and reformers, from the standpoint of science. It is purely a medical subject, and theories based on any other study are always "confusion worse confounded."

AN EXPERIENCE IN THE REMOVAL OF TAPE-WORMS.

BY DR. S. M. WARD,
Of Ellenville, N. Y.

The experience began in this way: One day last summer a gentleman entered my office, and with a mysterious air handed me a small piece of paper, requesting me to open it and tell him the nature of the contents and their source. I will confess that his question somewhat staggered me, for within I found three small white objects, each about an eighth of an inch in length, probably a line in width and thickness, and presenting movements tending to bring their two extremities together, and then straighten themselves again. *There certainly was no resemblance to any segments of tænia solium* I had ever *seen*. Using a pocket magnifier, my olfactory organs were brought closer to them, and I detected a slight fæcal odor. On the strength of this, I told him they were links of a tape-worm. He was greatly amused at this, and soon after departed without saying more. The more I looked over the specimen and thought of the case, the more I became convinced that my diagnosis was correct. About six weeks afterward he met me on the street, and said he had concluded that I was right, as another physician had given the same opinion, and vainly essayed its removal with oil of turpentine and castor oil. He requested me to prescribe for him. I then questioned him as to his appetite, pain in stomach or bowels, dizziness, headache, or loss of flesh. Could find out nothing save that occasionally he was dizzy. I saw no more of this patient till some time afterwards. In a few days a manufacturer of a neighboring village who had been under treatment for a stomach difficulty showed me some specimens very like those I had lately examined, and asked my opinion concerning them. I diagnosed tape-worm, and I found out afterwards that he had held a consultation with the first gentleman that had seen me, and both had concluded that they had tape-worms. Case No. 2 was anxious to begin treatment at once, and accordingly was given the following treatment:

Eat nothing for twenty-four hours, take a purge, and in an hour the following:

℞. Ext. kousso, fl.,
Ext. filicis mas. fl., āā f. ℥ j.
M.

I obtained no results beside a sick and disgusted patient. Several days thereafter he was again treated as follows: He fasted for twenty-four hours and then, having boiled two ounces of fresh pomegranate bark in a quart of water to a pint, took the quantity during a period of four hours, followed by a cathartic. He was overjoyed a few hours thereafter at passing ten feet of worm. I was not so much pleased, as I could discover no head. Accidentally I came across an advertisement of Dundas Dick & Co.'s capsules of male fern and kameela, and determined to try them. Following their directions, my patient ate no solid food for forty-eight hours, and then took three co. cath. pills M. S. P.; the next morning he took eight capsules, each containing five grains of ext. male fern, and five grains ext. kameela U. S. P.; in a half hour he took seven more, accompanying this last dose with three pills as before. In an hour afterwards he began passing segments of the worm, and altogether delivered himself of sixteen more feet of the animal. I could not feel certain, however, that the head had yet come, as his discharges had not been carefully watched. He was anxious for another trial immediately, and against my better judgment he was allowed to take fifteen more of the capsules. Beyond suffering from violent emeto-catharsis, there were no results.

In the meantime, the first gentleman who had consulted me, hearing of what he considered my

success in the other case, decided to undergo treatment. He was given the same number of capsules in the same way, the only difference being that he took a tablespoonful of castor oil before and after them. His bowels began acting while he was in his stables, and thinking it hardly possible that the medicine could begin acting so soon, he allowed the discharges to become mixed up with a lot of refuse, and I could not determine whether or no the head had come. There were about twenty feet of worm, however, and the patient has passed no more segments while at stool, though the treatment ended some months ago.

Case 1 was not yet satisfied, and so after some weeks he indulged himself in some more capsules, and again brought forth a number of feet of the worm, with the head. He believes that the success attending this last effort was due to his taking castor oil instead of pills after and before the capsules. His great repugnance to oil is my excuse for not giving it at the other trials.

Case 3.—A local politician had been treated by many different physicians, including a homeopathist, for dyspepsia, gastric catarrh, etc., without relief, for a number of years. He had concluded that his ailment, whatever it was, was beyond the reach of medical skill, and had decided to forego further medication. Lately, however, he had begun passing "pieces of white stuff" while at stool, and it was to get some light on this matter that he consulted me. I, of course, diagnosed tape-worm, and treated him with the capsules, as in the previous cases. He passed some twelve feet of worm two days after beginning treatment, but no head being found in a week, was put on the same treatment, with the result of passing the head with two or three segments. Of the three cases, this man was the only one who presented subjective symptoms of his complaint. He had dizziness, capricious appetite, irregular bowels, darting pains in stomach and bowels, and though he had not lost any in body-weight, still presented a sickly appearance.

Case 4.—A workman in a knife factory, suffering from fibroid phthisis. He too had complained of shooting pains in the lower part of his lungs and abdomen, but physical signs of pleuritis being present, they had received little attention; his appetite was excellent—too good, it always seemed to me, for a man in his physical condition. He also gave a history of raw beef eating. He likewise had been passing segments of worm, which served to frighten him severely. I determined that I would lessen the preparatory treatment in his case, and so, having seen him Saturday afternoon, I told him to eat no supper, and on retiring to take a tablespoonful of castor oil, to eat no breakfast Sunday, and after the oil had operated, to take eight capsules, to wait a half hour, and then to take the remaining seven, with the same quantity of oil. His bowels moved at midnight on Saturday, and he therefore took the capsules early Sunday morning, following the directions minutely. Called Sunday p. m., about four o'clock, and found nearly twenty-five feet of worm, with an undoubted head. Tuesday he resumed work, thoroughly satisfied with his experience.

Were the question asked me if I thought it possible to diagnose the presence of tænia without a knowledge that segments had been passed, I should be inclined towards a negative reply. It is true that a history of raw meat eating, dizziness and vertigo, pains in stomach and bowels, and an enormous appetite, with no great tendency to lay on flesh, might point to such as an explanation: but since my four cases, I have been applied to by a man presenting nearly all of these symptoms—dizziness and ringing in the ears being very prominent—in whom there was no history of syphilis, or of an injury, and yet the above treatment has produced no result save making him nauseated. I may add, too, that Case 3 had been told positively by a noted physician of this State that he had nothing like a tape-worm. Of course I should not have looked for it, had I not seen some of the segments he had voided.

I may add in conclusion that all of the worms seemed to be specimens of tænia medio-canellata (Küchenmeister).

A REPORT OF A CASE OF COCCYGODYNIA WITH EXTIRPATION OF THE COCCYX.

BY MARIE B. WERNER, M. D.

Read before the Northern Medical Association of Philadelphia.

Mrs. A. came to my office expecting to find relief from an intolerable backache by the introduction of a uterine supporter. A careful digital examination revealed no uterine displacement, prolapsus of vaginal walls or uterus, the latter being, perhaps, possible, since the perineum had been ruptured during her last confinement. The uterine cavity was normal in length. The patient pleaded, however, so strongly for a supporter, that I advised her to remain a few days at my house, until I could obtain one which might give her the desired relief; trusting that during that time I might find the cause of her suffering.

I soon observed that this pain was aggravated

in the act of sitting down or reassuming the erect position, and the idea occurred to me that the pain might be due to some other than uterine trouble. I therefore requested to make another examination, and found the origin of the trouble was at the extremity of the coccyx, which was turned to the right and painful on pressure, as also that portion of the left sciatic ligament, which was thickened at its attachment to the coccyx. Her history showed that she had suffered this pain about one and a half years (since her confinement), and increasing as time advanced—more since she had suffered a severe abdominal inflammation during the previous winter.

Drs. Montgomery, Croasdale, and Hunt, examined the patient under the influence of ether, and arrived at the same conclusion.

There seemed no other means to afford relief than by operation, a choice of two presenting—one being a subcutaneous division of all attachments, the other, extirpation of the bone.

The patient was satisfied to have either one or the other done, as should be deemed best at the time of operating.

To me it seemed no small matter to remove a portion of the spinal column, even if it was its extreme end, especially since the authors within my reach were not very clear as to the manner of operating, while some did not even seem to favor operative interference. It was only some time after that I had the pleasure of reading Simpson on "Diseases of Women," who, among authors on this subject, seemed to me the most clear.

The patient was etherized on June 13, in the presence of Drs. Montgomery, Croasdale, Barton, and Hunt; a subcutaneous incision made, severing all the attachments to the coccyx, which seemed, however, to promise no permanent restoration in its position; hence, it was decided to remove it entirely, there being a possibility of abnormal adhesions forming again, with an almost certain return of the distressing symptoms.

An incision was made in the median line down to the coccyx, about three inches long, the bone dissected out, but well forward, and disarticulated at its junction with the sacrum; the finger of the left hand being constantly kept in the rectum. The wound was closed by means of three silver wire sutures, introduced with the Baker-Brown needle, and imbedded their entire length, thus closing thoroughly the pocket left by the removal of the bone. It was dressed with carbolized lint compress and bandage. 6 p. m., temperature 99.6°, pulse 90; no nausea; complains of some pain at seat of operation, which was relieved after the compress and bandage were removed.

14th, a. m. Temperature 99°; pulse 80. Patient rested well during the night, not much pain; the old ache in the back has not been felt since the operation. P. M., temperature 99°, pulse 86.

15th, a. m. Temperature 98.8°, pulse 80. Patient rested well during the night; complains of some pain when urinating, for which was ordered flaxseed tea and bicarbonate of soda. P. M. Temperature 98.8°, pulse 84. The pain on micturating has abated somewhat; some stinging pains at seat of operation; on examining, found the wires had excoriated the skin somewhat; there was, however, no redness or swelling, and to all appearances union by first intention.

16th, a. m. Temperature 99°, pulse 86. Patient did not sleep well, owing to a constant desire but inability to urinate. I withdrew by catheter one-half gill of urine dark in color. This tenesmus was again diminished by the free use of the flaxseed. P. M. Temperature 98.8°, pulse 80. Patient was extremely restless, moaning during the entire night, complaining of pain at the site of the wound, and extending up the back. She described it of a throbbing, stinging, and cutting character. Nothing could be detected beside the excoriations, as the cause of it; union seemed complete. Repeated doses of morph. sulph., until one grain had been taken, seemed to have no effect in affording relief. On the following morning I removed the stitches in the presence of Dr. Croasdale and Dr. Montgomery. A cessation of that terrible pain followed.

The patient made a good recovery: the urinary trouble abated as she could move about in a less restrained manner. There was for some four or six weeks still some soreness felt after continued sitting, which I attributed to the newly-formed periosteum; but this gradually became less, until now she feels nothing of the old pain, and her general health is greatly improved. The extirpated bone showed that its free extremity was the seat of a beginning ostitis.

A recent examination showed that that portion of the sciatic ligament involved is less thickened, but still somewhat tender, the patient being not aware of its soreness until it is touched.

—The first operation for the relief of club-foot by division of the tendo achillis, was performed by Lorenz, of Frankfort, on the 26th of March, 1782. Dr. David L. Rogers, of New York city, was the first to perform tenotomy in this country, in 1834.

Hospital Reports.

A CLINICAL LECTURE.

BY FRANCIS DELAFIELD, M. D.,
Adjunct Professor of Pathology and Practical Medicine in the College of Physicians and Surgeons, New York.

Gentlemen: The history which this man gives is a very common one. It is the history of a condition which we find in a great many persons, both of men and women, many of whom have this man's general appearance. The man tells us that he was fairly well, except for some constipation of the bowels, until last September. At that time he was at work in some one of the peach orchards, and ate considerable fruit; so much so that his bowels became unnaturally loose at that time, but ever since then they have been constipated, and this persistent constipation is now accompanied with another symptom, namely, a peculiar sensation about the head, a feeling which he describes as both a fullness and a dizziness, and a partial loss of memory. He has used these three expressions—fullness, dizziness, and loss of memory—to describe the feeling. The dizziness has never been so great as actually to cause him to fall. Such are the rational symptoms.

On making physical examination we find that the heart is a little enlarged; there is a distinct murmur heard with the first sound over the apex. The murmur can be heard distinctly over the apex, but it is not transmitted to the left with any great distinctness. It is lost in the axilla.

On looking at the abdomen, we see at once that the man is not at all emaciated, and the contour of the abdomen is regular enough. As the man lies down the liver hardly reaches to the free border of the ribs, while the upper edge of the liver is about where it ought to be, namely, between the fourth and fifth ribs, so that the organ is rather small for a man of his size. The spleen seems to have about its natural outlines. There is a little distension of the large intestine, and there is a certain amount of gurgling over the caput coli and the descending colon, which ought not to be present.

That constitutes the physical examination—that the man's heart is slightly hypertrophied, that there is a systolic murmur at the apex which indicates a regurgitation at the mitral valve; the liver is a little diminished in size; the abdomen is rather full; the large intestine is somewhat larger than it should be, containing rather more fæcal matter mixed with fluid than it should.

If we put together the man's history and the results of the physical examination, what should be our diagnosis? The man has some heart trouble, but it is very slight, and I should judge that it had nothing whatever to do with his present symptoms. Then the question arises, what is the connection, if there is any, between the constipation and the cerebral symptoms? I should say that this connection was a direct one: that the man has cerebral symptoms on account of constipation; and that if he gets rid of the constipation, the cerebral symptoms will also cease. With the sort of cerebral symptoms which he complains of, that is, fulness about the head, dizziness, and loss of memory, we often find a variety of disturbances of the digestive tract. Such cerebral symptoms are found with disturbance of the stomach, of the liver, and of the intestine, and they are common enough; but the point is to find out just what part of the intestinal tract gives rise to them. In this man's case I should think the relation could be traced with considerable certainty, viz., that the cerebral symptoms are dependent directly upon constipation; and constipation, in this case, is evidently due to disturbance of the functions of the large intestine. Apparently the stomach and the small intestine are performing their functions fairly enough. The patient gives no symptoms of gastric dyspepsia, he is fairly nourished, so that the food must be absorbed from the small intestine in sufficient quantity.

The particular function of the large intestine which is interfered with, is that which is concerned in the expulsion of the fæcal matters. The fæcal matters form, apparently, and accumulate in the large intestine. There is a fair amount of them in the large intestine at the present moment, but the gut apparently is not able to expel them.

This brings us to the question of treatment, for that is really the practical point in this man's case. It is evident that the indication for treatment is to remedy the constipation. But constipation can be removed in a great many ways, and the particular way which is to be of service to an individual will vary very much in different cases. Now, if any of you were brought face to face with a case like this, with such a history, there being constipation which had been extreme only for a moderate length of time, and if you thought, as I do in this case, that the symptoms all depended upon the constipation, what would you do to relieve the patient? "Give him small doses of aloes?" That would be a thing easy enough to do. But what would be your object in giving aloes? "It has a direct effect upon the large intestine, increasing its peristaltic action." Very well, we will suppose that aloes would be of use for that particular purpose. Can some one suggest something else which would be of benefit in this man's case? "The extract of nux vomica." Yes, or with the same idea, small doses of strychnia; that is, to be given with the idea that it would act directly upon the muscular coat of the large intestine. You could make a combination of these two drugs, and give them together, which would produce a result more efficacious than if but one were given. Now, you could give this combination of aloes and strychnia in one of two ways; you could give it in moderate doses at night, or you could give smaller doses three times a day. By a moderate dose, I should say for this man a twentieth of a grain of strychnia and one grain of aloes, to be given at night. This would very likely produce a movement of the bowels the next morning. For a small dose I would give him only a fortieth of a grain of strychnia and a fourth of a grain of aloes, to be taken three times a day. Sometimes the one, sometimes the other of these plans is the better for the administration of these medicines.

Although in a case like this the afore-mentioned drugs would be indicated theoretically, yet, as a matter of fact, with this particular man, and with his history and condition, they are not the

drugs which I should be disposed to choose. These drugs, compounded in this way, are of very great service for many cases of constipation of older people. Yet in this man's case I should be disposed at least to try the following:

℞ Ext. belladon., gr. $\frac{1}{40}$.
Pulv. ipecac, gr. $\frac{1}{4}$.
Ext. colocynth. co., gr. j.

To be taken in pill form every night on going to bed. That you will notice is not a strong dose, and yet it will probably cause a movement on the next day during the time that he continues to take it. After having once begun this course of treatment, the question will arise, when can you safely leave off giving the pills? And that is often the most difficult point regarding treatment in these cases. It is often easy enough to give these patients something which will relieve them of their present state of constipation, but we do not want that they should have to go on taking pills the rest of their lives. Now, in the first place, the patient must not be in too much of a hurry to get rid of the necessity for taking the medicine. You do not only want to get the bowels to working regularly, but also into the habit of working readily. There is a good deal in the force of habit so far as the large intestine is concerned, and it is important to induce the patient to have a regular movement at a particular time every day for a considerable length of time. Sometimes it will require several months before you can cease to give the medicine, and it is then best not to give it up altogether immediately, but to diminish the quantity. Allow the patient to take a third less than he had been taking, then a half—and so diminish the amount by degrees, and by-and-by you can cease to give any medicine at all, and yet the bowels will continue to act freely.

As you do this, however, you have to pay attention to the diet, and observe whether the patient will bear fruit, oatmeal, and the porridges of different kinds, which are of service in loosening the bowels. The regulation of the food is not of as much consequence at the beginning of the treatment as it is in the later periods, when you are trying to get rid of the necessity for giving the drug.

Case 2.—This patient, aged twenty-eight years, says he has been unwell for a year past. The three prominent symptoms of which he complains are, a want of strength, inability to sleep, and an irritable condition of the heart. He also complains of some pain in the stomach, which is a matter of some consequence, but it is not so important as are the other symptoms. We find that his heart is beating at the rate of 120 per minute, but there is no murmur. He says he has lost about thirty pounds of flesh within the past year, but he is still very well nourished indeed. His business has been that of bar-tending. He says he drinks very little, but that he smokes eight or ten cigars a day.

Now, if a man were to present himself to you, complaining of the symptoms which this man complains of, and he should tell you that his business was that of a bar-tender, you would probably infer at once that his symptoms were due to his mode of life, and that they would disappear with a change in his mode of life. But this patient has quit bar-tending, has changed his mode of life, and yet he has not gotten better; and that is what happens in a good many such cases. The first part of your inference would probably be correct enough, to imagine that the man's symptoms were due to his mode of life, that they were very largely due to the effects of tobacco upon him, and a derangement of the stomach which probably, in this case, has resulted from his manner of living. But you will often find that on changing the patient's mode of life, he not only may not get better, but may actually go on to get worse. Finding, on taking your advice to stop his occupation for some months, that he does not get better, the patient will probably infer that you knew nothing about his case. Still, you had taken the right view of it, but you made a mistake in supposing that simply stopping his mode of life would put an end to his trouble.

This brings us to the practical point, as to what we can do for a patient in this condition. This man has given up his occupation as bar-keeper, and is now doing nothing. He has felt so weak that he has spent a good deal of the time in the house, only going out from time to time to take a walk. There, in the first place, is something which should be looked after. The man ought to have some occupation. He is leading an unhealthy life at present. A man of his build has no business to be unoccupied. He ought to be out of doors. His muscles need exercise. He would be better off, I think, really, to follow his old occupation as bar-keeper, than to do nothing at all. But it would probably be better for him if he could find some out-door business—something that would keep him moving about from place to place, or require work. Should he continue his old occupation, he probably could get more out-door exercise in connection with it living in the West than while living in New York. The tobacco, which he has already given up, he will have to continue to do without. He can not return to that, not even in the smallest quantity.

Then, the man wants to be relieved of the pain in the stomach, and of sleeplessness. Could he be relieved of those two symptoms, he would probably begin to feel better very soon. The pain in the stomach is a sensation of burning, unaccompanied by vomiting. The appetite is fair. He says he has been taking iron and quinine. I should suppose that the man would really be better without these two drugs than with them. The bicarbonate of soda, which he has already been taking, may be continued, and to it I should add quassia and the oxalate of cerium, to be taken regularly before each meal.

The first drug which I should try in his case to induce sleep would be hyoscyamus, and for this purpose I should use the concentrated tincture, made by Kieth & Co., of this city, in from ten to twenty or forty drops; twenty drops is the average dose. It should be diluted in about eight parts of water. If, after taking this at bed-time for several nights, sleep was not induced, I should increase the dose from twenty drops to thirty, and then to forty. If the man were still unable to sleep, I should combine the fluid extract of convallaria with the hyoscyamus, with the object of quieting the irregular heart action. A common reason for the inability on the part of these patients to sleep seems to be a too rapid heart-beat,

and it is sometimes found that a combination of these two drugs will bring about sleep when hyoscyamus will not do so alone. If this combination did not prove successful, I should use one of the bromides and chloral together; the bromide of sodium, of ammonium, or of potassium—one seems to be about as good as the other. Thirty grains of one of these bromides, with twenty grains of chloral hydrate, should be given at night. That might prove a very successful remedy against sleeplessness, just as the hyoscyamus might do, and again it might not have any effect at all. In the case of some patients, instead of making them go to sleep, they are more wakeful; and in others, it has no effect whatever that night, while it may make them very sleepy the next day, and on the following night they may become still more sleepless than before.

Another drug which may be used is opium, and after all this is really a very good drug to relieve sleeplessness in a case like this, and I do not hesitate to use it. Of course, you have always to bear in mind the possibility of establishing the opium habit. But this can be guarded against if you keep the patient under observation, stopping the drug when you think it best to do so. Opium is an exceedingly good therapeutical agent for this purpose. The best preparation of the drug for making these patients sleep is not, I think, usually morphine, although for many purposes this preparation is an excellent one. The deodorized tincture of opium, prepared by Squibb, is a very good preparation for cases like the one before us; so also is codeia.

Medical Societies.

NORTHERN MEDICAL ASSOCIATION OF PHILADELPHIA.

Meeting of January 26, 1883.

President Dr. J. T. Eskridge in the chair.

Dr. Marie B. Werner read "A Report of a Case of Coccygodynia with Extirpation of the Coccyx." (See page 287.)

Remarks.—Dr. E. E. Montgomery referred to the manner in which Dr. Werner introduced the sutures, and explained that the pocket usually resulting from merely bringing the edges together by the ordinary method of suturing was, by this procedure, completely obliterated, and the consequent healing by granulation overcome.

Dr. L. Brewer Hall desired to be informed whether or not the severance of ligaments and the attachments of adjacent structures, the result of this operation, is followed by misplacements of the uterus. The question is still *sub judice*.

Dr. Daniel Longaker referred to coccygodynia resulting from other causes than luxation of coccyx, and directed attention to the necessity of clearly differentiating between reflex pain and that dependent upon change of relationship of structures. In a case of myo-fibroma uteri, in which coccygodynia was a most distressing symptom, the diminution of the growth was accompanied by a corresponding decrease of pain.

Dr. Henry Beates reported a case of excision of the coccyx, with result of perfect cure of disease. The lady was greatly reduced in health, having suffered from acute articular rheumatism, which involved the endocardium, and left a regurgitant mitral lesion. Superadded to this was a co-existent rectocele, and a lacerated cervix, which occasioned distressing symptoms. The coccygodynia was of twelve years' standing, and the suffering so intense that threats of self-destruction had often been made. The Doctor performed trachelorrhaphy, and at the same time excised the coccyx. The sutures were not applied as Dr. Werner's method suggests, and as a result the pocket was obliterated by healing by granulation, which required nearly five weeks. The coccyx was luxated from behind forward, with lateral (left) deviation.

Prof. J. B. Walker reported a case of peritonitis that would, in all probability, terminate fatally, which resulted from the use of large hot-water vaginal injections. The injections were used by the patient for the relief of a profuse vaginal discharge, either leucorrhœal or gonorrhœal in nature. The Doctor referred to the caution mentioned by Dr. E. L. Dreer, which is to obliterate the central orifice of the syringe-pipe, in order to prevent the jet being thrown into the uterine cavity.

Dr. E. E. Montgomery is of the opinion that the individual is suffering from an extension of an inflammation, gonorrhœal or not, from the uterus to oviducts, and that the salpingitis is the cause of the peritonitis, and not the hot water.

Dr. Walker spoke of the harmlessness of hot water in the peritoneal cavity, and did not wish to be understood to state that the peritonitis was the result of admission of simple hot water, but due to *pus* entering the peritoneal cavity. The pus, he explained, was forced through the oviducts by contraction of the unstriated muscular fibre, and the contraction depended upon the entrance into the uterine cavity of the hot water. Too great care cannot be exercised in the use of simple, and, under ordinary circumstances, harmless injections; and this case, with its probable fatal termination, should serve to impress upon the mind of every practitioner the importance of extreme care in the treatment of similar instances of inflammatory affections of the female genito-urinary tract.

TRANSACTIONS OF THE ATLANTIC COUNTY, N. J., MEDICAL SOCIETY, HELD AT ATLANTIC CITY, ON MONDAY, FEBRUARY 5, 1883.

The President, Dr. Boardman Reed, in the chair.

The minutes of the last regular meeting were adopted as read.

Drs. S. A. S. Jessup, Rebecca Hallowell, H. H. Bennett and Chas. Souders, of Atlantic City, and Dr. Edward North, of Hammonton, were elected members of the Society.

Propositions for membership were received from Drs. William Pollard and J. J. Comfort, of Atlantic City, and Joseph North, jr., of Pleasantville.

A committee was appointed, consisting of Drs. D. B. Ingersoll, Edward North, and J. B. Somers, to take steps towards procuring more stringent laws regulating the practice of medicine, regulating admission to insane asylums, and concerning the payment of expert testimony.

The President and Secretary were appointed a committee to invite an eminent Philadelphia specialist to lecture before the Society at its next regular meeting.

The subject of "Indigenous American Medicines," was chosen for discussion at the next meeting.

An amendment to the By-Laws, inserting the reading of essays and reports of cases in practice as special items in the rules of order, was adopted.

The resignation of Dr. T. P. Waters, who has removed from the county, was received and accepted.

Dr. D. B. Ingersoll described an interesting post-mortem examination which he had recently conducted in connection with Dr. Boardman Reed. The probable cause of death, together with the medico-legal aspects of the cases were variously discussed and commented on by the members present.

Owing to his serious illness, Dr. Willard Wright was unable to be present and present his essay; he was therefore reappointed essayist for the next meeting, with Dr. L. H. Armstrong as his alternate.

After some further discussion of an informal character regarding the meeting of the State Medical Society, which meets in this city in June, the meeting adjourned to meet again on Monday, May 7, 1883. THEO. H. BOYSEN, M. D.,
Secretary.

PROCEEDINGS OF "THE COLLEGE OF PHYSICIANS OF PHILADELPHIA."

A Partial Study of the Poison of Heloderma Suspectum (Cope)--The Gila Monster.

BY S. WEIR-MITCHELL, M. D., AND EDWARD T. REICHERT, M. D.

[Read February 17, 1882.]

(Being the complete paper, an abstract of which appeared in our issue of Feb. 24th.)

For some years past it has been known to naturalists that the Gila lizard of Arizona and Sonora was endowed with anterior deciduous grooved teeth, which communicated by ducts with large glands within the angle of the lower jaw. These arrangements naturally suggested a certain power of poisoning, as to which, however, the most conflicting accounts have reached, and continue to reach us from Arizona. In many houses the sluggish creature shown to you was a pet of children, and seems to have been averse to using his weapons of offence. The occasional accidents from his bite were variously explained away; but still, among the Indians and some settlers, he enjoyed an evil reputation. Only within a week we have had two letters from Arizona, the one describing him as "more peaceful and harmless than a young missionary," and the other as being "worse than a whole apothecary shop." Nevertheless, both in France, and of late in London, specimens have bitten and promptly killed small animals.

It is worth while to mention more distinctly some of the evidence for and against the poisoning power of Heloderma. His bad name in Mexico is mentioned by Bocourt and Dumeril, but Sumichrast is more full in his statements.

This curious lizard is, he says, slow and embarrassed in his movements, and hides in the daylight, and especially in dry weather, to emerge at night and in wet seasons. He is said to smell ill, in fact to be of a nauseating odor, and is described as slobbering forth a sticky, whitish saliva when irritated. The natives, says Sumichrast, hold him in the utmost terror, and consider him as more fatal than any serpent. When made to bite a fowl, it died in twelve hours, with bloody fluid exuding from its mouth, the wound being of a purple tint. A cat bitten was very ill, but recovered, remaining thin and weak. The Heloderma Horridum sent to London, to Sir John Lubbock, killed a frog in a few minutes, and a guinea-pig in three minutes.

Many years ago, Dr. Irwin, U. S. A. (*Amer. Naturalist*, Nov., 1882), experimented in New Mexico with the Gila monster, and concluded it to be harmless, while Mr. Horan, Superintendent of the National Museum, says he himself has been several times bitten without serious results. The following statement of Dr. Shufeldt (*Amer. Naturalist*, Nov., 1882,) adds a further difficulty in making up our estimate of the powers of Heloderma. The lizard he speaks of is the one we now exhibit. It was sent to the Smithsonian Institution by A. T. Burr, U. S. A., and is the *H. suspectum* of Cope.

"On the 18th inst., in the company of Professor Gill, of the Smithsonian Institution, I examined for the first time Dr. Burr's specimen, then in a cage in the herpetological room. It was in capital health, and at first I handled it with great care, holding it in my left hand, examining special parts with my right. At the close of this examination I was about to return the fellow to his temporary quarters, when my left hand slipped slightly, and the now highly-indignant and irritated Heloderma made a dart forward and seized my right thumb in his mouth, inflicting a severe lacerated wound, sinking the teeth in his upper maxilla to the very bone. He loosed his hold immediately, and I replaced him in his cage, with far greater haste, perhaps, than I removed him from it.

"By suction with my mouth, I drew not a little blood from the wound, but the bleeding soon ceased entirely, to be followed in a few moments by very severe shooting pains up my arm and down the corresponding side. The severity of these pains was so unexpected that, added to the nervous shock already experienced, no doubt, and a rapid swelling of the parts that now set in, caused me to become so faint as to fall, and Dr. Gill's study was reached with no little difficulty. The action of the skin was greatly increased, and the perspiration flowed profusely. A small quantity of whisky was administered. This is about a fair statement of the immediate symptoms; the same night the pain allowed of no rest, although the hand was kept in ice and laudanum; but the swelling was confined to this member alone, not passing beyond the wrist. Next morning this was considerably reduced, and further reduction was assisted by the use of a lead-water wash.

"In a few days the wound healed kindly, and in all probability will leave no scar; all other symptoms subsided without treatment, beyond

the wearing for forty-eight hours so much of a kid glove as covered the parts involved.

"After the bite our specimen was dull and sluggish, simulating the torpidity of the venomous serpent after it has inflicted its deadly wound, but it soon resumed its usual action and appearance, crawling in rather an awkward manner about its cage."

The specimen shown has eaten once since we have had him, but the Gila monster is said to live on bird eggs, and to eat daily of like food while in captivity.

The sluggish habits ascribed to Heloderma in general have been noticed in our specimen; but it is clear from Dr. Shufeldt's accident, that, like the habitually inert Crotalidæ, this creature is capable of sudden and therefore, unexpected agility in attack.

As we shall have sent to us in the spring a number of Helodermas, we shall then be able to complete the study of the poison of these interesting lizards—the only members of the family of lizards as yet known to be poisonous. The subject is, however, too full of interest to delay the publication of our preliminary study, since, as far as it has gone, it is perfectly definite and satisfactory.

The Gila monster inhabits the dry hillsides of Arizona, and is said to reach the length of three feet.

The specimen we exhibit is about fourteen inches long, and from war or accident, had, when he reached us, lost all but two of his teeth, and as yet no new ones have taken their places. Without them he would certainly be as harmless as a rattlesnake deprived of his fangs; and as these teeth are very small and easily removed, their absence may account for some of the instances in which the lizard has bitten and done no grave harm.

Experiments made in the usual vague way, by allowing the lizard to bite animals, are obviously untrustworthy; so that it was thought best to use the saliva in known quantities. The fluid was obtained by provoking the animal to bite on a saucer-edge—which it was most indisposed to do. When once it had seized the saucer it was hard to pull it away, so powerful was the grip of the lizard's jaws. After a moment, a thin fluid like saliva dripped in small quantities from the lower jaw. It was slightly tinted with blood, due to the violence of the bite, and it had a faint and not unpleasant aromatic odor. The secretion thus collected from the mouth was distinctly alkaline, in contrast to serpent venoms, which are all alike acid.

"*Experiment I.*—About four minims were diluted with one-half cubic centimeter of water, and thrown into the breast muscles of a large, strong pigeon, at 4:23 p. m. In three minutes the pigeon was rocking on its feet, and walking unsteadily. At the same time the respiration became rapid and short, and at the fifth minute feeble. At the sixth minute the bird fell in convulsions, with dilated pupils, and was dead before the end of the seventh minute.

"The first contrast to the effects of venom was shown when the wound made by the hypodermic needle was examined. There was not the least trace of local action, such as is so characteristic of the bite of serpents, and especially of the Crotalidæ.

"The muscles and nerves responded perfectly to weak induced currents, and to mechanical stimuli.

"The heart was arrested in the fullest diastole, and was full of firm black clots. The intestines looked congested. The spine was not examined."

Editorial Department.

Periscope.

Tubercle Bacillus and Phthisis.

In the *British Medical Journal*, February 3, 1883, Dr. T. Henry Green (Physician to Charing Cross Hospital, and Senior Assistant-Physician to the Hospital for Consumption and Diseases of the Chest, Brompton), in concluding a lecture on the relation of this micro-organism to phthisis, observes, with regard to treatment: "What is the practical teaching of Koch's discovery with reference to the prevention and cure of phthisis? If our pathological conclusions be even only partially true, they clearly indicate, I think, the necessity of carefully distinguishing between the bacillus and the conditions which favor its influence, and of directing our treatment to both. We must endeavor to prevent the access of the organism, and, if possible, to destroy it after it has effected an entrance; and we must also strive to maintain a healthy condition of the pulmonary tissues, and thus prevent the occurrence of that tendency to apical stagnation which appears to be such an important, if not essential, factor in the disease. The latter of these indications is, I believe, as important as the former; and it is, perhaps, rather in danger of being lost sight of in the very natural eagerness with which attention is now being directed towards the bacillus.

"Firstly, then, with regard to the condition of the lung which favors the influence of the bacillus. Here it is only necessary to remark that, whatever promotes a vigorous state of health will, by improving the condition of the blood, the nutrition of the vessels, and activity of the circulation, and the exercise of the respiratory function, tend to prevent that stagnation and transudation in the highest portions of the lungs, the etiological importance of which we have so especially insisted upon. The value of treatment which has for its object the fulfilment of these indications in the prevention of phthisis it is, I believe, difficult to ever-estimate; and its usefulness is almost

equally valuable when the disease is established. I cannot but think that, in the meantime, such treatment promises better results than any attempt to attack the specific organisms. Secondly: the tubercle bacillus. The consideration of this naturally divides itself under two heads: (*a*) the prevention of its access, and (*b*) attempts to destroy it when the disease is developed. (*a*) The prevention of the access of the bacillus. The present position of our knowledge appears to point to the desirability of adopting measures for the disinfection and destruction of the sputa of patients suffering from phthisis; and perhaps, also, of the alvine secretions, when there is any evidence of tuberculous disease of the bowel. It also raises the question as to how far it is desirable to allow individuals who are not consumptive, but who inherit a phthisical tendency, and especially when such individuals are out of health, to intimately associate with those who are suffering from the disease. If our pathology continues to move on the same lines, this subject may become one requiring the consideration of those who manage our hospitals. (*b*) The destruction of the bacillus after the disease is established. Attempts to do this are made principally by means of antiseptic inhalations. This is the fashionable, though perhaps somewhat misdirected, therapeutics of the day. A respirator charged with some antiseptic, such as creasote or carbolic acid, is now being largely used in the treatment of phthisis. Although I should be very sorry to unfairly criticise such treatment, I cannot but think that the evidence that its usefulness is in any way dependent upon its destruction of the bacilli, or of any infective substance which they may originate, is wanting. It seems to me much more probable that such inhalations, when beneficial, are so mainly through the favorable influence which they exercise upon the mucous membrane and secretion; and when, as is often the case, they are combined with chloroform, they will also act as direct sedatives. What we want are cases of early and progressive phthisis in which antiseptic treatment alone, without adjuncts, is followed by marked improvement. When it can be shown, *e. g.*, that the pyrexia of early phthisis is reduced by such treatment, we shall have evidence pointing to the influence of the germicides upon the bacillus, of considerable value. We are now making some observations in this direction, but, at present, with negative results. Whilst, therefore, I do not wish to be understood to discourage the treatment of phthisis by antiseptic inhalations, I think we must be careful as to the interpretation we put on their results. The treatment of phthisis and of other pulmonary diseases by means of medicated atmosphere has been greatly stimulated by Koch's discovery. Such treatment has undoubtedly been too much neglected in the past, and its prosecution promises the best results. But, in the meantime, I think we have no evidence that we are able by such means to influence the tubercle bacillus; although, if Koch's investigations be true, the discovery of some agent which, by destroying it, will arrest its injurious influence, is obviously the greatest desideratum."

—Picric acid is the latest topical application in erysipelas.

A Congenital Anomaly of the Conjunctiva, Hitherto Unreported.

Dr. J. F. Streatfield reports this case in the *Lancet:*

At the Moorfields Eye Hospital, on the 11th of May this year, I saw among others in the crowd of out-patients, a lad who had evidently some conjunctival redness of both eyes, which on examination proved to be nothing but a slight catarrhal ophthalmia. To determine this point, and suspecting it might be a case of granular lids, I looked under the upper lid, and also specially, as usual, to the outer angle of the lower lid on its inner surface. For this purpose I made traction on the skin downwards, and then also somewhat outwards. As I was thus pulling the outer canthus away from the eyeball, and everting the lid, a conjunctival fold came into view, which evidently limited and abbreviated somewhat the normal amount of separation to be effected between the eyelids and the eyeball, the palpebral and ocular conjunctivæ, at this part. Then, with another finger, I also lifted the upper lid at the outer angle, and the fold I had observed came very prominently into view. It extended exactly horizontally from just behind and within the outer canthus, to nearly the outer margin of the cornea. It would not allow the lid to be lifted so far as they may be usually away from the eyeball, but the normal movements of the eyes when the lids were *in situ* were not by it interfered with. Being stretched, by lifting the two lids as I have described, the little straight fold was seen to be semi-transparent, and, seeming to consist only of the folded normal conjunctiva, it reminded me of the little vertical fold of mucous membrane under the tongue of infants to which one's attention is so often directed, when, as their mothers and nurses say or suppose, the child is "tongue-tied." In each palpebral aperture this abnormal frænum existed, and was altogether quite symmetrical. There were no other oculo-palpebral prominent folds, nothing like symblepharon in either eye. The patient knew nothing of the anomaly I am describing; he had had nothing the matter with his eyes but the present insignificant conjunctival inflammation. Symblepharon as a congenital affection has been reported, but the present case cannot possibly, I think, come under this category, because—(1) The conjunctiva was only shortened, or of little extent, directly outwards in either eye, as a little fold forwards and horizontally, instead of a backward and vertical fold. It was not thickened, or otherwise changed in appearance, as are the folds in the reported cases of congenital symblepharon, which seem to have been the result of intra-uterine inflammation, nor did the eyes themselves and the eyelids, excepting as regards these purely conjunctival frænæ, show any structural abnormality, any inflammatory results, fœtal or otherwise, or any ill-development—if I may assume that these frænæ were evidences of ill-development of the conjunctival sacs; because (2) these frænæ in my case were only just at the outer angle—*i. e.*, where any symblepharon is not very likely to occur; and also because (3) of the exact symmetry that existed. It was, I think, a partial malformation. I find no notice of any such congenital anomaly in Professor Manz's chapter (vi.) in Graefe and

Saemisch's Handbook, or in other books. These fræna may perhaps be explained by a consideration of the development of the eyelids; an upper, lower, and inner lid are formed, of which the latter, although in the human subject it is quite rudimentary, yet must not now be forgotten, for in the novel and possibly unique case I am recording, the forward folds of conjunctiva were only at the outer canthus and exactly horizontal —that is to say, where without the rudimentary inner third lid, the two greater eyelids come close together into contact, being formed by two, an upper and a lower, infoldings of the integument. If such infoldings above and below, as two pockets, are likely, as I suppose, to leave between the two a tegumentary ridge or outfold, I will venture to guess that I have in the present case found a congenital abnormality not so very rare as hitherto undetected. We constantly open eyelids and look up and down under the two lids, but we do not specially observe if the two lids together are perfectly and normally separable from the eyeball at their junction at the outer angle. Is the common congenital abnormality called epicanthus a (displaced) development of the third eyelid of the lower animals? Is the plica semilunaris in such cases absent? I have not myself observed that it is.

The Lesion of Myo-Carditis.

Dr. James Grey Glover describes in the *Lancet*, January 20, 1883, the case of a man aged fifty, the subject of occasional attacks of emphysema and bronchitis, who was suddenly seized with violent pain in the region of the heart, and alarming syncope. When seen, there was no disturbance of the circulatory system, and having recovered from the attack, he complained only of pain across the diaphragm, and especially to the right side over the liver. In a few days, although feeling weak, he returned to his business. Ten days later, not feeling well, and having pain in the chest, he sent for Dr. G., who saw him in his library, and was just beginning to hear from him an account of his illness, when his head fell back in his chair, and his feet forward, and he died in a few minutes. A friend at whose house he called the night before said he looked ill and "altered," and complained of "a pain at the heart," but said he should soon be better.

Post-mortem Examination.—The body was found very fat, and the muscles well nourished. The cartilages of the ribs were so ossified as to require the use of the saw. There was a good deal of fat about the heart; but no hardening of the coronary arteries. The pericardium contained about an ounce, or less, of fluid. There was an ecchymosis on its inner surface opposite the base of the heart, to the left side in front. There was also a little recent lymph hereabouts. But the marked lesion was on the front of the apex of the heart, affecting, apparently, both the surface and a layer of the substance of this organ. At this spot there was a well-defined roundish patch, less than the size of a five-shilling-piece. It looked badly damaged, and on the road to gangrene or sloughing. In color it was dirty red, with a little dirty lymph about it. The great vessels proceeding from the heart contained decolorized clots of fibrin. The opposing spot of the pericardium had a corresponding appearance—ecchymosed and with a little dirty lymph on it, but with no adhesion. The valves were unaffected. The lungs were emphysematous and congested, but everywhere free from consolidation. The liver was hard, and its capsule at parts opaque. The kidneys were similarly affected, and had a few small cysts on their surface.

Remarks.—I shall not attempt to trace the course of pathological processes in this painful case, nor assign their exact significance. The fibrinous clots in the large vessels probably had much share in causing death. Possibly some similar clotting may have occurred in the nutrient arteries of the heart, and so led to the lesions described above, but the coronaries were free from obvious hardness. Possibly, a patient more willing to rest, from the beginning, might have fared differently. The case is interesting in this further respect, as one of the gravest heart lesions, with an absence of physical signs thereof.

The Pathology of Deaths from Burns.

The *Medical Record*, January 27, 1883, says that Zullner has published more extended reports of the examinations made by him of the corpses of those who perished in the burning of the Ring Theatre, in 1881. All the bodies, even those which exhibited no external marks of injury, were more or less covered with a thick layer of soot. The upper extremities were strongly abducted from the shoulder, the elbows were bent, and the forearms pronated, so that the backs of the hands lay near the face. A fighting attitude was thus simulated in some cases. This was due to shrivelling, and consequent shortening of the muscular fibres, by the action of heat. The large cavities, and more especially that of the abdomen, were often burst, even in bodies not otherwise much injured, and the bowels protruded. In females, the tympanic state of the abdomen frequently simulated a state of pregnancy.

The blood showed every grade of consistency, from the normal, through the viscid state, up to a completely friable dry mass, in which last condition the blood-pigment was found to be in an insoluble state. Occasionally, the blood formed a dull lustrous mass in the uninjured heart and blood vessels. Examined spectroscopically, the blood always showed the bands of carbonic-oxide-hæmoglobin, even in the case of bodies which had remained buried beneath rubbish for a month. In all the bodies which were incinerated, the heart was found in diastole, and rigidly distended with clotted blood. This sometimes gave rise to a suspicion of concentric hypertrophy: but the thin walls of the organ at once revealed the nature of the appearance.

The bones exhibited every stage of burning, from a simple combustion up to a complete calcination. The jaw was mostly firmly closed. The muscles, where the skin was unbroken, had a boiled appearance; but, where they were charred, the odor was that of smoked meat. The drying-up of the flesh, and its permeation by pyrogenous products, obviously retarded the advent of putrefaction. In the eye, the application of lower grades of temperature manifested itself as a tur-

bidity of the cornea, and complete opacity of the lens, giving the appearance of cataract. The larynx, trachea, and nostrils, were often filled with foreign material from the stomach, perhaps due to the vomiting excited by carbonic oxide. The urinary bladder was often full of urine, even when the abdomen had burst. Occasionally, where the bladder was empty of urine, it contained a gelatinous substance with embedded blood-corpuscles. This was found by E. Ludwig to consist of gelatine, probably derived from the connective tissue by the action of heat. Similar gelatinous masses were found in the uterus in some cases; and this organ was found to be very resistant to the action of heat.

Artificial Nephritis.

The *Med. Times and Gazette*, January 27, 1883, says:

Dr. Aufrecht, of Magdeburg, who is already known from his researches on the effects of ligaturing the ureter, has recently published an account of further experimental work in the pathology of the kidney (*Centralblatt f. die med. Wiss.*, November 25, 1882). The ingenious plan was adopted of administering cantharides subcutaneously to animals, and examining the kidneys at intervals after various numbers of injections in different cases. The stages of nephritis could thus be obtained with great ease, and the process followed from one set of renal elements to the others. The general result at first sight appears remarkable. It was found that simple tubular catarrh, tubulo-interstitial inflammation, and ultimately granular disease, were set up by the single irritant cantharides. Dr. Aufrecht is careful to say that it must not be rashly concluded from these observations that Bright's disease is but one and the same process, whatever "form" it takes. The conditions in chronic renal disease in man are obviously totally different from the conditions just referred to. It is, however, an important fact that the tubular disease always precedes the interstitial; and that the latter appears to originate in the connective tissue nuclei, not in the vessels by way of exudation of leucocytes. Acute nephritis induced by cantharides is not indeed attended by any exudation of white corpuscles. It seems obvious that artificial nephritis promises to furnish pathologists with a field for contention almost as large as was furnished by the cornea some eight or ten years ago—Cohnheim's views of the nature of inflammation being still actively combated by other morbid anatomists. In this connection, as well as from its bearing both on the nature of Bright's disease and the possible danger of repeated blistering, we are likely to hear more about artificial nephritis from cantharides. In the same connection, it may be noted that Litten (*Charité Annalen*, VII., page 187, 1882) has observed a case in which inunction with a preparation of balsam of Peru (for scabies) induced acute desquamative nephritis and dropsy on three different occasions.

Bone and Brain Disease in Syphilis.

Before a meeting of the Pathological Society of London, (*Lancet*, December 30, 1882), Mr. Victor Horsley exhibited specimens of Bone and Brain Disease in Syphilis. The organs shown possess no special interest beyond the fact that successful treatment lessens the opportunities of studying syphilitic lesions. In this case the patient was admitted into University College Hospital under Mr. Hill, from the Lock Hospital, Soho, in a very weak state, and suffering from pyæmic abscesses. What history could be obtained showed his condition to be pyæmic, following on necrosis of the facial and cranial bones. The specimens show, first, the points of necrosis on the frontal and malar bones, together with the spongy bones of the nose, of which the inferior turbinate was found post-mortem to be a mere sequestrum, and kept in the nasal fossa by tenacious muco-pus. The whole mucous membrane of the pharynx is hyperæmic, and shows a few cicatrices of previous ulceration. The seats of active mischief were excessively foul, the smell of the discharge not being controlled by antiseptics. The frontal bone shows very well the cicatrices of former ulceration and destruction of the outer table. The lungs on both sides showed some cirrhosis of the apices and broncho-pneumonia; the liver, fatty and cirrhotic, presented a depressed scar on its surface penetrating a quarter of an inch into the substance of the organ. Both spleen and kidneys were cirrhotic, while the former was greatly enlarged, being seven inches long by four inches and a half by two inches. The other abdominal organs showed no particular lesion. On removing the brain there was found an excess of cerebro-spinal fluid, while the arachnoid and pia mater at the base were opaque, and in places matted together by exudation. This did not seem to have caused any paralysis of any cranial nerve. There is asymmetry of the cerebellum, the lateral lobe of the left side being deficient on its under surface at the anterior border, the flocculus being scarcely represented. This does not seem to be the result of disease. There were eleven abscesses in the connective tissue of the limbs and trunk.

Physiological Action of the Bromide of Conium.

The *Medical News*, February 10, 1883, says that Prevost (*Arch. de Physiol.*) comes to the following conclusions from an experimental study of this drug:

1. Paralysis from the bromide of conium results from its effects upon the motor nerves, whose irritability is destroyed.

2. If the blood vessels of the posterior extremities of a frog be tied, and then the drug injected, these parts will remain unparalyzed, while the anterior part of the body is affected.

3. In this way, the action of both strychnia and conium can be demonstrated on the same animal.

4. The vagus is affected more quickly than the other nerves, and also regains its normal condition sooner.

5. The secretion of the urine, saliva, and tears, is increased by conium.

6. The conium is excreted in the urine. The urine of a cat which had been poisoned with conium was evaporated to a syrup, and portions of this were injected under the skin of several frogs, in all of which it produced characteristic symptoms of conium poisoning.

7. The secretory nerves preserve their irrita-

bility and augment the secretions, simultaneously with the loss of irritability of the vagus and muscular nerves. However, electrical irritation of the cervical sympathetic and of the chorda tympani arrests the secretion of the saliva. Peripheral irritation of the nerves of the arm induces free perspiration of the palm, when muscular contraction cannot be produced. The same is true of the nerves of the foot.

8. In the warm-blooded animals, if artificial respiration be resorted to, the heart continues to beat.

9. It is doubtful if the nerve centres are at all affected by the poison, for in warm-blooded animals the convulsions were wholly due to asphyxia, and were relieved when artificial respiration was practiced.

10. The irritability of the muscular substance is not affected by the drug.

The Bacillus of Whooping-Cough.

From the *British Medical Journal*, January 27, 1883, we note that Dr. C. Burger, of Bonn, in the first number of the *Berliner Klinische Wochenschrift* for this year, describes at length the special microorganisms of pertussis, which he states can be found in any specimen of whooping-cough sputum. They appear, under an immersion-lens VII., ocular 0 of Seibert-Krafft, as small elongated elliptical bodies of unequal length, the smallest being double as long as broad. Under a very strong power, transverse subdivision can be detected in the longest specimens. They may form chains or groups, but are generally isolated and scattered singly all over the field. They bear a certain resemblance to *Leptothrix buccalis*, the spores of which are often found in whooping-cough sputum; but the latter are larger and stouter, and near them the filiform mature leptothrix is always present. Occasionally some of the specific bacilli are found to be inside the mucus-cells in the sputum. The bacillus is easily prepared; they can be readily recognized if colored in the usual way by watery solutions of aniline. Fuchsin and methyl-violet were employed by Dr. Burger. As in the case of *Bacillus tuberculosis*, this microorganism is best studied when mounted in the dry way. Dr. Burger concludes that this bacillus is the actual producer of pertussis, because it is not found in any other kind of sputum, because it is so abundantly produced in whooping-cough that its influence cannot be donbted, because its abundance increases in direct proportion with the severity of the disease, and "because the course and symptoms of the whole disease are best explained by the development of this fungus."

The Physiology of Sugar in the System.

The *New York Med. Jour.*, January 27, 1883, says:

In his new article on "A New Line of Research bearing on the Physiology of Sugar in the Animal System" ("Proc. of the Roy. Soc.," xxxii., 214), Dr. F. W. Pavy concludes that bernardin (glycogen) does not undergo any significant transformation into sugar in contact with blood. Bernardin exists to a distinctly notable extent as a normal constituent of blood. The evidence derivable from the observations recorded on the addition of bernardin to the blood and its subsequent recovery, and on its extraction from the liver by boiling water on successive days, and by water at 300° Fahr., tends to show that bernardin enters into feeble combination with nitrogenous matter. Bernardin exists in notable amount, not only in muscle, as has been previously known, but also in the spleen, pancreas, kidney, and brain. (He has only examined these structures.) It also exists in notable amount in the white and yolk of eggs. These several products likewise contain a cupric-oxide reducing substance, which is extracted by alcohol, and which, in most instances, possesses the character of glucose, but specially, in the case of muscle, the character of maltose. Through the existence of glycogen throughout the system, as has been represented, we have a carbo-hydrate occupying a parallel position to albumen—viz., existing in a colloid state, and thus adapted to retention in the body, instead of passing off as a diffusible substance, as glucose tends to do.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——"Modified Listerism," is what Dr. Edward W. Jenks, of Chicago, recommends in ovariotomy. (Reprint.) What this amounts to is really not much more than "careful attention to perfect cleanliness." No doubt this is sound doctrine; but it is giving Lister more than his due to attribute to him the discovery of the benefits of cleanliness!

——A valuable reprint is that of a series of articles by Dr. J. Marion Sims, "On the Treatment of Gun-shot Wounds of the Abdomen in relation to Modern Peritoneal Surgery." London, pp. 32. His conclusions are the result of an experience hardly equalled by any of his contemporaries.

——The prevention and treatment of blennorrhea of the new-born infant, is the subject of a monograph, recently reprinted, from the pen of Dr. M. Landesberg, of Philadelphia. In inflammatory cases he has found eserine of much service.

——The latest issues of the Health Primers republished by D. Appleton & Co., New York, are "The House and its Surroundings," and "Premature Death, its Promotion or Prevention." They are well written and well printed, though better adapted to English than American life and surroundings. For this reason we should prefer sanitary treatises by authors of our own country.

THE

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A WEEKLY JOURNAL,

ISSUED EVERY SATURDAY.

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THE SOUNDS OF THE HEART.

The time has long gone by, says Dr. W. H. Broadbent, in the January number of *The Practitioner*, when the recognition of a murmur at the base or apex, systolic or diastolic in time, or even of obstruction or regurgitation at one or other of the orifices or valves, could be accepted as an adequate diagnosis of heart disease. If a valvular lesion exists, the degree of obstruction or the amount of regurgitation must be estimated, the condition of the walls and cavities of the heart must be ascertained, and the effects of the interference with the current of blood must be traced. But in a large majority of affections of the heart, and these some of the most deadly, there are no murmurs from first to last, and we have to seek the elements of a diagnosis in other evidences of structural change or functional failure, in the seat and character of the apex beat, in the situation, extent, force, and character of the impulse elsewhere than at the apex, in the dimensions of the heart and the relative size of its different chambers as revealed by percussion, and in modifications of the sounds.

When, in enteric fever, the first sound becomes short and feeble, or ceases to be audible, there is considerable danger. The left ventricular sound is somewhat prolonged and more dull when the ventricle is hypertrophied. It is in dilatation of the left ventricle that the short first sound is most common. When it is at the same time loud and low in pitch, the dilatation may be considered to be accompanied by some degree of compensatory hypertrophy; when the ventricular wall is thin, it will be sharper, and when the heart's action is weak, this sound will also be weak. In fatty degeneration, the first sound is peculiarly short and sharp but weak, and there is no true impulse or push, but only a tap against the chest wall. In mitral stenosis it becomes extremely short and sharp, and when the presystolic murmur is lost, this may constitute the main element in diagnosis. A weak aortic second sound (heard in the second right intercostal space, close to the edge of the sternum, and from this spot

upwards to the right sterno-clavicular articulation, and also over the carotids), not the result of valvular disease, is evidence of a weak ventricular contraction from some cause or other, while a lowered pitch and a ringing tone is indicative of dilatation or aneurism of the aorta. Reduplication of the second sound is a frequent effect of mitral stenosis and pericarditis.

When compensatory hypertrophy is failing and dilatation is the predominant feature, the occurrence of the second sound is most strikingly delayed, and the increased duration of the systole is all the more conspicuous from the fact that in this condition of the heart the first sound is usually short and sharp. The combination of a short first sound, with a prolongation of the interval between this and the second sound, causing a tic-tac rhythm, is very frequently met with in renal disease. This same tic-tac character is usually marked in fatty degeneration of the heart, though it is not diagnostic, as the rhythm has been preserved in cases where the clinical history and mode of death was suggestive of fatty degeneration. The feeble, distant ticking is most striking in large effusions into the pericardium, but it may occur in advanced degeneration and dilatation.

In extreme cardiac asthenia, from fatty degeneration, acute dilatation or the late stage of chronic dilatation, the interval between the first and second sound may be abnormally short. When the second sound follows the first immediately, the danger of future syncope is great.

THE MISSION OF MEDICAL JOURNALISM.

When we stop to reflect for a few minutes on the mission of medical journalism, we are struck with its sublimity and importance.

If it is grand and noble for a man to go about among his suffering fellows, bringing relief and scattering morsels of comfort to the sick and afflicted, how much grander and nobler is that factor that gives to him the power to thus avert or correct the multitudinous evils to which fallen human nature is heir-apparent.

It is primarily to his medical journal that the physician is indebted for his medical knowledge. All the progress, all the advance in the various departments of medical science, all new operations, every novel instrument, all that is new in every branch of our own and collateral sciences, first sees the light of day in the columns of our medical journals, from which, after a time, that which has possessed sufficient merit to stand the searching test of critical experience, is transferred to the pages of text-books. It is, comparatively, rarely that any *absolutely new* matter is found in medical books; this is not an absolute rule, but it is one to which the exceptions are very few and very far between; the great proportion of the matter found in text-books has been transferred from the journalistic columns. Some literateur, who, combined with a love for reading, an assortive mind, and a quick perception, possesses powers of discrimination, arrangement, and a pleasant style of writing, will cull from these journals, here and there, whatever may have been proved really valuable, and will arrange them in appropriate order, adding a little of his own personal experience, if he has had any, and his finished production constitutes the particular text-book.

If, then, this material is to be found, fresh and at first hand, in the medical journals, it is evident that he who would keep pace with professional progress, must read these journals.

Again, in order that the columns of these journals should be valuable, it is evidently necessary that physicians should write for them. By following out the advice we gave in a recent editorial on "The Collective Investigation of Disease," and keeping such records as were therein recommended, every man in active practice could find something to communicate that would prove both valuable and instructive.

The gift to felicitously express one's self in writing is rare, but this should not deter a man from writing. When you have something valuable to communicate, though you may be unable to do so in the easy-flowing language of De Quincey, yet the solid, substantial facts are there, and no matter howsoever homely may be your expression, yet such a communication will benefit your

profession and redound materially to your reputation and your benefit.

We would advise all physicians to subscribe to and regularly read as many medical journals as their means will allow, and urge upon them to cultivate the habit of writing short, practical communications for publication.

INSTRUCTION IN MENTAL DISEASES.

A most praiseworthy effort has been set on foot looking to the instruction, both didactic and clinical, of medical students in mental diseases, and it is one that deserves most hearty support and co-operation.

Realizing that insanity, in its incipiency, must always pass under the observation of the general practitioner, before the patient be definitely committed to the expert as insane, an acquaintance with its phases is a necessity to the practicing physician.

A committee, consisting of Drs. E. C. Seguin and M. Putnam Jacobi, of New York, and Margaret A. Cleaves, Harrisburg, have issued a circular to our various medical colleges in which they recommend such instruction by means of—

1. *A chair or lectureship on psychiatry.*

2. *A clinic of psychiatry, held in an asylum for the insane.*

It is stated that nearly a dozen schools in this country already advertise lectures on insanity as a part of their course.

While we thoroughly appreciate how great are already the labors imposed on students in our best institutions, yet this innovation seems so manifestly demanded, in the interests of humanity, that it really is strongly entitled to consideration.

VACCINATION IN MALIGNANT CHARBON.

When the results obtained by M. Pasteur through the inoculation of the attenuated virus of malignant charbon were published, it was considered a scientific experiment, and but few thought that any practical benefit would accrue therefrom. The report recently presented to the veterinary society of the department of Eure-et-Loire, show that these vaccinations, practiced on a large scale, have given unexpected results. The number of sheep vaccinated in this department was 79,312; the annual loss on these flocks amounted to 7,237 animals, or about 9 per cent.; since vaccination but 518 animals have perished, or about $\frac{65}{100}$ of 1 per cent.

It is true that the general mortality from charbon among the sheep in the department was lower than usual (about 3 per cent.), so that the loss among these 79,312 sheep would have been 2,382 instead of 518 after vaccination.

In flocks partly protected, the mortality among 2,308 vaccinated animals was 8, or $\frac{4}{10}$ of one per cent.; and among 1,659 non-vaccinated, 60, or $3\frac{8}{10}$ per cent. In these flocks the vaccinated and unvaccinated were under exactly similar conditions as regarded food, stable, temperature, etc.

The veterinary surgeons vaccinated 4,652 cattle, among which the annual loss from charbon was 322 animals; since vaccination but 11 cows were lost, showing a reduction in the annual mortality from $7\frac{3}{10}$ per cent. to $\frac{24}{100}$ of one per cent.

As the mortality from charbon among horses was light, and vaccination induced glandular enlargements, the operation was not undertaken on a grand scale.

TIME WASTED IN DRUG STORES.

We have been requested by many parties, time and again, to have something to say about the annoying way in which their valuable time is consumed by delays in drug-stores.

We do this the more willingly, because we thoroughly realize that their complaint is a just one.

Dispensing druggists, as a rule, seem to forget that ordinary business principles ought to guide them; and in some cases, where a dear relative is very ill, the delays, which are so evident to the one waiting for medicine, will surely lose to this particular druggist a goodly share of trade. One of our complainants went recently to a first-class pharmacy for a certain medicine, at two o'clock in the afternoon; they did not have it, but the *obliging* clerk said he would get it in fifteen minutes. After sending for it *twice* in the interval, it

was received at *six* o'clock. In all kindness, we would urge upon druggists the cultivation of that trait which is so eagerly sought after by those in all other lines of trade, viz., *promptness* in *executing* orders.

THE STUDY OF VETERINARY SCIENCE.

It was a gratifying evidence of the practical progress of scientific pursuits with the needs of the world that was witnessed at Chickering Hall, New York, on February 27th, when the American Veterinary College held its eighth annual commencement.

It is pleasing to all properly-disposed persons to see evidences of interest in the welfare of the brute creation, which was made strikingly evident by the number of distinguished gentlemen at this commencement. The degree of Doctor of Veterinary Surgery was conferred upon twenty-two graduates.

We are soon to have a Veterinary Department in the University of Pennsylvania, and it is but a short step to the time when veterinary medicine and surgery will possess its own respectable and legitimate position in society.

NOTES AND COMMENTS.

Movable Kidneys.

Dr. E. C. A. Bains, referring to the fact that Mr. Lawson Tait had said that he had never seen a floating kidney either in life or in a museum, describes the following case in the *British Medical Journal*, January 13, 1883. S. B. aged 67, had suffered from albuminuria for several years. Six months ago she consulted me about a tumor, which she said both she and her daughter could move from "front to back." On examination, I found a floating kidney lying close to the right anterior superior spine of the ilium, and I could readily replace it to its proper position. It had never caused her the slightest pain or inconvenience. On November 17th she died, after a few days' illness, from pneumonia. On November 19th I made a *post-mortem* examination in the presence of a pupil of my partner and our assistant. I found that the kidney could be moved several inches without detaching it. On section it presented the following appearances: The kidney-structure had entirely disappeared, in its place was a sacculated cavity. The pelvis of the kidney was occupied by a calculus, weighing four drachms, shaped like a map of Italy. The left kidney was enlarged and congested.

Eucalyptus Oil in Obstetric Practice.

Dr. Sloan awards very high praise (*Progrès Méd.*) to eucalyptus oil as a preventative of puerpueral septicæmia. He recommends it more particularly in cases where there has been effraction of the tissues.

The following mixture may be used to assure uterine contraction after labor:

℞.	Sol. morphiæ chlorhydrat (B. Ph.)	gtt.–xc.
	Tr. nucis vomic.,	f. ʒ ss.
	Ext. ergot fl.,	f. ʒ ij.
	Tr. aurantii,	f. ʒ iij.
	Aquæ ad.,	f. ʒ ij.

M.—One drachm may be given every 4 or 6 hours. Twice daily injections containing carbolic acid or permanganate of potash.

According to Dr. Sloan, eucalyptus oil offers the following advantages: It is not poisonous, it is not irritating, and does not coagulate the lochial discharges. Its odor is generally agreeable, and it appears to aid uterine contraction.

The author employs it in form of pessaries composed as follows:

℞.	Ol. eucalypt.,	ʒ iv.
	Cera alb.,	f. ʒ ij.
	Ol. theobrom,	ʒ iv.

M.—For 12 pessaries. Another combination which sometimes proves too irritating, contains 24 grains of the eucalyptus oil.

Dr. Sloan reports cases where these suppositories have been of great service, and one in particular where subcutaneous injections of the oil diluted with olive oil seemed to save a patient almost ready to succumb.

Treatment of Increased Arterial Tension.

In the *Brit. Med. Jour.*, February 3, 1883, Solomon Charles Smith, M. D., Surgeon to the Halifax Infirmary, after discussing this subject, and dwelling at length on the physiology of the circulation, concludes that the presence of increased arterial tension or blood-pressure involves the existence of obstruction at one end, and increased heart-force at the other: that it is important to distinguish between these two conditions; that the form of trace usually considered indicative of high tension really only shows obstruction, which, while necessarily occurring with it, may also occur by itself; that the measure of the tension is the pressure required to stop pulsation in the

artery or the circulation in the limb; and that while we should always try to reduce abnormal obstruction, we should but seldom interfere with the tension as such, unless it threaten danger to the heart or vessels.

Fistula in Ano.

An exhaustive discussion on the treatment of fistula in ano took place before the Société de Chirurgie (*Union Med.*, October 10–17, 1882). M. Lucas-Championniere advocated the ligature and reported five successful cases. M. Verneuil protested against its use, preferring Paquelin's cautery. M. Després favors the écraseur and the bistoury; with the latter he has operated in 220 out of 230 or 240 cases, never had hemorrhage, and never lost a patient from purulent infection; but he always prepares his patients by a week or two of repose, lotions, and baths. The écraseur he has used ten or twelve times, and never had a relapse. It was contended that no general rules of treatment could be laid down, but that each case must be studied as to the indications for the line of operative procedure.

Obscure Cancer of the Stomach.

Mr. Raymond, in the *Progrès Médical*, No. 52, 1882, and No. 1, 1883, relates a case in which the only symptoms were cachexia, generalized œdema, and serous diarrhœa. There were no physical signs to explain these symptoms. There was no dyspepsia. At the post-mortem all the viscera were found healthy, except the stomach, in which were found a number of sub-mucous greyish tumors, varying in size from a small apple downwards. They were non-pedunculated and there was no ulceration. On microscopical examination these tumors were composed of alveolar stroma, enclosing large cells of very varied forms, some flat, others rounded. It is somewhat strange, perhaps, that the secretion of gastric juice was not more interfered with than it seems to have been. Such a case as this is quite beyond the reach of legitimate diagnosis, with the means at present at our disposal.

Danger from Cinnamon-Colored Clothing.

A death is reported to have recently occurred in Warsaw in consequence of the victim wearing cinnamon-colored clothing. The dye faded under the influence of perspiration, and was partially absorbed through the skin. Poisonous matter contained in the dye caused death. The first symptoms were vertigo, bleeding from the mouth, and loss of sight. The case baffled the skill of the physicians. Every remedy was tried in vain. Before he died, the patient gave the name of the dealer from whom he bought the clothing, and the police are investigating the subject. A solution of the dye given to a dog caused death in an hour.

To Disguise the Taste of Quinine.

Mr. J. K. Lilly proposes for this purpose a syrup of Yerba Santa, the formula for which he gives in the *Chicago Med. Rev.*: "Fluid extract yerba santa, four parts; water, eight parts; powdered pumice, one part; granulated sugar, fourteen parts. Mix the fluid extract with the water, evaporate to seven parts, shake with pumice, allow to stand, decant, add sufficient water to preserve measure, then with heat dissolve the sugar. The addition of fluid extract of licorice in the proportion of half a drachm to the ounce of syrup, or of aromatics, adds somewhat to the elegance of the preparation."

Venus's Fly-Trap.

In the course of his lectures on "Human Automatism" (*New York, Med. Jour.*, January 27, 1883), Dr. W. B. Carpenter made reference to the Venus's fly-trap as described by Mr. Darwin. It has a leaf consisting of two broad expanded lobes, with prickles upon the surface of each: and it is sufficient to touch either of these prickles for the lobes to fold together so that the sharp spines which project from the edge of each, cross those of the other, inclosing any unfortunate insect that has alighted upon the leaf; and upon them the plant lives and grows.

Tonsillotomy in Children.

Referring to the operation for the removal of enlarged tonsils, affecting the physical growth of children, Dr. W. H. Daly says in *The Medical Record*, February 10, 1883, that it has always in his experience been most positive and flattering in the highest degree; so much so that he never hesitates to assure the friends that they may look for improvement in the physical status of the child, and he is never disappointed, especially if proper treatment is carried out with reference to the cure of concomitant catarrhal disease of the naso-pharynx.

The Injudicious Use of Quinine.

Dr. D. B. St. John Roosa wisely calls attention to this pregnant question in the *Medical Record*, February 10, 1883. Admitting and realizing the great value of this drug in all affections of a true

intermittent character, he condemns in unmeasured terms its household use, and warns the public against the prevalent habit of using it to "break up" a cold in the head, which it often intensifies by the cerebral hyperæmia which it induces. It may cause serious disease of the eye or ear, and he considers it absolutely valueless in pyemia.

Pilocarpin in Puerperal Eclampsia.

Dr. Cantilena reports a case of a woman unconscious with puerperal eclampsia. There was slight œdema and albuminuria. Many measures had been unavailingly tried, and there were little hopes of recovery. A hypodermic injection of $\frac{1}{3}$ of a grain of muriate of pilocarpin was given and repeated in five hours. There was abundant perspiration and salivation, with marked improvement. The injection was repeated twice on the ensuing day, and a perfect recovery resulted.

Dry Cupping and Rest in Locomotor Ataxia.

Dr. Henry M. Lyman considers that even if these means possess no curative power, yet if they did no more than merely relieve pain, which they do, they would be invaluable. He says (*Chicago Med. Jour.*, January, 1883): "Its effect upon the general health and nutrition gives it the right, in this case at least, to rank with hydrotherapy, massage, and the Swedish movement cure, as a method of treatment which deserves trial as a means of retarding the progress and relieving the anguish of one of the most intractable of diseases."

Compound Fracture of Femur.

In the *British Medical Journal*, January 20, 1883, Dr. Arthur E. Barker reports a case of compound fracture of the femur, complicated with erysipelas and pyæmia, in which the thigh was amputated, and subsequently exarticulated at the hip, with complete recovery. The patient was a healthy man aged twenty-nine, and the good result was, in a great measure, attributed to the complete rest, local and general, which was rendered possible by the use of the unfrequent dry antiseptic dressing, in the subsequent treatment.

Removal of a Large Bronchocele.

The *Med. Record*, February 10, 1883, records that Dr. Cheever, of Boston, removed, quite recently, a large bronchocele at the Boston City Hospital. The tumor weighed ten ounces. The right and left lobes were dissected in turn from their beds by the usual incisions, and the thyroid and other arteries tied before they were severed. The amount of blood lost was inconsiderable, scarcely equaling eight ounces. The patient subsequently died of shock at the end of twenty-four hours.

The Antiseptic, Glacialine.

New Remedies, for January, 1883, says that according to Dr. Besana, this substance, which has met with so much favor in England and elsewhere as an antiseptic, especially for the preservation of milk, meat, and other articles of food, has the following composition: Boracic acid, 18 parts; borax, 9 parts; sugar, 9 parts; glycerin, 6 parts. A Roman composition of a similar kind was found to be nothing but pure boracic acid.

Plantago Lanceolata as a Styptic.

The plantain juice does not contain tannin, but Professor Quinlan (*Phar Jour.*, No. 637, 1882,) has derived excellent results from its use (chewed form or dried leaves) as a styptic application in external hemorrhage and internal bleeding from lungs, kidneys, and bowels. In menorrhagia he has had fair results from large and repeated doses of the juice, either fresh or mixed with alcohol or glycerine.

Alcohol in Scarlatina.

Dr. Giles Mitchell reported to the Cincinnati Academy of Medicine forty-three consecutive cases of scarlatina treated with large doses of alcohol, without a single death. A half ounce of whiskey every hour was given to a child two years old for a number of days, without the slightest sign of intoxication. When the kidneys became implicated, the alcohol was still used. It always produced a fall of temperature. The report is found in the *Medical Times*.

Cure of Abscesses of the Neck Without Cicatrices.

Dr. F. J. B. Quinlan recommends the passage through the abscess of a fine silver wire, and the ends tied outside, when it will act as a drain. This must be done before the pus reaches the surface, when it is, say half an inch from the external surface. No poulticing or stuping must be used, and when the abscess is evacuated a compress applied. This procedure has never failed in his hands.

A Successful Nephrectomy.

Mr. Morrant incised the pelvis of the kidney in a boy aged sixteen, giving vent to about thirty ounces of purulent fluid, which produced very beneficial results. This improvement, however,

was not maintained, and the *British Medical Journal*, of January 20, 1883, tells us that on the 28th of last December the whole of the kidney was removed piecemeal. Up to January 18th he was progressing favorably.

Simonnot's Anti-Blennorrhagic Boluses.

The *Jour. de Med. de Paris* gives this formula:

℞.	Copaiba balsam,	℥ vj.
	Powdered cubebs,	℥ iij ℥ viss.
	Wax,	℥ iij.
	Powdered rhatany,	℥ ij ¼.
	Carbonate of magnesium,	℥ iss.

To be made into boluses of 15 grains each, which are to be rolled in subcarbonate of iron, and coated with an ethereal solution of tolu balsam and mastic.

Nerve Stretching.

Dr. John A. Wyeth finishes a short report on this subject in the *American Journal Neurol. and Psych.*, November, 1882, with the following conclusions:

1. A simple operation, comparatively free from danger, will afford temporary relief from pain so atrocious that even *temporary* surcease justifies the risk and its repetition.

2. That the muscular ataxia of *tabes dorsalis* is very slightly, if at all, relieved by this operation; certainly not enough to justify it.

Tolerance of Chlorodyne.

Dr. Henry Barnes (in the *British Medical Journal*, November 25) reports the case of a young woman who had been a hospital nurse, and who had contracted a habit of dosing herself with chlorodyne. Her usual dose was a bottle, which contains 2¼ oz., and a ℥ v. bottle only lasted her little more than 24 hours. She was under treatment, and was slowly recovering.

Nasal Disease a Cause of Asthma.

Voltolini first directed attention to the relation of cause and effect between polypus of the nose and asthma, but now Dr. G. Hunter Mackenzie calls attention in the *Edinburgh Med. Jour.*, February, 1883, to a case in which simple chronic inflammation of the nasal mucous membrane, *without a polypus*, was clearly the cause of aggravated and persistent attacks of asthma.

Mercurial Glycerite.

According to Dr. Vigier, drugs incorporated with glycerine are not at all absorbed, but mercury with lard is absorbed, and he therefore recommends the following (*Gaz. Hebd. de Med.*) as an anti-parasitic mixture, that will not be absorbed, in scabies, pediculi, etc.

℞.	Hydrarg. bichlorid.,	℥ iss.
	Glycerine,	℥ iij.
M.		

Paraldehyde as an Hypnotic.

Dr. Vicenzo Cervello, of Palermo, says that paraldehyde in doses of 30 to 45 grains induces a quiet, reparative sleep, not followed by headache, loss of appetite, or mental confusion, as after chloral. It is very useful in the periodical mania of progressive paralysis, in acute and chronic mania, delirium tremens, etc.

Paralysis from Slight Handling of a Nerve.

Dr. Alfred C. Post, of New York, removed a neuroma from the median nerve, which he succeeded in enucleating without injury to the nerve. The next day (*N. Y. Med. Jour.*, January 6, 1883), there was paralysis of both motion and sensation of the forearm and hand, not absolutely complete, but nearly so. The patient is now gradually recovering.

An Improved Catheter.

The lower end of the ordinary catheter offers a comfortable resting-place for bacteria, etc., which Dr. Hupeden thinks are very active in prolonging chronic vesical catarrh. He therefore recommends in the *Berliner Klin. Woch.*, January 15, 1883, that the instrument be made solid up to the openings in the side, which will greatly facilitate cleaning.

Indicative of Hepatic Abscess.

Dr. J. Kingston Fowler (*Lancet*, January 20, 1883), is strongly impressed with the fact that when obscure disease, *e. g.*, pleurisy with doubtful pneumonia, at the base of the right lung, is associated with profuse sweating, the formation of an hepatic abscess should be suspected.

Exhausted Linseed Meal for Poultices.

M. Lailler (*Rep. de Phar.*), thinks that linseed meal which has been deprived of its oil is superior to that which has been freshly ground and used in its natural state; it retains its heat longer, while when the oil is present, it becomes rapidly rancid and seriously irritates the skin.

The Significance of Peptonuria.

Dr. Jaksch (*Wiener Med. Woch., No.* 42, 1882), thinks the excretion of peptone in the course of pneumonia, acute articular rheumatism, menin-

gitis, etc., indicates that the inflammatory process is subsiding.

Death from Dichloride of Ethidene.

The *Lancet*, January 27, 1883, records the death of a man who was anæsthetized with the above agent. Nitrite of amyl, and artificial respiration for an hour, were useless. The heart was flabby, thin and extensively degenerated; the valves were healthy.

The Immediate Removal of the Secundines after Abortion.

Dr. Paul F. Mundé contributes an article on this subject to the *Amer. Jour. of Obstet.*, February, 1883. From a review of 57 cases, he concludes that the safety and utility of the forcible removal of the secundines is abundantly proved.

Rupture of the Heart.

Survival for forty hours, after a rupture half an inch long in the posterior wall of the left ventricle, is so unusual that the case described by Dr. S. Coupland in the *Lancet*, December 2, 1882, is worthy of record.

Sodium Bicarbonate in Acute Tonsillitis.

Dr. J. O. Skinner, U. S. A., corroborates, in the *Med. News*, Dr. Stuver's experience with this drug. He places great reliance on it, combined with tincture of myrrh and camphorated tincture of opium in water, used as a gargle.

To Make Boracic Acid Ointment.

This is not easy, but can be accomplished by rubbing the acid with enough glycerine to make a soft paste, heating slightly over the flame of a spirit lamp or gas jet, and then adding the unguent and stirring until thoroughly mixed.

Adonis Vernalis.

This is a popular remedy in Russia for heart disease and dropsy. It stimulates the motor and inhibitory ganglia of the heart, and is not cumulative in its action. A glucoside "adonidini" has been isolated.

The Endermatic Use of Quinine.

Dr. Galanti, of Rome (*Gaz. Med. di Roma*, No. 19, 1882,) uses an ointment of sulphate of quinine, applied to a blistered surface, in the malarial pneumonia of children.

CORRESPONDENCE.

Medical Ethics.

EDS. MED. AND SURG. REPORTER:—

The well-informed practitioner of medicine is aware that for many long centuries the healing art and the priestly office were united in one, and that there was a strong tendency in the priest-physician to introduce into his practice secrecy, pretence, incantations, and exorcisms. These ages of ignorance and superstition have passed away, as we generally suppose, but their shadow still lingers upon the profession. We have not yet reached the clear light of day. The incantations and exorcisms may not be tolerated except in families distant from school-houses, but the secrecy and pretence are practiced everywhere.

The best statistical information that can be obtained shows that ninety-five per cent. of practitioners in foreign countries, and about eighty-five per cent. of American physicians, agree in this: that the practitioner, in his relations with the people and the profession, should not make use of a name by which he may distinguish himself from his fellow practitioners except that name which was given to him by his parents. To illustrate: Why should any practitioner place upon his sign or card such qualifying words as Indian Doctor, Botanic Doctor, or Eclectic Physician, or Homeopathic Physician, or Hydropathic Physician, or Hygeio-Therapeutic Physician, or Vilopathic Physician, or Omnipathic Physician? This array of high-sounding terms ought indeed to alarm those who make use of them, especially since every few years a "new school" of practice is announced. An evil of this kind, growing in our country by the aid of mercenary legislators and executive officers, has no cure except in the use of the daily newspapers on the side of honorable scientific practice.

But what should be our relations with these sects in medicine? This is the question which specially concerns us at the present time. Shall we affiliate with them, and accept their interpretation of the golden rule? Where shall we draw the line between truth and error, scientific practice and quackery? We have made an honest effort to do this. Have they ever indicated where this line should be drawn? No, they cannot agree except in the use of some name, which the people cannot interpret.

But it has been assumed that a political legislature can establish honorable relations between medical practitioners, and the announcement has been made; but how can this be done except by placing scientific truth on a level with whimsical theories, or honor on a level with pretence? Can a legislature define the duties which we owe to the sick, to one another, and to the community at large? If so, then every state can have its own code of morals, or no code at all. In either of these cases, divisions and strifes would multiply instead of diminish; there could be no union. Remove the keystone, and the arch falls.

The American Medical Association has adopted what is known as a Code of Ethics—an admirable instrument, but by no means perfect. The few lines which relate to this subject are obscure, and the words, "exclusive dogma," when transferred to

a political or religious newspaper, are offensive to the people, and to many in the profession. We do not object to any one holding a theory or doctrine, however absurd it may appear to some; but we do object to the practitioner making use of pretentious or deceptive language in a newspaper, on his sign or card, or in his intercourse with the people. The exclusion of any one from consultations should not be based upon any theory or doctrine the practitioner may hold, nor upon his style of practice, but upon unprofessional conduct, which would include gross immoralities, as well as the use of language which produces division and strife. The attorney-at-law is stricken from the roll for unprofessional conduct, and the people endorse the action of the court.

R. Lowry Sibbet, M. D.

Carlisle, Pa.

An Ounce of Chloroform Taken with Suicidal Intent —Recovery.

Eds. Med. and Surg. Reporter:—

When I arrived at the bedside of the patient, fully forty-five minutes had elapsed since she had swallowed an ounce of chloroform. The patient is thirty-six years old, and has suffered for fifteen years with some kind of uterine disease, and, becoming tired of life, attempted to end her sufferings as above indicated. I found her in a close room, her head elevated on pillows, and her lungs just perceptibly in motion. I lowered her head, then opened the windows, let a draught of air blow over her, and injected a drachm of brandy hypodermically. She soon ceased to breathe. I then commenced artificial respiration, and continued it without a moment's intermission for fully two hours. During the two hours I injected four ounces of brandy at regular intervals, using a syringe-full at each injection. I also injected one-tenth of a grain of digitaline, which lessened the rapid beating of the heart, then going at literally an uncountable speed. Nitrite of amyl, a few drops on a handkerchief and held to her nose at various intervals, acted very promptly, flushing the face and strengthening the respirations. After fifteen hours of unremitted watchfulness, I had the satisfaction of saying to her two daughters that their mother was safe. The soreness arising from the punctures of the syringe caused some trouble for a few days, but the patient is now doing well, and seems more cheerful in mind than formerly.

C. H. Merrick, M. D.

Seattle, Washington Territory.

News and Miscellany.

Current Diseases.

A report from Waterbury, Conn., states that an epidemic of winter cholera prevails there, caused, it is thought, by the snow water in the city reservoirs. About 250 persons have been attacked.

In Lawrence, Kansas, smallpox has broken out among the colored population.

Twenty persons in Malaga, Spain, have, it is said, been attacked with trichinosis from eating American-cured hams.

Commencement of the Medical Department of the Arkansas Industrial University.

The annual commencement of this institution took place at Little Rock, February 28, 1883. The degrees were delivered by Governor Berry. Dr. P. O. Hooper, President of the College, presided.

Convicting a Midwife.

The midwife (recently referred to) who had infected a number of women with syphilis through attending labors while suffering from a chancre on one of her fingers, was last week found guilty, and sentenced to twelve months' imprisonment with hard labor.

The New York Code.

We learn that a society is being organized in the State of New York, whose object is to maintain the Code of Ethics of the American Medical Association. A large number of the leading members of the profession have expressed their desire to join the society and become active coworkers.

German Eye and Ear Infirmary.

For the year 1882, there have been gratuitously treated at the German Eye and Ear Dispensary, 314 Noble street (Dr. M. Landesberg, surgeon in charge), 1,516 patients, of which number 1,028 were for eye diseases, and 488 for ear diseases. The number of important operations performed in the Institute was 135, of minor 175.

Extending the Code.

Dr. F. H. Darby, of Morrow, Ohio, has printed a sheet of selections from the Code, especially with reference to the duties of patients to their physician, interspersing it with light and readable matter. He will sell these sheets at about cost, and they can be used as wrappers, etc. A specimen can be obtained from him by mail.

American Public Health Association.

The next meeting of this Association will be held in Detroit during the second week in November, 1883. The executive committee announces the principal topics for discussion to be, (1) The best method of collecting and publishing vital statistics. (2) The etiology of malaria. (3) Food preservation and adulteration, and (4) The physics of house drainage.

Journals of Paris.

According to the Annuaire des Jour. de Paris, published by Brunox, 1,291 journals, weekly, monthly, etc., appear at Paris; of these, 59 are religious journals, 118 relate to jurisprudence, 240 to political economy, commerce, and finance, 22 to geography and history; light literature claims 128; instruction, 38; literature, philology, and bibliography, 62; the fine arts, 11; photography, 3; architecture, 9; music and the theatre, 44; the fashions (modes), 73; the diverse industries, 138; medicine and pharmacy, 92; the sciences, 57; military and naval subjects, 24; ag-

riculture, 28. The number of daily political journals is 67. The number of journals relating to finances (stocks, etc.), the diverse industries and educational subjects, has much augmented, while the others remain stationary.

Dark Ways of Some New York Doctors.

A bill was recently introduced into the New York Senate by Mr. Pitts to prohibit medical societies from adopting rules forbidding practitioners from conferring with others than those of their own school of medicine.

This looks like a desperate endeavor on the part of those New York specialists who are itching to consult with all sorts of irregulars in order to increase their income.

A Naval Medical Society.

The medical staff of the Navy has organized a society called "The Naval Medical Society," in order to establish more intimate social and friendly relations among its members, to furnish occasions for the interchange of professional experiences, and to assist each other in scientific inquiry and research. Every officer of the medical corps has the right of membership upon notifying the Secretary that such is his desire.

The Society is to have regular meetings on the first Thursday of every month, in the city of Washington, and at such other times as the business committee may consider advisable, or when five other members may so request.

Epidemic Diseases in Paris During the Year 1881.

This report, confided by the Conseil d'Hygiene to M. Lagneau, necessitated the examination of thousands of documents, and required considerable time in preparation. It concerns the whole Department of the Seine, which contains 2,799,329 inhabitants. In the department, the deaths from this class of diseases during 1881 were as follows:

Diphtheria	2,690
Typhoid Fever	2,315
Smallpox	1,182
Measles	1,009
Cholera and Choleriform Diarrhœa	860
Whooping-cough	549
Scarlatina	463

The statistics fell short of reality as regarded the number of deaths from puerperal affections, for such diseases were carefully reported only in hospital services. An interesting fact was noted, that in the arrondissements of Sceaux and St. Denis, without the walls of the city, the number of deaths from these diseases was the same in proportion as in the city itself. M. Lagneau calls attention to the fact, that the number of deaths from diphtheria, typhoid fever, and measles, increases every year in Paris. The same fact was brought forward by M. Bronardel, in the Soc. Méd. des Hopitaux, and he showed that the hygienic condition of the city left much to be desired.

The Conseil d'Hygiene has not sufficient powers, and its recommendations are disregarded. The creation of a Board of Health similar to those in function in England, Germany, and the United States, is imperatively required.

The Anti-Vaccination Agitation in Germany.

The *Medical Times and Gazette*, January 20, 1883, says:

The Anti-Vaccination League, which seems to be taking a little rest in France, continues its agitation in Germany. It is not only syphilis which vaccination is accused of transmitting, but (according to a letter addressed to the Paris Académie de Médecine by the French Ambassador at Berlin) likewise other redoubtable diseases, especially scrofulous affections. This new ground of accusation is derived from Dr. Koch's experiments, and the authority which this *savant* enjoys explains the emotion which has laid hold of public opinion. Thus a true shower of petitions seems to have fallen on the Reichstag, which has appointed a committee to examine them. The conclusions of this committee point to the organization of a complete investigation of the results furnished by the law of compulsory vaccination in Germany, and of a proposed law relating to epidemic diseases in general. The materials accumulated by this committee will be laid before the Reichstag by the government.

Items.

—Typhoid fever has appeared in the inundated districts of the Ohio Valley.

—The Second German Congress for Internal Medicine meets at Wiesbaden, April 17 to 20, 1883.

—The disinfectant sold under the name Listerine is highly esteemed by those surgeons who have tried it.

—The Louisiana State Medical Society will hold its next meeting at Shreveport, La., on Wednesday, April 4, 1883.

—The annual commencement exercises of the Buffalo Medical College were held February 27. Diplomas were conferred on fifty-six graduates.

—"Neuralgia" is the name borne by a charming girl of Iowa. Her mother found it on a medicine bottle, and was captivated by its sweetness.

—The citizens of Cincinnati are urging the passage of a bill appointing a street and sanitary commission for two years, with $1,000,000 to spend.

—There are nine general and seven special medical journals published in New York city. There are four weeklies, seven quarterlies, four monthlies, and one bi-monthly.

—In the ruins of Pompeii has been lately discovered a quadrivalve speculum, exquisitely proportioned, with a movement unsurpassed by the most perfected of modern instruments.

—The total number of deaths in St. Louis for the year 1882 was 7,817. This makes the annual death-rate 19.5 per 1,000, estimating the population at 400,000. The number of births during the year was 8,441.

—A case is reported of fracture of the hyoid bone from gaping in a man, æt. 27. For three weeks there was exquisite pain on touch, and great pain and distress in deglutition. The patient recovered, although he suffered much from inanition.

—Professor L. McLane Tiffany has lately, at the University Hospital, Baltimore, successfully ligated the common femoral artery just below Poupart's ligament for an aneurism of that vessel due to a stab.

—In a recent report of the registrar at Borrisokane, Ireland, of fifteen deaths which occurred in the district, eleven had reached the following ages: 104, 101, 86, 80, 78, 75, 72, 68, 60, and 60 years respectively.

—Dr. Robert Koch has expressed himself strongly in favor of the present movement in Germany which proposes compulsory vaccination. He thinks the dangers of transmitting syphilis and scrofula are almost infinitesimal.

—A Baltimore Coroner's jury found in the case of a colored woman recently, that she "came to her death from natural causes—cramp colic, produced by eating sausage for breakfast—and, in the opinion of the jury, the sausage was good."

A Bon Mot of Arago's.—"What are comets made of?" asked a French lady of the distinguished *savant*. "Madame, I do not know." "Then what is the use of being an Academician?" "Madame, that I may be able to say I do not know."

—Dr. Elliott, of New Haven, says that when a diagnosis is uncertain, few doctors hesitate to tell a man that he has malaria. Again: "Medical men are almost superstitious in regard to the invisible spectre, malaria. One hardly dares to treat an obscure case without working in a good dose of quinia during the first day or two."

—Dr. Farquharson, M. P., speaking at the Scottish Educational Congress in Aberdeen, strongly condemned the effect of the present system of teaching upon the health of children, and urged the appointment of medical inspectors of schools, whose duty it would be to watch over the health of the pupils. The professors and leading educationists approved and supported this view.

—Dr. Langer states that the fat of a child "contains less oleic acid, but more palmitic and stearic acid than that of adults, besides being richer in the butyric and caproic acids." Perhaps that is what causes the infant to yell so vociferously during the night, but we cannot always tell. It may be the richness of the butyric and caproic acids, and it may be a displaced pin.—*Norristown Herald.*

—It is announced that the Johns Hopkins Medical School of Baltimore will be opened next fall. This institution is expected to be on a superior plane to any other now in existence in America—its course of instruction far more thorough, its degree correspondingly more difficult of attainment; at least seven years of study in all will be required.

OBITUARY NOTICES.

SIR JOHN FORSYTH, C. B., K. C. S. I.

Sir John Forsyth, C. B., K. C. S. I., late Principal Inspector-General of the Indian Medical Department (Bengal), and Honorary Physician to the Queen of England, died recently at Brighton, in 84th year of his age. The deceased was nominated a Companion of the Order of the Bath (civil division) in 1862, and a Knight Commander of the Star of India in 1881.

DR. WILLIAM BOWEN BRINTON,

Of West Chester, Penna., died suddenly on March 7th, of acute rheumatic fever with cardiac and renal complications. He was born November 30, 1842, and was the eldest son of the late Dr. John B. Brinton. He graduated in 1863 at the University of Pennsylvania, and in the same year entered the army as an assistant surgeon in the Thirty-third Regiment (Fourth Reserves). On May 3, 1864, he was promoted to the rank of surgeon in the One Hundred and Eighty-fourth Regiment, Infantry, of Pennsylvania Volunteers, and was mustered out with the regiment on July 15th, 1865. He was president of the Chester County Medical Society, and physician to the Chester County Prison, having succeeded his father, who was the physician for twenty-eight years. He was resident physician of the Pennsylvania Railroad Company, a vestryman in the Church of the Holy Trinity, was one of the active members of the Episcopal church, and a Master Mason. By his death the profession in Chester county loses one of its most active and promising members. He was married in 1871, to Miss Ida P. Futhey, and leaves two children.

QUERIES AND REPLIES.

Dr. J. E. H., of Tenn.—Your letter was delayed through incomplete postage. In reply to your inquiry, we can only repeat what we have often said, that for physicians to bid against each other for public medical positions is an injury both to the public and to the profession.

Dr. T. J. W., of N. C.—Pure kerosene ought not to have an irritating effect either on the skin or mucous membrane. We have recorded instances in this journal where it was given infants by the spoonful, without injury.

Dr. T. W. E., of Ohio.—If any folly is the last, it is that of consulting clairvoyants by sending them locks of hair. Yet it is far from uncommon throughout this country.

Please inform me through your columns how permanganate of potash can be made into pills. Drs. Ringer and Murrell, of Paris, recommend it in the treatment of amenorrhœa, and prefer it to be given in pill form.

S. C. Tripp, M. D.

Ans.—Pills can be readily made by powdering the permanganate and working up with a little powdered liquorice and a drop of gum arabic.

MARRIAGES.

ARMSTRONG—BLAIR.—On Wednesday, February 28, 1883, by the Rev. R. B. Foresman, Milton N. Armstrong, M. D., of Blairstown, N. J., and Lizzie K. Blair, of Johnsonburgh, N. J.

McCURDY—JENNESS.—In Slate Hill, Pa., February 8, 1883, by Rev. D. M. Davenport, assisted by Revs. T. M. Crawford and Alfred Welles, W. H. McCurdy, M. D., and Laura J. Jenness.

DEATH.

DE LUNA.—In New York, on Friday, March 2, 1883, Abelardo P. De Luna, M. D.

THE

MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

SOME CASES SHOWING THE EFFICACY OF ANTISEPTIC TREATMENT IN PUERPERAL DISEASES AS THEY OCCUR IN PRIVATE PRACTICE.

BY J. H. VOIGT, M. D.

Of Fredonia, Wisconsin.

Case 1. Mrs. J., farmer's wife, age 30, multipara, was delivered of a healthy child May 8, 1882, by a midwife. Patient had the week previous a mild attack of scarlatina, the eruption having just faded at delivery. Had a slight chill on the 9th; a severe one on the 11th. Am called in to-day, the 12th. Patient is restless, and has an anxious, sunken expression; complains of thirst and pain in all bones. Skin hot and dry. Has a little pain over the region of the womb. Bowels loose and tympanitic; urine highly colored; vagina hot; womb large and a little tender; lochia fœtid. Pulse 120. Respiration 32. Temperature 104. Diagnosis: Endometritis with septicæmia.

Ordination:

R.	Quiniæ sulph.,	℈j.
	Acid muriat. dil.,	ʒ ij.
	Acid carbolic,	gtt. xxiv.
	Aquæ font.,	ʒ viij.

M. D. S.—Every three hours a tablespoonful in daytime.

At 8 p. m., quinia sulph. gr. x, and of the following mixture two tablespoonfuls to a pint of warm water as a vaginal injection three times a day:

R.	Acid carbolic. liq.,	ʒ ss.
	Tinct. iodinii,	ʒ ij.
	Aqua font.,	ʒ vij. M.

May 13. Pulse 108, respiration 28, temperature 103. Patient has had no chill since the 11th; bowels are a little loose and tympanitic yet; urine high colored; had a little delirium in the evening; other symptoms as before.

Ordination: The same as yesterday, with light, nourishing diet. Leave 10 grain quinine powders for two days.

May 15. Pulse 112, respiration 36, temperature 101. Patient passed a comfortable day yesterday; has been a little delirious during first part of night, but has slept well since midnight for the first time; is very weak; has not much appetite; not much thirst; general appearance a little better. Bowels a little loose yet, and more tympanitic, as before. Urine high colored; no albumen.

Ordination: Give in the mixture, in place of water, French cognac, and order a turpentine stupe. Quinine powders the same as before.

May 17. Pulse 100, respiration 36, temperature 191. Patient feels better, has some appetite, sleeps well nights, has had no more chills since the 11th, mind clear, expression of face more natural. Bowels move once a day, urine clear, there is no pain on pressure over the womb, hardly any discharge from vagina, no fœtor, a little tympanitis yet.

Ordination: Mixture only to be given 4 times a day, another turpentine stupe and quinine powders as before, with nourishing diet.

May 19. Pulse 90, respiration 28, temperature 101. Patient is cheerful, expression of face natural, has appetite, sleeps well, absolutely no tenderness anywhere, no more chills, urine normal, bowels move twice a day—yet some tympanitis.

Ordination: Mixture and powders as before.

Vaginal injection once a day, one more turpentine stupe.

May 21. Husband comes to my office and reports patient much improved; has appetite and gains in strength. Discontinue quinine powders in the evening, also the mixture, and give in place the following:

℞.	Quiniæ sulph.,	gr. x.
	Tinct. ferri muriat.,	
	Tinct. digital.,	
	Potass. chlorat.,	āā ʒ ij.
	Syr. simplicis,	℥ j.
	Aquæ font.,	ʒ viss.

M. D. S.—Every 4 hours a tablespoonful; continue vaginal injections once a day.

May 26. Pulse 72, respiration 28, temperature 98½. Patient feels perfectly well, has been freely desquamating the last few days (the first time since her attack of scarlatina), and is now slightly perspiring. Discontinue all treatment, and order good care and nourishing diet.

Case 2. Mrs. D., farmer's wife, age 28, multipara, has been delivered by a midwife 3 weeks previous to my visit.

June 7, 1882. Had a severe hemorrhage from the womb a week after delivery, began to feel hot after that, and had a slight chill yesterday. Present condition: Patient is very anæmic, has great thirst, no appetite, and is otherwise indifferent. Some tympanitis, womb large, painful on pressure, with a deep bilateral laceration of cervix and fœtid discharge from vagina. Pulse 120, respiration 30, temperature 105. Bowels regular, urine high colored, no albumen.

Diagnosis: Same as in first case, here probably due to retained decomposing shreds of membrane, or infection through the laceration in consequence of the filthy habits and surroundings.

Ordination:

℞.	Quiniæ sulph.,	gr. viij.
	D. tal. dos. No. iv.	

S.—1 powder morning and night.

℞.	Acid. carbolic,	gtt. xx.
	Quiniæ sulph.,	gr. xv.
	Tinct. digital.,	ʒ ij.
	Aquæ font.,	℥ iv.

M. D. S.—Half a tablespoonful every 4 hours; and as a vaginal injection 30 drops of carbolic acid to a pint of warm water 3 times a day; besides apply a cornmeal poultice over abdomen, and give light nourishing diet.

June 9. Find patient very weak yet, but feels better; had a slight chill this morning, and has vomited twice during last night. Not much tympanitis; bowels regular; urine yet high colored.

Ordination: Medicine, same as before; discontinue poultice and give a glass of Bordeaux three times a day.

June 10. Patient has greatly improved in every respect; womb is much smaller, and almost without tenderness to pressure and touch. There is very little discharge from the vagina, with but little smell; sleeps well; has some appetite; perspires some; urine normal; bowels constipated; no more chills. Pulse, 86; respiration, 22; temperature, 99.

Ordination: Continue quinine powders for two days and mixture for one week, three times a day, one-half tablespoonful; injection once a day. For the bowels, Species St. Germain.

June 15. The husband reports his wife gaining slowly; has yet but little appetite; bowels regular; some discharge from vagina, and is coughing.

Ordination: Discontinue quinine powders; continue injection once a day; give Bordeaux and the following mixture:

℞.	Quiniæ sulph.,	℈ j.
	Apomorphiæ hydrochloric,	gr. ij.
	Acid. muriat. dilut.,	gtt. xv.
	Potass. chlorat.,	ʒ j.
	Syr. simplicis,	℥ ij.
	Aquæ font.,	ʒ vj.

M. D. S.—Every four hours a tablespoonful.

June 24. Husband reports his wife improved in every respect; has good appetite; bowels regular; has but little discharge from vagina, without smell; has no cough; sleeps well, but sweats very much and is weak.

Ordination: Discontinue all former medicine, and give only the following mixture, with nourishing diet and wine:

℞.	Quiniæ sulph.,	gr. xv.
	Liq. ferri sesquichl.,	ʒ j.
	Tinct. belladonnæ,	ʒ ij.
	Syr. simplicis,	℥ ij.
	Aq. font.,	ʒ vj.

M. D. S.—Three times a day a tablespoonful.

August 1. Patient is well, and soon ready for an operation.

Case 3. Mrs. G., multipara, age 36. Was called June 29, 1882. Learned from husband that patient had been two months pregnant; began to flow after some hard work on the 24th; found small pieces in the clots on the 26th, when the hemorrhage almost ceased; had, on the 27th, two light chills and a severe one yesterday.

Present condition: Patient very weak and uneasy, with hot, dry skin and sunken features. Temperature 105, pulse 112, respiration 36; bowels confined; fœtid discharge from vagina; on examination find most of the ovum within the os;

introduce speculum at once and remove all of it per uterine dressing forceps, after which wash out the womb per Davidson's syringe with rectum nozzle attached, with one pint warm 10% carbolic acid solution: after which put patient in bed and give a spoonful brandy and 10 gr. calomel and jalap. to be followed by a saline cathartic if necessary.

Ordination:

℞.	Quiniæ sulph.	gr. x.
	Tinct. gentian. comp.,	ʒ j.
	Acid. carbolic,	gtt. xxv.
	Aq. font.,	ʒ viij.

M. D. S.—Every four hours a tablespoonful, to begin four hours after administration of calomel.

Morning and evening gr. xv of quinia sulph., and as a vaginal injection a pint of 10% carbolic acid solution twice a day; besides, nourishing diet and brandy.

July 1. Find patient almost well, only very weak; looks cheerful. Temperature 99, pulse 80, respiration 19. Discontinue quinine powders; have mixture continued for three days and injection (5% solution) for one week.

July 5. Husband reports his wife well.

Case 4. Was called in consultation by Dr. Smitz to see Mrs. R., October 20, 1882. When I arrived the doctor had left, leaving a note that I should examine case and proceed. Learned from husband that patient had aborted at third month four days ago: had since lost an immense amount of blood, and had flowed just previous to my arrival. Present condition: Patient multipara, 30 years old, farmer's wife, is profusely sweating and very weak. Pulse very rapid and hardly perceptible. On examination per vaginam, find part of placenta in the os externum; made an attempt to remove it, but patient fainted profoundly: after her revival introduced tampon: ordered good wine and beef tea, and left note for Dr. S. to meet me next morning.

October 21, a. m. Meet Dr. S.; find patient a little stonger, had a good night's rest. Temperature 102: removed tampon, found placenta in same position, womb very tender; introduced speculum and removed as much as possible of the placenta, but could not get all, as the womb had contracted very much, and the woman was almost again fainting. We could not attempt to wash out the womb on account of the narrowness of the canal and the prostration of the woman, therefore ordered only vaginal injections of a 5% carbolic acid solution, wine, nourishing diet, and the following mixture:

℞.	Quiniæ sulph.,	gr. x.
	Tinct. digital,	ʒ ij.
	Spirit. frumenti,	ʒ viij.

M. D. S.—Every 4 hours a tablespoonful.

Dr. Smitz was to continue the treatment.

October 25, 4 a. m. Was called in haste to see patient. On arrival found patient with sunken features, profusely perspiring, very hot and almost pulseless, with a cadaveric smell about the room. Learned that Dr. Smitz had not been called in again—reason, because he is not married (the people are very ignorant); that patient had just passed out of a prolonged severe chill, of which she had had four the two previous days. There had been nothing done for the patient; even the injection was not used since my last call on the 21st. Gave hot brandy, applied hot bottles to the feet, and when patient had a little recovered, introduced double current catheter in the womb and washed it out with 10% carbolic acid solution, after which I washed out the vagina with a permanganate of potassa solution, which effectually stopped the bad odor. The womb was large and tender. When I left, the temperature was 106. On returning in the evening found patient a little better, pulse 130, temperature 104; again washed out the womb per catheter with same solution, gave 10 grains of quinine at once, and left gr. x of Dover's powder for the night, because patient had not slept any for the last three nights.

October 26. Found patient much improved; had slept well during night; had had no more chill; had sweated very much during first part of the night. Temperature, 100; pulse, 110. Washed out the womb through catheter with same solution as before; ordered a pint of 10% carbolic acid water as a vaginal injection twice a day, and left the following mixture:

℞.	Quiniæ sulph.,	gr. x.
	Acid. carbolic,	gtt. xxiv.
	Tinct. digital,	ʒ ij.
	Aquæ font.,	ʒ viij.

M. D. S.—Every three hours one-half tablespoonful, and gr. x. quinia sulph. to be given at bedtime.

I did not give the mixture before, because the patient was in a moribund condition, and could not take anything but stimulants.

October 27. Found patient cheerful and laughing. Temperature, 99; pulse, 100. Some discharge from the womb, with very little smell; no tenderness; bowels and urine normal. Washed out the womb once more, ordered mixture to be continued as long as it would last, and had the vaginal injection with 10% carbolic acid solution continued for one week.

October 31. Husband reports his wife entirely well.

Case 5. Mrs. F., primipara, age 21. Was called October 25, 1882, at 3 a. m., to attend patient in her first confinement, and she was delivered of a healthy male six-months child at 5 a. m. I did not detect anything unusual about the mother; therefore gave the usual directions and left.

October 30. Was called to see patient, who complained of much pain about the vulva. On examination, found the labia majora and perineum a little swollen and painful to the touch, with a fœtid smell about the lochial discharge. On slipping my finger in the vagina, I found, to my surprise, a buttonhole opening, one inch long, in the floor of the vagina, with a nice reservoir for the lochia, etc., behind it, having no communication with the rectum nor with the outer world through the perineum, therefore a rent of the mucous covering and the fleshy parts of the perineum only. This had entirely escaped my attention at the delivery. As there were no other bad symptoms present, I washed the pocket out with a 10% carbolic acid solution, covered the raw surface with iodoform ointment, and filled the receptacle with lint; gave gr. x. of quinine, and ordered a vaginal injection of one pint carbolic acid solution (10%) twice a day. The husband was to report when bad symptoms should set in.

November 4. Husband came and stated that his wife was not getting along very well; that she had the ague for the last three days, and that the chills were always coming harder. I hurried to the place, and was sadly impressed when I found my robust and healthy patient from before so completely changed. The patient had passed through a severe chill two hours previous; she was therefore much prostrated, had lost much flesh, had a wild look about her eyes, and her features were sunken. She was only partially rational, and there was an almost unendurable stench about the room. Temperature 106, pulse 130, some looseness of bowels; water high colored. On examination found the swelling about the perineum, etc., had subsided; there was no pain, and the wound was beautifully granulating (due to the iodoform ointment). But the vagina was hot, and the womb hard, much enlarged, very tender, and quite immovable; lochia fœtid. Patient also complained of very much pain in both legs, which were also tender to the touch, but not swollen. She had besides great thirst, and no appetite; the lacteal secretion had stopped.

Diagnosis: Septic endometritis with a prospect of metrophlebitis and speedy resolution (death). But all this was no wonder, as the vaginal injection had been omitted since my last call, and the neighboring old women had kept the bedroom close and hot, had also administered plenty of hot tea, and had covered the poor woman with two featherbeds in order to cure the ague! Only the iodoform salve had been used, but of course the infection had extended upwards before the iodoform was applied. I at once opened the windows, had the fire put out, and had bed and patient cleaned; then washed out vagina with one quart 10% carbolic acid solution, applied a cornmeal poultice to the abdomen, rubbed the legs with ext. belladonna in olive oil, wrapped cotton about them, and laid a pillow under each leg. Then gave gr. xv quinia sulph. in brandy, ordered injection strictly to be repeated in the evening, beef tea and brandy, and left the following mixture:

℞.	Quiniæ sulph.,	℈j.
	Acid. carbolic,	gtt. xxv.
	Tinct. digital,	ʒ ij.
	Tinct. opii simpl.,	ʒ j.
	Aq. font.,	ʒ vijss.

M. D. S.—Every 3 hours 1 tablespoonful.

November 5. Find to my great joy patient improved. Mind clear, tongue moist, a little appetite, but no sleep; bowels had moved once. There is yet much tenderness about the womb, some tympanitis, and legs are also painful yet. Discharge from vagina is fœtid and quite abundant; had one more chill. Temperature 102, pulse 120. Left 2 quinine powders, each gr. xv., for two days; had vaginal injection strictly continued twice a day, the above mixture to be given every 4 hours; extract belladonna, etc., reapplied to the legs with cotton and roller, and ordered nourishing diet with good wine and a fesh poultice to abdomen.

November 7. Patient is greatly improved, has appetite, rests well, not much thirst, bowels move once a day, lacteal secretion is re-established, there is very little tenderness about the womb, but some discharge. The laceration of the perineum is almost healed; she has no more pain in her legs, and had no chill. Temperature 99, pulse 90. Have the vaginal injection continued once a day for one week, and also the following mixture:

℞.	Vini cinchonæ,	
	Tinct. gentian. comp.,	āā ʒ ij.
	Acid. muriat dilut.,	ʒ ij.
	Aquæ font.,	ʒ iv.

M. D. S.—Every 4 hours a tablespoonful.

Left two 10 gr. quinine powders for the next two days, with directions about food, etc.

November 11. Husband reports his wife well.

Had in this case my orders about the vaginal injection, etc., been faithfully carried out, I am convinced the patient would have gotten well without further trouble. In the country we cannot sometimes see our patients as often as necessary.

CARIES OF THE SUPERIOR MAXILLA.

BY JOHN S. SMITH, D. D. S.,
Of Lancaster, Pa.

John B., an attorney, aged 58 years, nervous bilious temperament, strumous diathesis, residing in the city, came to me in January, 1880, suffering from pain in the left superior molar, caused by the recession of the gums about the palatine and buccal roots. The usual treatment was applied, and the patient instructed to call again in a day or two.

At the next sitting, at his suggestion, a careful examination of the teeth were made. The dark appearance of the right superior canine and lateral incisor teeth arrested my attention; the gums around these teeth were hypertrophied and spongy. An opening about three lines from the margin of the gum and between the fangs of the teeth, on the labial aspect of the alveolar process, was noticed, from which a thin ichorous fluid escaped when pressure was made on the gum above the sinus. At this point of the examination, the patient remarked, "that the discharge was more or less active for a number of years, but as there was no pain, he paid no attention to it."

Caries was not extensive in these teeth. The cavities had been filled with gold several times during the past thirty years; these I removed, and found the pulp chambers and canals empty and dry. The teeth were dead and slightly loosened in their aveoli, the septums of which were partially absorbed. Has had periodontitis; the face would swell and then the swelling pass away.

Diagnosis.—Caries of the jaws may be confounded with other affections of the same bones: alveolar dental abscess, necrosis, diseases of the antrum and carcinoma. How may alveolar dental abscess be distinguished from caries and necrosis?

The distinguishing of alveolar abscess from caries and necrosis would at first seem somewhat difficult; each condition is dependent upon dead tissues, and both have sinuses leading to them. In alveolar dental abscess there will be noticed an absence of that inflammatory deposit which is so constant around dead bone. The sinus will be short, and single, and the pus issuing therefrom nearly inodorous. In caries of the bone the probe can be driven into it, owing to the soft, spongy, honey-combed nature of the tissues. It is extremely important that a correct diagnosis be made, since the treatment of the two diseases is so radically different. In alveolar abscess, the tooth is to be removed or treated; in caries, we are to expedite the arrest of the morbid process; in necrosis, to delay until separation of the sequestrum occurs.

A sequestrum thrown off from the body of a bone may lodge and be retained in the soft parts, keeping up a discharge long after the acute inflammatory condition may have passed away. These retentions of sequestra are very common in clinical experience.

In this condition the sequestrum will be readily discovered by the probe. A piece of dead bone feels to the probe like a piece of hard wood, differing thus from the healthy bone, which is obscured by its periosteum: and differing also from the dying, sloughing bone of caries in the absence of the pitted, soft, irregular face which always marks this latter condition.

Where there is a soft condition of bone like that of caries, how may we distinguish the lesion from the sloughing bone of cancer, or the neoplasms or non-explainable tumors of the jaws? A probe may be passed through an ulcer upon the gum, and carious bone be met at every thrust of the instrument; the ulceration may be so slight as to command scarcely more than a passing thought, and yet it may prove a malignant disease. An intelligent conception of such disease through a process of exclusion would in all probability save life, or at least a long train of evils would be avoided. Half-medication, or superficial surgery to what may be primarily a benign lesion, will in all probability end in malignancy, and death of the patient. We see striking illustrations too often to corroborate the fact.

All self-explainable disease, whether of local or systemic signification, possesses in itself the meaning and manner of cure, and is treated on a purely scientific basis; "cause is understood, cause is managed." When studied from a clinical standpoint, age, history, diathesis, cachexia, pain, destruction, rapid or slow growth of the diseased tissues, all have their value in determining the real nature of an obscure disease. Aside from the physical symptoms, the histological classification of diseased tissues, as revealed by the microscope, is a great factor in the study of morbid structure, and invaluable in making the diagnosis.

Pathology.—According to some authors, there are but two forms of actual ulceration of bone, called caries—the one simple, the other fungous caries. Other equally eminent authorities say caries, practically viewed, is possessed of the three-fold expression—simple, strumous, and specific. Simple caries corresponds to what, upon the skin, we would call an indolent ulcer. The jaw bones are peculiarly subject to this disease; and of the two bones the superior maxilla is the one most affected, the reason of which has, we believe, as yet not been given.

The most prolific cause of the disease is the retention of dead teeth and roots of teeth; other causes are assigned, but the former by far preponderate. In simple caries of bone, a loss of substance at the surface of a bone is said to be slowly growing deeper upon the whole, however shallow, upon whose base small amounts of pus, together with broken-down remnants of tissue, continually appear. This result is produced by the exposure of medullary tissue. At a certain distance from the surface it is in a hyperæmic, hyperplastic condition, which, according to our best pathologists, gives place near the surface to an extraordinarily dense cellular infiltration.

The cells completely fill all the pores of the osseous structure, the blood-vessels are compressed, and then, together with the cells, themselves go over into molecular detritus.

This form sets in as soon as the cartilaginous coverings are definitively destroyed; the bone now projects uncovered into the cavity filled with pus, and communicating with the air by one or more fistulous openings. The small fragments of bone are loosened simultaneously with the detritus which envelops them. They can be felt like grains of sand in the thin ichorous pus which the articular cavity secretes.

These developments are but guides to a correct diagnosis.

Having diagnosed the above case to be caries of the strumous expression, the treatment was as follows:

Local Treatment.—The dead canine and lateral incisor were removed. All debris was now washed away, and a stimulating and antiseptic treatment adopted; the preference was given to the tincture of iodine in combination with carbolic acid, one of the acid to twelve parts of water, the parts syringed about three times a week for two weeks. The carbolized treatment was then dropped, and chloride of zinc, alternated with the aromatic sulphuric acid, was used, and the sinus thoroughly syringed daily with water. At the end of four weeks the secretions are not so copious, and not so offensive.

The zinc treatment was strictly adhered to. At the end of about four months a marked improvement was noticeable in the character and flow of the secretions, but no preceptible signs of granulation could be noticed. Nature, with all the aid given, seems unable to throw off the incubus of the disease, there being a low condition of vitality and a marked anæmic condition of the patient.

Treatment continued one month longer. Tincture of iodine, diluted, was now used every other day, with favorable result; patient encouraged; the soft parts look much better. It was now decided to use the burring engine, and to bring the parts into better view. A V-shaped section of gum was removed, exposing a cavity of large size in the superior maxilla. A sharp burr, selected and made to revolve at a high rate of speed, cutting in the direction where the probe detected deterioration of substance, or roughened condition of surface: the operation was repeated three times at intervals of from three to six days, washing the parts thoroughly after each operation with tepid water, and the surface carefully wiped over with aromatic sulphuric acid. The acid treatment was kept up at longer intervals, until granulation could be felt with the probe: the cavity slowly filling from within outward, which condition could be easily felt with a blunt instrument.

The cavity in the bone having nearly closed, the break in the continuity of the soft tissues still remained open. To get the edges to approximate was the next step in the treatment; as this could not be accomplished in the ordinary way by stitching, it was decided to use the nitrate of silver, a suggestion of my friend H. B. Stehman, M. D., to whom I had shown the case. A small quantity of the nitrate of siver was placed in a glass test-tube, which was melted over a spirit lamp. A thin silver wire was now selected and dipped into the nitrate of silver. By this means the nitrate of silver was carried to the bottom and edges of the opening until it closed by granulation.

General Treatment.—This was of a tonic and supporting kind, the chalybeates having the preference. Plenty of out-door exercise, together with good nourishing food, was enjoined. Patient made a complete recovery, and was dismissed cured in nine months. No return.

We might here add that the patient had several fistulous openings upon the side of the neck a number of years previous; and subsequently was similarly affected upon the same side of the jaw, at this time losing the bicuspids and first molar.

Clinically, the case is one of more than ordinary interest. It shows slowness of these chronic cases to yield to treatment after being so long neglected, especially when the strumous diathesis is present, and the general tone of the system low.

HEALTHINESS OF WASHINGTON CITY—MALARIAPHOBIA.

BY I. B. JOHNSON, M. D.,
Of Washington City, D. C.

Of all the names of the causes of disease, that of malaria has been the most misapprehended and most abused. The diverse and multifarious symptoms ascribed to its poisonous effect have been myriad; and however and whenever an individual is taken sick, malaria is reviled and derided as the cause of such sickness. This general belief of the unlimited prevalence of malaria in the excitation of disease in the District of Columbia has placed it high in the popular mind as the cause of nine-tenths of the ill-health that afflicts the community. Therefore, every one interested in the prosperity of the City of Washington should feel a great desire to have a rational attempt made to disabuse the popular mind of this most unjust and injurious impression, and to acquit the reputation of Washington city of the imputation of being an exceedingly malarious place; for this false charge, based upon erroneous impressions, has gone forth throughout the United States, much to the injury of the business interests of the city; and the timid-minded stranger possessed of this *malariaphobia* is absolutely afraid that if he visits Washington city he will be at once infected with malaria, and either return home sick, or be carried back dead. It is not a supposition, but a prejudicial and serious fact, that a firm impression has obtained abroad that Washington is a very unhealthy city. The question is, how has this erroneous misapprehension obtained such an influence over the public mind, without sufficient testimony to sustain it? Much of this is due to the complaints and expressions, within and without the medical profession, of Washington's own residents. For the last five or ten years, it has been an unvaried fashion to call every slight cold, every case of hectic fever, the effect of every debauch, and every derangement of the body, "malaria," and *malaria* has thereby been made the *hocus-pocus* in the play of every deviation of the general system from a healthy standard; and quinine, the antagonistic, has grown into a fashionable *abracadabra* of every ache and pain, in many instances to the detriment of the ill-informed and badly-advised victim of the delusion; but fashion spreads by imitation, and as the District of Columbia has tenaciously kept up the fashion of calling every temporary disorder of the body the effect of malaria, it is not surprising that strangers, hearing so much about the suffering attributed to malaria, should conclude that Washington city is a very *malarious* locality. It is in this way that malaria has been popularized, and the conceit has arisen that to be sick from any other cause, and not be able to boast of having taken large doses of quinine, would be apparently out of fashion.

COMPARISON.

The District of Columbia has a population of one hundred and eighty thousand. Of this population, forty thousand are colored; and it is familiar to sanitary officers that the colored population is not as well provided for, in a pecuniary relation, against the influence of disease, as the whites. This accounts for the difference in the mortality of the two races. New York, Brooklyn, St. Louis, Baltimore, Cincinnati, Jersey City and Pittsburgh, are seven of the principal cities of the United States. They represent a population of over three millions and a third, and have an annual death rate for total deaths of thirty-three and twenty-two hundredths per thousand of their population, while the District of Columbia has only an annual death rate for total deaths of twenty-eight and sixty-nine hundredths to the thousand of its population, thus showing by a comparative average that the chances of longevity stand four and fifty-three hundredths greater in the District of Columbia than within the population of the cities named. In view of this comparison, one is apt to conclude that it ill becomes the correspondents and editors of the newspapers of these respective cities to unjustly represent the District of Columbia as an unusually unhealthy and malarious locality; and in conclusion it may be safely declared that Washington city is not, in a sanitary sense, unusually malarious, and that not four of the ten cases of so-called malarial diseases of the city are, either directly or indirectly, excited or influenced by malaria; and, finally, medical experience has proved that the effect of malaria has been slowly and surely diminishing in the District of Columbia for and during the last ten years. This fact makes it a safe declaration that no city in the United States presents, as an abiding place, superior advantages to Washington city in morality, salubrity, quiet and intelligence

A REMARKABLE TOLERANCE OF OPIUM.

BY GEORGE P. YOST, M. D.,
Of Loganville, Pa.

The subject of this sketch is a man, single, aged about 25, tall, angular, dark hair, the motive temperament predominating, and subject to a peculiar "nervous trouble traceable to heredity." He commenced a life of debauchery, becoming intoxicated frequently, and using tobacco to excess, at the age of sixteen years. This he continued till about three years ago, when he suddenly reformed, using no stimulants—except tobacco—and going to work with all earnestness, and apparently deeply regretting his former career.

This lasted about two and a half years, when he gradually lost interest in his business, and commenced the opium habit.

The "nervous trouble" alluded to, which began at about the age of fourteen, comes on by "spells," or periods of attacks, without any regularity. Sometimes the patient has an attack every week, then again none for a month or longer; nor do they have any regularity of continuation, sometimes lasting twelve, twenty-four, and on to seventy-two hours. They come, as a rule, suddenly, without any prodroma, and disappear in the same manner.

The nature of the attack is *loss of motion of all parts of the body controlled by the spinal nerves.*

Respiration, deglutition, speech, the heart's action, the generative and urinary functions, are not impaired, but the bowels seldom move during an attack. As already stated, these attacks come suddenly, often during sleep; the patient going to bed in his usual good health, and on awakening in the morning finding himself unable to move. In the same manner do they leave. Sometimes the patient, being entirely powerless, suddenly begins to feel returning power in the fingers or toes, which extends gradually—and within an hour he is able to "take up his bed and walk," feeling none the worse for his enforced rest.

These attacks are traceable to the *male* portion of one entire family; and to most of their *male* offspring; the *female* portion of the family and their *female* offspring being subject to attacks of "sick" or nervous headaches. Neither males nor females are attacked before puberty. As it is not the object of this article to discuss the etiology or pathology of these attacks, I will leave that for some other time, hoping that in the meantime this short sketch of this very peculiar affection may catch the eye of some of our neurologists who may be able, and will throw some light on it.

In February or March, 1882, the subject of our sketch commenced to use small doses of opium—being a veterinary surgeon, he knew its dose and effects—to enable him to "sleep off those spells," as he expressed it, and soon found that it would cut them short. Soon he commenced to take the opium at the beginning of the attacks, and found that he could abort them, and that the regular use of the opium prevented their return.

But lo! the habit soon increased on him; and, without trying to resist it, he soon became a regular opium habitue, using first one, then two and more oz. of tr. opii. (U. S. P.)—this being the form in which he used it—until within nine months time he consumed as high as lb.*j. tr. opii per day.*

This he continued till December 31, 1882, when by drinking whiskey with it he ended with a regular debauch, when he so demeaned himself before his friends and the public that he became deeply mortified, and made up his mind to stop it, which he did, and has up to this date (March 5, 1883,) not taken a drop—no stimulant, in fact, with the exception of a few drinks of whiskey one day about two weeks ago, which led to slight intoxication.

He seems to suffer no inconvenience from his sudden breaking off, except a slight insomnia. He continues the use of tobacco, but takes no medical treatment.

The remarkable phenomena of the case—to my mind—are the rapid increase of the opium; the remarkable toleration by the system of said increase, for he suffered no inconvenience from its use while using it, except some constipation; and the sudden breaking off without any apparent inconvenience.

The remarkable career of this patient, together with his family history, should be interesting to neurologists, as well as to those who make a special study of inebriety and *opium habitues.*

CONVULSIONS CAUSED BY PREPUTIAL IRRITATION.

BY C. POLLOCK, M. D.,
Of Muncie, Ind.

By request of parents I visted their babe in Dayton, Ohio, December 16, 1882, and received history as follows:

The babe is one of twins, born of healthy parents, of average size and good health up to the age of five months, when it suddenly had a convulsion and seemed slightly feverish, on October 25, 1882. It had convulsions at irregular inter-

vals from that date—some days having few or none, and others as many as twenty-two convulsions in the twenty-four hours. Between the convulsions it seemed bright, and nursed well and retained food, and all functions seemed to be normally performed. At the time I visited it the convulsions came on only upon awaking from sleep, the eyes fixed, pupils not dilated, and if spoken to his eyes are directed to and follow the speaker, and he does not seem to lose consciousness, but is unnaturally quiet for a few seconds and then strains terribly, so that he raises his feet and head six inches from bed. Becomes rigid and red in face, and invariably either urinates or defecates, and on relaxation of convulsion cries violently. He had been attended constantly from October 25th to December 16th by three irregular practitioners, together and singly by relays, and parents were assured that "the cause of the convulsions was indigestion, with reflex action on brain." The parents called attention of attendants to generative organs, and were assured by them that there could be nothing wrong there, as the boy was a case of "natural circumcision," about one-third of glans penis being exposed. I detached and slit up the prepuce and removed smegma of consistence of soft cheese, in amount to size of small pea, moulded to fit neck of glans, and found mucous membrane not broken; gave no medicine. Babe had several light convulsions up to the healing of cut surface, the last one occurring December 25, 1882, and improved in every way till about February 1st, when it had fever of malarial character and was attended by Dr. C. A. Humphreys, of 1421 E. 3d street, Dayton, O., and I am informed by him that during its recent illness the babe did not manifest as much nervous starting as is usual in babes of like age and grade of fever. I will gladly answer any questions relating to this case omitted for sake of brevity, and my readers can draw their own conclusions and apply the moral.

The Gospel of Fatness.

Thus writes Dr. Clouston:

"All acute mental diseases, like most nervous diseases, tend to thinness of body, and therefore all foods and all medicines and all treatments that fatten are good. To my assistants and nurses and patients, I preach the gospel of fatness as the great antidote to the exhausting tendencies of the disease we have to treat, and it would be well if all people of nervous constitution would obey this gospel."

Hospital Reports.

CLINIC OF J. A. LARRABEE, M. D.,

Professor of Materia Medica and Clinical Lecturer on Diseases of Children, Hospital College of Medicine, Louisville, Ky.

Tabes Mesenterica.

Gentlemen: This little fellow of seven years is presented, with the following history: He has been from birth a child about whom his mother has been solicitous because of his weakly constitution. He has had several of the diseases incident to childhood, such as varicella and whooping cough. Considerable importance attaches to the latter, not much to the former. Having, then, been a delicate child from birth, at an early age, his mother tells us, he had a lump on the side of the neck, which remained for a long time, but finally disappeared. About two years ago he contracted the whooping cough, and from it he has never fully recovered. He has now indigestion, distension of the bowels and diarrhœa, swelling of the feet, coldness of the extremities, and diurnal febrile disturbance, the chief source of anxiety to the mother being the swelling at times of the abdomen.

Perhaps the first point of importance in entering upon the the consideration of a case like the one before us, is the age of the child. In previous lectures I have often insisted on the recognition of the fact that certain periods of childhood are critical periods. Not only the fatality, but the prevalence of diseases, is greater during the first dentition. That period of the child's life coincident with the eruption of the teeth is attended by very many disturbances dependent upon that process; for instance, in the summer season it has an influence in enervating the system, placing it in a proper condition to be more susceptible to the exciting causes of cholera infantum, diarrhœa, etc. In the winter the exciting causes of disease being of a different character, the resistance, however, being lessened by dentition, the child is then more likely to suffer from disorders of the respiratory system. Another period of crisis occurs when the permanent teeth displace the milk teeth, and the second, though less important, dentition occurs. Certain nervous disorders most frequently manifest themselves at this period, chorea being now particularly liable to occur, convulsions less so on account of the increased development of the will-power at this later age of the child.

The family history shows a not very perfect history of tubercle, the mother having been presented in another clinic, where a diagnosis was made of tuberculosis of the connective tissue investments of the turbinated bones. The father and mother are both living. I have not yet made a physical examination of the child, but my remarks apply to the case and the history as thus far presented. The probabilities are that we have here to deal with a malnutrition which will result in the deposition of tubercle, if it has not already done so, provided it be not arrested. This imperfect assimilation, resulting in emaciation, offers favorable opportunities for any underlying diathesis to manifest itself, and if there be any ten-

dency toward tubercle, it is likely to make its appearance. Hence, the danger of neglecting these diseases of the digestive apparatus. If the process of digestion is properly accomplished, and assimilation is perfect, we need have little fear of the deposition of morbid products.

The mother states that the child's abdomen is swelled considerably, and this statement is verified by the exposure of the child. Just here I want to caution you against a common error of too frequently pronouncing a diagnosis of tabes mesenterica in these cases. You are impressed with the idea, from reading many of the books, that "swelled-bellied children" (excuse the expression) are nearly invariably the subjects of tabes mesenterica. Nothing could be more erroneous than this, for nothing is more common in children than very large bellies. This is strikingly illustrated in the masterpieces of the old artists. In those ages their close observation taught them that very large abdomens were common among children. Thus the presence of enlargement becomes insignificant as an evidence of tuberculization of the mesenteric glands, unless it be accompanied by evidences of malnutrition. On the other hand, it is more common to meet with a shrunken abdomen, through the walls of which the enlarged glands may be felt around the navel, where they belong.

In the case before us I have no doubt that the tendency is to abdominal phthisis. The history of the child indicates it, its surroundings favor it, and examination confirms it. The child had whooping cough which lasted for months; its present decline dates from the beginning of that attack, since which it has been ill almost constantly. This is a significant fact, in the strumous subject very significant indeed. Whooping cough is attended by enlargement of the glands, especially the bronchial glands, and brings the association very close indeed to what is manifested here.

There is another factor here which cannot fail to attract your attention, as it cannot fail to arouse at the same time your sympathies, that these little ones must so soon realize the suffering of deprivation and want. This child you observe has nothing to protect him from the cold; no flannel, no woolen—in short, all of the first principles necessary to observe to prevent impoverishment of the blood cannot in this case be insisted upon, viz., warmth of the surface. If we can succeed then in a case like this, where we have to work against such odds, our success is a double triumph compared to that in private practice, where these things are regulated without our attention.

Now the case before us being one of tuberculization of the abdominal glands—a common form of tubercular manifestation in childhood—how are we going to arrest the process and effect a cure? These cases are not rapid in their course, indeed are not even uninterrupted, but are attended by periods of activity and repose, just as phthisis in other localities and varieties. In these cases we are guided by the dejections. At one period diarrhœa occurs, and then follows an interval in which the dejections are almost normal. Peritoneal pain occurs, passes away, and is forgotten until another attack appears. This also, when it occurs, means fresh activity and deposit of the tuberculous matter.

In the treatment we can take advantage of the periods I have mentioned to institute measures which will arrest the disease. I have in my mind now the case of an individual who came to this clinic when a child, seven or eight years ago. In the course of her treatment she took perhaps forty or fifty bottles of malt, and a great deal of cod-liver oil by inunction. She has now grown to be a young woman, and remains in a good state of health notwithstanding the fact that she had passed through an attack of typhoid fever. This is but one of many cases to show that we can arrest this process when here situated, as we can bronchial phthisis.

I wish now to interpose a remark here which I have purposely postponed until this time in order to impress it the more forcibly upon you. It is to warn you against an almost besetting sin, that is, the partial diagnosis of these cases as intermittent and remittent fever, without ever stopping to think that the febrile manifestation present every evening or morning, every day or every other day, instead of being a manifestation of malaria, may be a manifestation of tubercular disease. The very moment you grow careless in regard to the treatment of long continued fevers, where you have used quinine, Fowler's solution, and all the antiperiodics, you should rouse yourself to the importance of a physical examination. The compound terms so frequently employed to designate irregular manifestations of disease you will find to be superfluous, if you study to become acute diagnosticians; and, many times, such terms as typho-malarial fever indicate not a condition of the patient's body, but, on the contrary, a condition of the practitioner's mind. Be watchful, then; be careful; and if there be an underlying diathesis in such a case, find it out before some other is called upon to discover it for you.

To return, now, to the treatment. As I said before, in a case of early phthisis, the one thing to do is to secure a proper assimilation. So soon as we think of tuberculization of the mesenteric glands—indeed, for that matter, of any other manifestation of tubercle—we think of cod-liver oil. It seems to rise up in our minds almost as suddenly as it rises in the throat of him who swallows it. It presents itself because we think of it as a specific for consumption. In this case we have made our diagnosis; now let us base our treatment upon a knowledge of the pathological condition and the physiological function of the parts affected. The disease is here interfering with the introduction of food by absorption. How shall that be overcome? Shall we attempt it by the administration of cod-liver oil, or administer the hypophosphites with oil? If we do, we shall find they take the same course as other food. They will pass undigested, unabsorbed; emaciation will continue, and the child will go down. Such a plan throws discredit upon the agents used, because there has been an error made in the administration. In this case, then, I would use milk with pancreatin. This will be absorbed. Then, if you use cod-liver oil (it should be used by all means) use it by inunction. Rub it into the abdomen. There is that in the rubbing in of oil which stimulates the ultimate nerves and gives an impetus to nutrition. Then let this child be oiled, and have that oil rubbed in, and see how

soon he will begin to present a better appearance. Since he cannot have clothing sufficient to protect him as he should be protected, let us treat him somewhat on the Esquimaux plan. Then, besides this, in the extract of malt, we have a palatable preparation. Give it to the child three times a day, in conjunction with the other measures I have named, in the manner I have indicated, and in a week this child will have improved.

You see I have given no opiates to correct the diarrhœa. That would be wrong, for the diarrhœa depends upon indigestion. We will secure a better digestion by the treatment already described, and the diarrhœa will take care of itself. Last of all, we will endeavor to secure, through the coöperation of the mother, better attention to clothing and hygienic surroundings, and hope to show you the child at a future clinic in a better state of health.

Medical Societies.

PROCEEDINGS OF "THE COLLEGE OF PHYSICIANS OF PHILADELPHIA."

A Partial Study of the Poison of Heloderma Suspectum (Cope)--The Gila Monster.

BY S. WEIR-MITCHELL, M. D., AND EDWARD T. REICHERT, M. D.

[Read February 17, 1883.]

(*Continued from page* 293.)

Experiment II.—In the following experiment a full-grown etherized rabbit was used, and the left carotid being connected with the kymographion, one-sixth of a grain of dry Heloderma venom, dissolved in one cc. of distilled water, was injected into the external jugular vein.

Action on the Arterial Pressure.

	Time. min.	sec.	Pressure. mm.	Remarks.
Normal.			110	
Injection,	.0			
		.3	100	
		.5	80	
		.10	60	
		.15	70	
		.20	66	
		.30	50	
	1.		50	
	2.		44	
	3.		32	
	4.		26	
	5.		20	
	8.30			
	10.			
	10.30			
	11.10			Convulsive movements.
	11.30			
	12.			The pressure gradually declining to 7 mm., when the animal expired.
	12.30			
	14.30			
	15.			
	16.			
	17.			
	18.			
	19.	Death.		

Action on the Pulse.

	Time. min.	sec.	Pulse. in 10 sec.	Pulse Curves. mm.	Remarks.
Normal,			57	.7	
Injection,	.0				
		.15	57	1.0	
		.30	54	1.2	
	1.		51	1.0	
	2.		53	.8	
	3.		56	.7	
	4.		61	.6	
	5.		61	.5	
	8.30		56	.4	Convulsive move-
	10.		47	.5	[ments.
	10.30		27	1.6	
	11.10		31	1.0	
	11.30		19	1.2	
	12.00		22	.8	
	12.30		28	.3	
	14.30		63	.2	
	15.		58	.3	[ments.
	16.		63	.2	Convulsive move-
	17.				
	18.				Too feeble to count.
	19.				
	Death.				

Experiment III.—The following experiment was made on a full-grown rabbit in which the pneumogastric nerves were cut, and in which the same dose and method of injection were used; the object being to determine if the above nerves were in any way connected with the changes in the circulation observed in the preceding experiments.

Action on the Arterial Pressure.

	Time. min.	sec.	Pressure. mm.	Remarks.
Normal,			80	
Injection,	.0			
		.8	66	
		.15	52	
		.30	56	Convulsive movements.
		.40	60	" "
		.50	42	" " stopped.
	1.		34	
		.10	28	" "
		.30	24	" "
		.35	30	Violent convulsions, followed by death in 30 seconds. During these convulsions the canula became detached from the artery.
Death in 1 m. 35 sec.				

Action on the Pulse.

	Time. min.	sec.	Pulse. in 10 sec.	Pulse Curves. mm.	Remarks.
Normal,			46	.6	During the last half of the first minute, and after, the tracing was so irregular on account of the convulsive movements that the pulse could not accurately be counted.
Injection,	.0				
		.15	47	.8	
		.30	44	1.0	
	1.00		52	.3	
	1.30				
	1.35		Violent convul-	[sions.	

The animal died in convulsions with dilated pupils.

The results were identical with those obtained when the pneumogastrics were entire, so that the effect on the heart is direct, and not by inhibition through the pneumogastrics.

The results of the autopsy in both of the above experiments are identical, and may be summed up as follows:

Autopsy, Made Immediately After Death.—Heart arrested in diastole; heart does not react to induction currents; muscles everywhere respond to electric stimulation; motor nerves intact; cord unirritable, and will not respond to the strongest current produced by one large gravity cell, with Du Bois Reymond's induction coil; bowels still irritable; peristaltic movements occur spontaneously; the intestines are natural in color, as are all other organs. After five minutes the heart began to contract, and was finally found in a systolic condition. The interior of the organ was full of black clots, especially the auricles, the left ventricle containing but a very small clot.

In order still further to determine the effect on the heart, the following experiments were made:

Experiment IV.—

Hrs.	Min.	
7.	33	Pithed frog and exposed the heart.
	.52	Heart beats 21 in 30 seconds.
	.52½	Placed a small portion of dried venom of Heloderma on the heart.
	.56	Heart beats 20 in 30 seconds.
8.	05	" " 19 in 30 "
	.18	" " 18 in 30 "
	.30	" " 15 in 30 "
	.43	" " 14 in 30 "
	.55	" " 10 in 30 "
9.	30	" " ceased.

Experiment V.—

Hrs.	Min.	
8.	05	Took two "cut-out" hearts of frogs, and placed them in a normal salt solution in separate vessels, just sufficient liquor being used to cover the hearts. On one heart was placed a small quantity of dried venom.
	.27	The poisoned heart beats more feebly than the other.
	.30	The poisoned heart beats still more feebly than the other, which is yet firm.
	.45	The poisoned heart stopped beating, the other beats firmly.
	.55	The poisoned heart stopped beating, the other beats firmly, but slower.

Experiment VI.—

Hrs.	Min.	
3.	45	Exposed the hearts of two pithed frogs.
4.	00	Placed on one some dried venom.
	.30	The poisoned heart beats are decidedly feebler than the other.
	.50	The poisoned heart beats more feebly; the unpoisoned heart beats firmly and apparently in a normal manner.
6.	00	The poisoned heart beats very feebly and does not fill with blood. The normal heart beats firmly, and fills well with blood at each beat, making a striking contrast with the poisoned heart.

We may conclude that—

The poison of Heloderma causes no local injury.

That it arrests the heart in diastole, and that the organ afterwards contracts slowly—possibly in rapid rigor mortis.

That the cardiac muscle loses its irritability to stimuli at the time it ceases to beat.

That the other muscles and the nerves respond readily to irritants.

That the spinal cord has its power annihilated abruptly, and refuses to respond to the most powerful electrical currents.

This interesting and virulent heart-poison contrasts strongly with the venoms of serpents, since they give rise to local hemorrhages, and cause death chiefly through failure of the respiration, and not by the heart, unless given in overwhelming doses.

They lower muscle and nerve reactions, especially those of the respiratory apparatus, but do not, as a rule, cause extreme and abrupt loss of spinal power.

Finally, they give rise to a wide range of secondary pathological appearances, which are absent from Heloderma poisoning.

There remains on our minds no doubt as to the fact that the fluid which drips from the mouth of Heloderma when it bites is a very active poison. The present study is, however, limited in range, and we cannot yet feel sure that the fluid in question comes from the glands now presumed from their relation to the teeth to be poisonous.

The briefest examination of the lizard's anatomy makes clear why it has been with reason suspected to be poisonous, and why it poisons with so much difficulty. Unless the teeth are entire, the poison abundant, and the teeth buried in the bitten flesh so as to force it down into contact with the ducts where they open at the crown of the teeth, it is hard to see how even a drop of poison could be forced into the wounds. Yet it is certain that small animals may die from the bite; and this may be due to the extraordinary activity of the poision, and to the lizard's habit of tenaciously holding fast to what it bites, so as to allow time for a certain amount of absorption.

It is plain enough that a lizard as small as the one exhibited would be very unlikely to inflict a wound fatal to man; but it is possible that the larger animal—and it is said to reach a length of three feet—might prove a more efficient poisoner.

We are unwilling to drop the subject without a few words as to the nature of this poison.

The recent researches of Dr. Sternberg and Prof. Gautier have shown that human saliva may kill a rabbit in twenty-fours, and a pigeon in a few hours, if a quantity of saliva have been concentrated by heat and so used. Prof. Gautier thinks the saliva and all venoms owe at least a part of their power to normal ptomaines or animal alkaloids, the products of putrefactive processes, and recalls to us the fact that most secretions are measurably poisonous.

The answer to these views we shall have to consider elsewhere, and at length; but it will be sufficient here to say that there is no resemblance between the symptoms caused by the known ptomaines and those produced by any of the venoms. When it was shown that healthy human saliva was competent to kill, it was natural enough to

leap to the conclusion that the venoms were merely concentrated salivas. The analogy ends with the fact that both may cause death; but the one may kill in twenty seconds, and the other requires, at the least, many hours, whilst also it seems, as regards saliva, to be, in some degree, a question of the toxic activity of certain individuals, not all being so uncomfortably endowed as Dr. Sternberg himself.

EDITORIAL DEPARTMENT.

PERISCOPE.

Abdominal Aneurism Rupturing into Psoas Muscle.

Mr. W. E. Bailey reports the following unusual case in the *Lancet:*

P. G——, aged forty-two, laborer, married, was admitted on May 23d, suffering from pain in both hips, back, and left side. His general appearance was that of a well-nourished man of muscular build. His previous health had been good until two years ago, when he fell from a scaffold, alighting on his back. After this accident he experienced severe pain of a gnawing character in the back and left lumbar region. The pain was constant, but subject to many severe exacerbations. Any attempt at progression increased its severity. No history of syphilis or chronic alcoholism.

On examining the seat of pain, no swelling could be detected, but the dullness in the region of the left kidney was abnormally increased in area, extending horizontally from the vertebral column behind to a point midway between this and the middle line in front, and vertically in the mid-axillary line from the ninth rib to a couple of inches above the crest of the ilium. Pressure over the area of dullness caused great pain, and when in the recumbent position, the patient experienced great difficulty in turning from side to side, during which effort the spinal column was kept quite rigid. Heart and lungs free from organic disease; pulse regular, quick, and moderately strong; anorexia; temperature normal; urine healthy. Palpation and percussion revealed no other abnormal peculiarities in other regions of the abdominal cavity. Turpentine stupes were applied over the painful part, and one grain of opium was given at night with great relief.

Patient appeared to be doing well until the 29th of May, when he again suffered from very severe gnawing pains, which were relieved for the time by the application of turpentine stupes. The following evening, the pain recurring in the left lumbar region, a hypodermic injection of amyl nitrite (1 in 10) was administered, and followed by almost immediate relief. Patient slept well during the night, and expressed himself as feeling much better the following morning, the pain having entirely disappeared. About this time (June 1st) the patient was placed on low diet and large doses of potassium iodide, absolute rest in bed being enjoined. He seemed to be progressing satisfactorily until the evening of June 21st, when he became suddenly much worse. Mr. Voisey, the assistant medical officer on duty, being summoned, found the man suffering from excruciating pain in the left side, urgent dyspnœa, blanched countenance, body bedewed with a cold and clammy perspiration; pulse small, quick (140 per minute), and easily compressible; his facial expression was indicative of great suffering, and his general appearance gave the impression that extensive internal hemorrhage had occurred. On examining the seat of pain, a slight swelling could now be perceived, characterized by expansile pulsation and dulness on percussion; but there was total absence of anything approaching the nature of a bruit. Slight pressure over the tumor gave great pain; the area of dullness was much increased, its boundaries being as follows; above, seventh intercostal space; below, crest of ilium; in front, a line drawn vertically from the anterior fold of the axilla to the crest of the ilium: and behind, the vertebral column. Over the rest of the abdomen the percussion note was normal, and remained so in whatever position the patient was placed. One grain of opium was ordered to be taken every three hours. The following morning (June 23d), after a moderately good night, his general condition seemed slightly improved, and on examination the area of dullness had not further increased, but the expansile pulsation of the tumor was much more distinct, though still, on auscultation, no bruit could be detected. The radial pulse was almost imperceptible; the pain had abated in severity. The patient continued in this state until 9:45 the same evening, when the breathing suddenly became gasping, and he died a few minutes afterwards from syncope.

Necropsy, seventy-two hours after death.—Surface of body very much blanched; lips pale. On opening the abdomen, the peritoneal cavity was found to contain a large quantity of blood-clot, by far the larger mass having gravitated into the cavity of the pelvis. In the left lumbar region was a large fluctuating tumor, which had displaced the intestines and left kidney forwards to the right. Extending upwards, it had encroached upon the left lung, and crossing the middle line, a pouch as large as a hen's egg was situated in front of the right kidney. On cutting the peritoneum over the tumor, the left kidney was found pushed forward by a mass of coagulated blood effused between its posterior surface and the sheath of the psoas muscle; after removing this clot, the psoas was found abnormally large and misshapen, and on incising it a large quantity of

clotted blood, macerated muscular tissue, and laminated fibrin escaped. A horizontal incision was then made through the tumor, prolonged across the middle line to the small tumor first mentioned as situated in front of the right kidney; both the cavities communicated with the aorta by means of large openings. There was no trace of the posterior surface of the aorta, and the limiting sac of the aneurism behind was formed solely by the bodies of the first and second lumbar vertebræ, which were much eroded, and the intervertebral disc standing out between them unaltered. There was an irregular rent in the peritoneum at the junction of the sac of the aneurism of the left side, with the healthy part of the aorta through which the fatal gush into the peritoneal cavity must have occurred. Aorta studded with atheromatous patches; other organs healthy, but excessively anæmic.

The Physiology of Blood Pressure.

The *Lancet* says that some experiments carried on during the past year by Professor H. Newell Martin, and described by him in a paper published in the Transactions of the Medical and Chirurgical Faculty of the State of Maryland, appear to be of great value in determining the effect of variations of blood-pressure upon the pulse-rate. When it was shown that by increasing the pressure in the arteries the pulse was slowed, it was assumed that the greater force to be overcome by the ventricle entailed a longer systole, and that the result was the direct effect of the pressure upon the muscular tissue of the heart. The discovery that there is in the medulla oblongata a cardio-inhibitory centre which is stimulated by increased blood-pressure, and also a cardio-accelerator centre stimulated by lessened blood-pressure, and that the effects described by Marey were to be traced to the action of these centres, rendered necessary further investigations to determine whether variations in blood-pressure have any direct influence upon the pulse-rate. The results obtained by such trustworthy observers as Heidenhain, Ludwig, v. Bezold, and others, have been found to vary so greatly that no reliance whatever can be placed upon them. Professor Martin has, by eliminating apparently every source of error, arrived at constant and decided results, which also serve to explain the contradictory statements of previous observers. His mode of procedure is as follows: The animal —a dog—having been tracheotomized, placed under curari, morphia, or chloroform, the common carotid arteries are tied, and canulas placed in their central end. Artificial respiration is then established, the front and sides of the chest removed, and the two subclavian arteries are tied below the origin of their first branch. One limb of a curved metal canula is then introduced into the aorta, and thus all circulation through the systemic arteries except the coronaries is blocked. The two venæ cavæ and the vena azygos are tied, and a large tube in communication with a flask af defibrinated blood is introduced into the superior cava on the cardiac side of the ligature. The carotids are then opened, and all the blood in the heart and lungs is washed out by the defibrinated blood. While this is being done a thermometer is placed in the left subclavian artery. The animal is then transferred to a warm, moist chamber; the superior cava is connected with a Mariotte's flask, from which defibrinated blood under a known and easily regulated pressure enters the vein and the right auricle. The blood flowing from the aorta is collected in another similar flask. The venous pressure can be altered by raising or lowering the Mariotte's flask, and the arterial pressure can be increased or diminished by elevating or lowering the exit point of the tube connected with the aorta. All being ready, arterial pressure, as measured in the carotid, was varied between the limits of 40 mm. and 210 mm. of mercury, and tracings taken of it and of the pulse-rate. Although this was done repeatedly, and both suddenly and gradually, it was found to in no way influence the pulse-rate, which gradually and uniformly fell. If the venous and arterial pressure were coincidently greatly increased, the character and rapidity of the pulse were profoundly altered. If while the arterial pressure was kept constant, the pressure in the vein was altered by raising or lowering of the Mariotte's flask, in the same way the pulse-rate underwent no change. The experiments, which were often repeated, curari, morphia, and chloroform being used in turn, so as to exclude any effect of these agents, show that alterations in the blood-pressure, either arterial or venous, do not directly affect the pulse-rate.

In a further series of observations Professor Martin maintained the blood-pressure in both vein and arteries at a constant level, but varied the temperature of the defibrinated blood supplied to the heart, and he found that the pulse-rate rose with every increase in the temperature of the blood, and fell as it cooled. The fact that the pulse quickens with rise of temperature has, of course, long been familiar, but it was explicable upon two theories. The hot blood might act directly upon the tissue of the heart, or, paralyzing the cardio-inhibtory centre in the medulla oblongata, influence the heart indirectly. Martin has now shown that a dog's heart, completely liberated from all possible influence of nerve-centres outside itself, slows its rate of beat from minute to minute, as the temperature of the blood sent through the coronary artery falls, and quickens its beat as the temperature rises; and it has yet to be proved that the increased frequency of the pulse in the febrile state is in any way dependent on paralysis or excitation of the cardio-inhibitory or cardio-excitor centres in the medulla. In attempting to find the extremes of temperature compatible with cardiac life, it was found that a dog's heart would beat regularly and slowly at 26° C., and regularly, but rapidly and feebly, at 41° C.

Professor Martin shows how his investigations explain the results of other observers laboring at the same problem. For example, v. Bezold, in some experiments on curarized rabbits, with all extrinsic cardiac nerves divided, increased the blood-pressure in one of three ways. He either raised the hind part of the animal, and so pressed blood from the belly to the heart; or, after opening the chest, he clamped the aorta just beyond the origin of the left subclavian artery; or he injected into one carotid calf's blood carefully warmed to 38° C. By each of these methods not only was the blood-pressure increased, but the

temperature of the blood in the heart was raised, and so the increased frequency of the pulse was produced. In the first experiment, abdominal blood, nearly 2°C. hotter than that in the external jugular vein, was forced back to the heart in excess. In the second experiment, when the aorta was clamped, the blood forced into the aorta returned from the head and fore limbs much faster than before, and a larger amount of blood flowed through the lungs in a given time, and as only the same amount of cool air was pumped into the lungs by artificial respiration, the blood was much less cooled; or, in other words, the blood then reached the coronary vessels hotter, and so raised the pulse-rate. It has been shown that one effect of curari on the dog is to lower the temperature of the venous blood 3°C. Assuming that the effect is the same in the rabbit, the calf's blood at 38°C. introduced into the carotid artery in the third experiment, was 3°C. hotter than that in the veins, so that here again the means taken to raise the blood-pressure also raised the blood-temperature. Professor Martin has been successful in eliminating this source of error, and has apparently reduced a complex problem to its simplest conditions, and has succeeded in obtaining results of great value and importance.

Histogenesis of Carcinoma.

In the Philadelphia *Medical Times*, for January 13, 1883, Dr. Reed presents an article entitled *Histogenesis of Carcinoma*, this having been the subject of his inaugural thesis. The paper is divided into two parts; first, the development of epithelium studied in the healing of experimentally produced ulcers; second, the study of the minute anatomy of cancers. Seven experiments are detailed, and the conclusion reached that the epithelial covering of ulcers only arises from pre-existing epithelium. Then follows the last part of the paper, which is taken up with views of authors, some attempts at skin grafting, the application of his experiments and his personal observations of microscopical sections of carcinomata, especially scirrhi of the breast. At all points he convinces himself that just as the epithelium of healing ulcers arises from some pre-existent epithelium, so do all cancers originate from an epithelial source. The paper concludes with the points in favor of the exclusive epithelial origin of cancers. The following are quoted:

1. Primary true cancers are found only in locations where there is pre-existing epithelium, and no cancer has been proved to have originated hereterotopically.

2. The cicatrization of cancers explains young connective tissue in filtration and connective tissue cells, and white-blood corpuscles are never seen inside the alveoli.

3. The intactness of the endothelial ensheathments of the alveoli.

4. The results of his experiments showing that the epithelial covering in healing ulcers is exclusively derived from the border epithelium—this fact, by analogy, forming strong testimony in favor of the epithelial origin of cancer.

The subject-matter and experiments of this paper are very interesting and a credit to their author; but the manner in which he states many points, the summary method of disposing of the evidence of men like Stricker, Virchow, Woodward, etc., and the way in which he brings forward his seven experiments and few months' study of carcinomatous sections as sufficient evidence to overthrow all views differing from those adhered to in the paper, are arrogant in the extreme, and detract much from an otherwise very creditable production.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——An "Anti-Vivisection Society" has been organized in this city, and we have been favored with a large amount of the literature it distributes, such as "Dr. Bell Taylor on Vivisection," "The Torture Chamber of Science," by Baron von Weber, "Why Agitate against Vivisection?" by Dr. Walker, "Have Pity," by J. C. Scholl, "The Uselessness of Vivisection," by Lawson Tait, etc. We do not know a dozen vivisectors in the State of Pennsylvania, and every one of those we do know carries on his researches with the least possible pain to the animal. There seems here, therefore, a tremendous preparation to attack a very small-sized offense; but, after all, it is no offense, as every one of these investigators is prompted by the best and worthiest motives that can influence the human heart—the pursuit of truth and the relief of human suffering. That intelligent men and women should band together to attack such laborers, is a striking instance how prejudice, the desire of publicity, and the influence of mistaken sentiment, will blind people of good education and impulses to the motives and pursuits of others.

——The criticisms of Prof. Esmarch on the case of President Garfield have met with a caustic rejoinder from the pen of Dr. William Hunt, of this city. It constitutes his annual address before the Philadelphia Academy of Surgery, and makes a reprint of 22 pages.

——One of our most active alienists is Dr. C. H. Hughes, of St. Louis, editor of the *Alienist and Neurologist*, a position which he fills with distinguished capacity. Two reprints by him are before us which will certainly attract the attention of students of that branch. The one is on "The Rights of the Insane," the other sets forth some new experiences of an opium eater during the withdrawal of the drug, and while at a distance from his physician. A third paper on "The Therapeutic Value of Cephalic and Spinal Electrizations," is a suggestive contribution to special therapeutics.

——The Illinois State Board of Health is doing a good work in widely disseminating a series of "Preventable-Disease Circulars." Those before us refer to typhoid fever, scarlet fever, and diphtheria. They are written in plain terms, contain clear and well-chosen directions, and cannot fail to benefit the public. Copies of them may be obtained by applying to the Secretary of the State Board of Health, Springfield, Illinois.

——In a reprint before us, Drs. S. Weir-Mitchell and Edward T. Reichert make a partial study of the poison of *Heloderma suspectum* (Cope), otherwise known as "the Gila monster." It is a species of lizard, which appears to be, at certain times, at least, capable of producing severe toxic symptoms.

——In the *Zeitschrift für Museologie und Antiquitätenkunde*, Dresden, the editor, Dr. Graesse, is writing a series of articles on the symbolism of plants and flowers, in the course of which he gives much attention to the ancient medical "doctrine of signatures," and to other curious vagaries of antique medical notions.

BOOK NOTICES.

Anatomical Technology as Applied to the Domestic Cat: An Introduction to Human, Veterinary, and Comparative Anatomy. With illustrations. By Burt G. Wilder, M. D., etc., and Simon H Gage, B. S., New York. A. S. Barnes & Co., 8vo., pp. 575.

The authors of this work present a treatise on anatomy which may justly be said to be alone of its kind among the productions of the American press. As may be judged from the title, it is intended to be an introduction to the *science* of anatomy, whether that be of man or of the lower animals, of vertebrates or invertebrates.

Approaching the subject with this comprehensive view of its treatment, the authors begin by setting forth certain methods of work, which, if observed, will vastly facilitate the learner's progress. Thus the metric system is explained, and the new terminology adopted by the writers is fully set forth. We say *adopted*, but, perhaps, it would be more correct to say *invented*, for although Dr. Barclay, many years ago, laid the groundwork of the matter, his suggestions have been so amplified and critically supported by Dr. Wilder, it is nothing more than fair to the latter to give him the credit for this valuable terminology. We have examined it carefully, and though one who has familiarized himself with the received nomenclature will feel some repulsion in first approaching these novel words, yet the more it is studied, the more obvious do its merits become.

Hints on the best method of taking notes are followed by a chapter on the instruments and material for study. A very valuable chapter is that on the preparation and preservation of anatomical specimens. The use of alcohol is recommended, and the methods of employing it are carefully specified. Preservation by injections is also described, and the most useful practical directions for carrying it out are noted.

These preliminaries underotood, the student is then taken systematically through the component parts of the animal frame. Chapters are devoted to the bones, the muscles, the viscera, the vascular system, the nervous system, and the encephalon.

The demonstrations are made upon the domestic cat, this animal being for many reasons that which is best calculated to be made the subject of study by one desirous of mastering anatomy in the full meaning of the word. Many illustrations are, however, drawn from the anatomy of other animals, and the veterinarian, the physician, and the naturalist, will alike find the volume one from which they can derive very great aid in their respective pursuits. We believe it will greatly advance the study of anatomy in this country.

Transactions of the Medical Society of the State of Pennsylvania. Volume XIV., page 467.

At the period of the meeting of this State Society we gave sufficiently full abstracts of the principal papers read to enable us to dispense with more on the subject. Suffice it to say that they are here presented in a handsomer form than in previous volumes, and that they impress the reader as carefully prepared and instructive. The County Reports fill about a hundred pages, and cannot be said to present as much of interest as in some previous years. It is to be regretted that this feature is not made more prominent.

Manual of Gynecology. By D. Berry Hart, M. D., and A. H. Barbour, M. D. Vol. II.

It will be remembered from our report of Vol. I. of this work (Reporter, cur. vol., p. 158) that it is issued by William Wood & Co., as part of their Library of Standard Medical Authors. It is neatly printed, and is illustrated with a lithograph and over two hundred wood-cuts. Few members of the series surpass it in character, the authors being writers of very good repute in the Edinburgh School of Medicine.

THE

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A WEEKLY JOURNAL,

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THE RELATIONS OF MICRO-ORGANISMS TO DISEASE.

W. T. Belfield, M. D., in a lecture before the Alumni Association, College of Physicians and Surgeons, New York, (*New York Medical Journal*, February 24 and March 3, 1883), says that he had chosen the subject simply because of its intrinsic interest and importance, and also because there existed in the mind of the medical public in this country a divided opinion regarding it, which seemed to him not to be warranted by the facts.

The study of micro-organisms is an excessively difficult one, owing to the need for the proper facilities in pursuing investigations in the laboratory, and the amount of time and expense required to carry on the work intelligently. There is a tendency for the profession to treat the subject as a trivial or fanciful one, and in general to ignore it. Bacteria have been observed as early as 1675, but they suddenly acquired an interest to pathologists in 1861, when Pasteur endeavored to show a genetic relation between plants and diseases.

Cohn's definition of bacteria, formulated in 1875, is still applicable, "Cells devoid of chlorophyll, spherical, oblong, or cylindrical, which reproduce themselves extensively by transverse division, and live either isolated or in families." Nutrition and assimilation were carried on by a process of osmosis.

Their simplicity of organization explains their extensive distribution throughout nature.

Certain errors in manipulation and misinterpretations of facts, which were so liable to take place even with the greatest care and most improved facilities for investigation, would account for the serious mistake made by Pasteur and others in saying that bacteria were capable of spontaneous generation; there is no reason to suppose that bacteria, like all other organisms, do not always proceed from pre-existing similar beings. The nomenclature, unfortunately, is much confused, each investigator naming according to his fancy. The French school, following Pasteur, makes use of the terms vibrios, monads, torulaceæ, etc. Cohn's classification, according to Dr.

Belfield, is probably the best; however, it needs some improvements. This nomenclature distinguishes the bacteria by form as micrococci, microbacteria, bacilli, spirilla.

The doctor thus defines bacterium: A mass of matter of definite shape and size, possessing or not possessing motion, of a certain chemical composition, having the power of growth and reproduction. No mass of matter can be said to be bacteria unless it possesses these qualities.

Even the mycologist cannot determine beyond doubt that a given object is one of the bacteria, except by cultivation outside of the body, thus demonstrating its reproductive power; but just here comes the practical hitch—many objects may come in contact with the particle under examination which might also contain bacteria. The doctor referred to cases showing how mistakes which had been made in the dissection had led to very erroneous conclusions.

The only means by which an organism in a culture can be shown to be the progeny of that first transplanted, is that it must be observed to proceed from it by continuity of structure: in order so to do we must directly observe it under the microscope. To do so, we must use a solid vehicle for the nutrition and cultivation of the organism. A solution of gelatine, beef extract, peptone, etc., is sterilized, and spread upon a disinfected slide, and allowed to dry; a heated needle is then dipped into the material containing the bacteria, and drawn lightly over the substance upon the slide, by which a scratch is made, to the edges of which the bacteria adhere; the slides are now to be placed in the incubator.

By this method we are able to know that the bacterium in the hundredth culture, for example, is structurally the same as the organism taken from the animal which had suffered frem the disease in which the original bacterium was found.

Billroth asserts the presence of bacteria in perfectly healthy animals. Koch, Pasteur, and Ehrlich, have never so detected them.

Abnormal composition of the blood seemed to favor the development of some bacteria, after they had gained entrance to the body, as abscesses in diabetic patients are swarming with micrococci.

The important and practical question is, to what extent the bacteria which are found in the tissues during certain morbid conditions are to be considered as the cause of the conditions with which they are associated.

In order to set this question at rest it must be demonstrated by culture of the bacteria found to exist in the diseased person, and the induction of the same disease in healthy amimals by inoculation with a reproduction of the bacteria. The question to-day rests about as follows:

Diseases, the demonstration of the bacterial origin of which has been completed through inoculation with isolated bacteria by competent observers: anthrax.

Diseases, the bacterial origin of which has been affirmed after inoculation with isolated bacteria by one competent observer: tuberculosis.

Diseases which were always characterized by the presence of bacteria in the tissues, but which had not been induced by inoculation with isolated bacteria: pyæmia, diphtheria, erysipelas, etc.

Diseases in which after death bacteria have been found in the tissues: variola, scarlatina, typhoid fever, etc.

Diseases in which the presence of bacteria before and after death have been asserted: syphilis, typhus fever, intermittent fever, measles, etc.

THE MEDICO-LEGAL SOCIETY, OF NEW YORK CITY.

The Medico-Legal Society, of New York city, an association which has done much in recent years to suggest improvements in the laws of New York treating of the management of the insane, and kindred topics, has been considering for some time the important subject of coroners' inquests. A committee was appointed some time since, and has just made a careful report, which has been adopted by the Society.

This report is in the shape of a bill, which the Society has decided to urge upon the Legislature for its passage at the present session.

The bill is interesting as showing the views of a

large number of the medical profession in regard to the proper procedure in case of sudden death, either by violence or where there is no attending physician.

The most radical feature of the bill is legislating coroners' juries out of existence, and replacing them with medical examiners.

It has been found that coroners' juries, being composed, generally, of men little acquainted with the causes or signs of sudden death, have, with but few exceptions, rendered verdicts which were without weight or importance. It has also been often found that the juries have contained many persons who were annoyed at being summoned at all, and felt it a grievance to be obliged to give up their private business to attend to such a disagreeable matter as deciding upon the causes or circumstances of sudden death. As a result of this latter fact, juries have generally been composed of men without education or experience, frequently of the class known as professional jury-servers; and as a natural consequence, the public have almost ceased to be interested in or to place confidence in the verdicts of coroners' juries.

The power which a coroner has of setting aside the verdict, has contributed also to the general dissatisfaction with the whole method of procedure.

In place of the coroner's jury, the bill provides that there shall be in each Assembly District one examiner, except in the city of Brooklyn, where there shall be two, and in New York, where there shall be four. The medical examiners shall be able and learned in the science of medical jurisprudence, and shall have been for at least five years in the active practice of their profession. They shall also be selected without regard to political or partisan considerations.

The term of office is to be seven years, and the compensation, fees, except in Brooklyn and New York, where there is a salary affixed to the office of $5,000.

The duties of the medical examiners are to make an examination of the body of any person reported to have been slain, or suddenly died, or dangerously wounded, or to have died from criminal violence, or suddenly when in apparent health, or when unattended by a physician.

In case a crime has been committed which caused or contributed to the death, careful reports shall be made to the nearest coroner and the district attorney of the county, of all the circumstances tending to show the condition of the body and the manner of death.

Upon such a report being made to the coroner, he shall at once hold an inquest, and shall have power to issue subpœnas and commit to prison, or hold to bail, as may be proper. The general duties of a court having powers of preliminary inquiry are attached to the office of coroner.

The medical examiners are given the power to call in the help of chemists for the proper examination of the body, or of substances supposed to have caused death.

The medical examiners are also to take charge of money or personal property found on the bodies of deceased persons, and to deliver the same to the persons entitled to their custody or possession.

This bill will shortly come before the Legislature of New York, and has in its favor the support of a large and influential society, composed about equally of physicians and lawyers.

DR. FORBES ACQUITTED.

It gives us pleasure to record the acquittal of Dr. Forbes, Demomstrator of Anatomy in the Jefferson Medical College, of the charge of complicity with the grave-robbers who were last fall tried and convicted.

It would have been a great hardship had Dr. Forbes been convicted.

He was doing what has been done, and is done, and always will be done: he desired to procure enough material to enable his students to properly prosecute their anatomical studies, and he went about it in the ordinary, customary manner. That he was in collussion with a lot of men to steal bodies from cemeteries, is ridiculous on its face, when we consider Dr. Forbes' standing and reputation.

We heartily congratulate Dr. Forbes and the

science of anatomy, and we cannot but condemn those who refused him the support to which he was so justly entitled.

Notes and Comments.

Leucoplakia Buccalis.

The *Chicago Medical Journal* quotes the following from *L'Union Méd.*:

"This disease, also called psoriasis of the tongue and buccal mucous membrane, is a chronic squamous affection of the dorsum of the tongue and the lips, characterized by white elevated spots and superficial induration of the mucous membrane. It is mostly found in persons having been affected by syphilis of the mouth, or in persons addicted to the use of tobacco. But sometimes it is found in persons neither syphilitic nor smokers, and then there are seen round erythematous spots, looking very red, but later blackish, and which undergo desquamation. If the disease has continued for several years, there are large grayish spots, which become black and are thrown off in lamellæ 3 cm. long. Then there is cicatrization, with the new formation of epithelial cells, and the surface of the tongue becomes broken and fissured in different directions. At last the tongue shows several elevated points, which look like the papillæ of the tongue of a cat. These points are confluent, and they form at last the true epithelioma."

Recurrence of Scarlatina within Eight Months.

F. P. Kinnicutt, M. D., in *N. Y. Med. Record*, March 3, 1883, says that he attended a male child aged five, in a typical attack of scarlet fever, having a favorable termination; eight months afterwards he was again called to the same child, and the diagnosis of scarlatina was again made: slight albuminuria made its appearance in the third week and still persists; patient has suffered with a number of boils on various parts of the body.

Dr. Kinnicutt remarks that a second infection of scarlet fever occurring within the short period of eight months, in which all the characteristic symptoms are manifested with as much prominence as in the primary attack, is sufficiently rare to be worthy of record. The doctor has only been able to find six other recorded cases of a similar nature; the shortest and longest period of recurrence were respectively thirty-six days and nine months.

The above case conflicts with the terse and generally accepted statements of the various textbooks, "one attack protects from a second."

Chloroform vs. Ether.

After stating the fact that several deaths have been lately reported from chloroform, the *Louisville Med. News* says:

"Death occurred suddenly in all these cases from paralysis of the heart, and the most skillful and persistent efforts to revive the patient were made without avail. In none of these cases were any evidences of heart disease found by auscultation and percussion, and no lesion was suspected. The lesson of these recent accidents with chloroform is that in the most experienced and careful hands death may occur from this agent; that chloroform is particularly dangerous when exhibited to subjects having weak hearts; that recent experiences confirm the belief already prevailing in America in the superiority of ether over chloroform as a safe anæsthetic."

An Unusual Case of Polydipsia.

A woman aged 40, of hysterical temperament, had been troubled for three years with gurgling, plashing and whirring sounds of confined liquid issuing from the region of her stomach, with such violent action as to irresistibly jerk and agitate her whole body. All treatment had proved useless, when she came under the notice of Dr. D. D. Marr, of Chesterton, Ind., who reports the case in the *Chicago Med. Jour.*, February, 1883. She would drink from one to two gallons of water per day, and pass urine in large quantities; sp. gr. 1.008, no sugar. Subnitrate of bismuth, in drachm doses, three or four times daily, was the only remedy that gave any relief. She subsequently became pregnant, after a favorable termination of which her condition greatly improved.

Hot Pack in Puerperal Eclampsia.

Dr. Brens expresses the opinion in the *Arch. f. Gyn.*, that for the cure of puerperal eclampsia either in the puerperium or the last months of pregnancy, active diaphoresis alone, induced by a hot bath, 40 to 45°C, followed by the pack, is all sufficient. The bath must not be prolonged over one-half hour, and two to three hours suffices for the envelopment in the pack. This method properly carried out, according to Brens, will also cause œdema and albuminuria to disappear without interruption of pregnancy.

A New Reaction of the Urine in Infectious Diseases.

The *Med. News*, February 10, 1883, says that at a recent meeting of the Gesellschaft der Charité-Aerzte, in Berlin, Ehrlich described a new reaction of the urine. When a solution of sulphanilinic

acid (*sulphanilsäure*) and ammonia is added to the urine from cases of tuberculosis, typhoid, or other infectious fever, a bright-red color is produced. The urine from cases of ordinary inflammatory or febrile diseases does not give this reaction. The details are promised.—*Berliner klin. Woch.*, January 1, 1883.

Syphilitic Gumma in the Liver.

A case is reported in *France Méd.* The patient was a girl, aged 15. The liver was much enlarged, appetite diminished, colicky pains, and diarrhœa. After improving on a diet of milk, the symptoms returned, with vomiting, and after repeated aspirations of albuminous fluid she died. It is probable that the case was one of hereditary syphilis.

Brassicon.

From the *Pharm. Zeit. f. Russl.*, 1882, 783, we learn that a remedy bearing this name has a great reputation for headache in the province of Kiew, Russia. The formula is as follows:

Oil of peppermint	30 grs.
Oil of mustard, volatile	6 gtt.
Camphor	10 grs.
Ether	60 gtt.
Alcohol (90%)	180 gtt.

Tincture of peppermint (or melissa) enough to impart color.

The Treatment of Obstinate Neuralgia.

The *Medical Record*, January 15, 1883, says that M. Verneuil, in a communication to the Surgical Society of Paris (*Le Prog. Méd.*, No. 49, 1882), referring to the surgical treatment of obstinate neuralgia, said that all therapeutic resources should be exhausted before surgical interference was undertaken. He recalled a case which was cured by hyoscyamin, after resection of all the ends of nerves, and even amputation, had failed.

Negative Effect of Vaccination on Fœtus.

In the *Maryland Medical Journal*, January 15, 1883, Dr. Powell reports the case of a lady in the eighth month of pregnancy, whom he vaccinated successfully. Since her confinement her child has been vaccinated and has had a typical crust and scar, showing the absence of any protective influence from the mother's vaccination.

The Weight of the Brain in Mental Diseases.

France Méd. says that Dr. Bra has found that in mental diseases the brain weighs a little more than usual, and the circumference of the cranium is a little larger.

Chlorinated Oil in Scabies.

A new remedy for this affection is made by passing chlorine into olive oil. A compress of cotton saturated with this oil is to be applied night and morning. It is said to be equally efficacious in other parasitic skin affections.

A Palatable Cough Mixture.

The most elegant and palatable cough mixture ever prescribed by Dr. J. Milner Fothergill, is, he says, the following:

R.	Syr. Scillæ,	℥j.
	Acid. hydrobromic. dil.,	℥ss.
	Spirits chloroform,	℥ss.
	Aquæ.	℥j.

Late Tying of the Umbilical Cord.

Dr. Edward Alcorn gives a resume of the experience of various writers on this subject, which proves that the children whose cords are left uncut until after the placenta has been expelled, thrive much better than those in whom it is cut before.

Spina Bifida Cured by Injections of Iodine.

Dr. E. Muirhead Little reports a case of spina bifida, where recovery followed aspiration and the injection of an iodo-glycerine solution.

Special Report.

THERAPEUTIC PROGRESS.

Arsenic in Diabetes.

Dr. Longeville, in the *Jour. de Thérapeutique*, December 10, 1882, states that in his experiments he found that arsenic was a great obstacle to the formation of sugar, as shown by administering it to dogs prior to puncturing the fourth ventricle. Clinical results, as far as observed in two diabetic patients upon whom the experiment was tried, corroborated this conclusion; for a few days' dosing with Fowler's solution, progressively increased from ten to thirty drops per diem, diminished the quantity of sugar by more than one-half. The quantity of the urine passed while under the influence of the arsenic was diminished in like proportion.

Quassine.

In the *Gaz. des Hop.*, Dr. Delmis says that the active principle of quassia amara (quassine) is a bitter tonic with aperient and stomachic properties, and is a valuable tonic in general debility, atonic dyspepsia, anorexia, chlorosis, spasmodic vomiting, and prolonged and difficult convalescence.

The dose is from $\frac{1}{3}$ to $\frac{2}{3}$ of a grain, given before each of the principal meals.

Caffein for Hypodermic Use.

Dr. Tauret, in *Schmidt's Jahrbücher*, No. 7, 1882, says that the ordinary preparations of caffein are unsuitable for hypodermic use, because they are so slightly soluble in water. He finds that caffein unites readily with benzoate, cinnamomate, or salicylate of soda, forming a double salt, readily soluble in water, which containing sixty-one per cent. of caffein, has been injected subcutaneously without causing the slightest irritation.

Phenic Acid and Iodine in Typhoid Fever.

The *Medical Record* says that Dr. Klamann (*Allgem. Med. Central-Zeitung*, No. 81, 1882), claims excellent results in the treatment of typhoid fever by carbolic acid and iodine. To avoid carbolic-acid poisoning he gives very small doses, as in the following formula: Tinct. iodi., gtt. viiss.; acid. carbol. c. glycerin, gtt. x.; alcohol, dilut., ʒiiss. From five to ten drops of this mixture are taken in coffee or tea every hour or two. When diarrhœa is troublesome the remedy is administered in tincture of rhatany. The treatment should be begun early in the disease, in order to obtain the most favorable results.

A similar plan of treatment is recommended by Dr. Rothe (*Memorabilien*, vol. xxvii.), who reports a number of cases, in some of which the initial symptoms were very grave, but all of which resulted favorably. The formula employed by him is as follows: Acid. carbol. et alcohol., āā ♏viiss. to xv. (according to the age of the patient, the intensity of the fever, etc.); tinct. iodi., gtt. x. to xv.; aq. menth. pip., ʒiij.; tinct. aconiti, ♏xv. to xxx.; syr. aurant. cort., ʒiv. Of this mixture the dose is a tablespoonful every hour; for children under ten years of age, a teaspoonful. Owing to the aconite in this mixture, however, it is difficult to determine how much of the good effect is to be attributed to the carbolic acid and iodine.

Jequiriti in the Treatment of Granulation of the Conjunctiva.

The *Medical News* quotes from the *Gaz. Méd. de Paris*, December 23, 1882, that at the meeting of the Société de Chirurgie, held December 13, M. Terrier read a report on a memoir of M. José Cardosa, of Rio Janeiro, on the employment of this drug. The jequiriti is a leguminose plant; an infusion made of the seeds and employed as a lotion to the conjunctiva in cases of granulations, sets up an acute inflammation, and may, in large doses, even cause severe accidents. M. de Wecker has employed the preparation with satisfactory results, while in the only case in which M. Terrier employed it an intense purulent conjunctivitis was set up, which was cured without the granulations undergoing the least improvement. So while in certain cases it may be used with success, it should always be employed with caution. M. Despres maintained that the only justifiable treatment of this disease was excision of the granulations when chronic, while, when inflammatory, they may be cured by cauterization with sulphate of zinc or nitrate of silver.

The Mullein Plant in Pulmonary Consumption.

There are five mulleins, but the old Irish remedy is the great mullein, or verbascum thapsus. It is a hardy biennial, with a thick stalk, from eighteen inches to four feet high, and with very peculiar large woolly and mucilaginous leaves, and a long flower-spike with ugly yellow and nearly sessile flowers. The leaves are best gathered in late summer or autumn, shortly before the plant flowers. In former times, it appears to have been rather highly thought of, particularly as a remedy for diarrhœa; and Dioscorides, Culpepper, and Gerarde favorably allude to it.

Dr. F. J. B. Quinlan, of Dublin, decided to try its effects in pulmonary consumption, and his results are published in the *British Medical Journal*, January 27, 1883.

The old Irish method of administering the mullein, is to place an ounce of the dried leaves, or a corresponding quantity of the fresh ones, in a pint of milk; to boil for ten minutes, and then to strain. This strained fluid is given warm to the patient, with or without a little sugar. It is administered twice a day; and the taste of the mixture is bland, mucilaginous, comforting to the præcordia, and not disagreeable. I resolved to try this method, and also the watery infusion; and, moreover, the natural expressed juice fortified with glycerine.

Some phthisical sufferers were now admitted from time to time into St. Vincent's Hospital, in all stages, from an early one to the most advanced. On each admission, the case was carefully examined; the history, symptoms, and physical signs were exactly noted; and the patient was weighed on a stage balance of great accuracy. The patient was put as much as possible on the mullein treatment only. For obvious reasons, no cod-liver oil, koumiss, or other weight-producer was given; the patients got the diet suitable to such sufferers; and, if the special symptoms became troublesome, received appropriate treatment. As much as possible, however, they were left to the mullein—a proceeding which was entirely satisfactory to themselves. In addi-

tion to the admission-weighing, they were carefully weighed every week, and care was taken that this should be done as nearly as possible on the same day and hour, with the same clothes, and, in fact, as much as could be under the same conditions.

The mullein was used in seven cases, and the following are his remarks: "I have set down the above cases simply in the order in which they occurred, and with no view of supporting any preconceived idea. These cases, although too few to justify any general conclusion, appear to establish some useful facts. The mullein plant boiled in milk is liked by the patients; in watery infusion it is disagreeable, and the succus is still more so. The hot milk decoction causes a comfortable (what our Gallic neighbors call *pectorale*) sensation, and when once patients take it, they experience a physiological want, and when the supply was once or twice interrupted, complained much in consequence. That it eases phthisical cough there can be no doubt; in fact, some of the patients scarcely took their cough mixtures at all—an unmixed boon to phthisical sufferers with delicate stomachs. Its power of checking phthisical looseness of the bowels was very marked, and experiment proved that this was not merely due to the well-known astringent properties of boiled milk. It also gave great relief to the dyspnœa. For phthisical night-sweats it is utterly useless; but these can be completely checked by the hypodermic use of from one-eightieth to one-fiftieth of a grain of the atropia sulphate; the smaller dose, if it will answer, being preferable, as the larger causes dryness of the pharynx, and interferes with ocular accommodation. In advanced cases, it does not prevent loss of weight, nor am I aware of anything that will, except koumiss. Dr. Carrick, in his interesting work on the koumiss treatment of Southern Russia (page 213) says: 'I have seen a consumptive invalid gain largely in weight, while the disease was making rapid progress in her lungs, and the evening temperature rarely fell below 101° Fahr. Until then I considered that an increase of weight in phthisis pulmonalis was a proof of the arrest of the malady.' If koumiss possesses this power, mullein clearly does not; but unfortunately, as real koumiss can be made from the milk of the mare only, and as it does not bear travelling, the consumptive invalid must go at least to Samara or Southern Russia. In pretubercular and early cases of pulmonary consumption, mullein appears to have a distinct weight-increasing power; and I have observed this in several private cases also. Having no weighings of these latter, however, makes this statement merely an expression of opinion. In early cases, the mullein milk appears to act very much in the same manner as cod-liver oil; and when we consider that it is at once cheap and palatable, it is certainly worth a trial. I will continue the research by careful weighings of early cases; and will further endeavor to ascertain whether the addition of mullein to the cultivating solution prevents the propagation of the phthisical bacillus."

Treatment of Cough and Expectoration.

Dr. Rossbach, desiring to place our therapeutics of these diseases on a rational instead of the present empirical basis, has experimented with the remedies usually in vogue. Through a wide opening in the trachea, he observed directly the effects of medicines taken internally or applied locally, having beside him an undrugged animal for comparison. His conclusions are found in *Berlin Klin. Woch.*, 1882, Nos, 19, 20. He directed his attention first to alkalies, using locally solution of carbonate of sodium and liquor ammonii, and internally carbonate of sodium and chloride of ammonium. The *Brit. Med. Jour.*, January 27, 1883, thus condenses his results. Thirty grains of carbonate of sodium, or fifteen grains of chloride of ammonium, injected into a cat's femoral vein, caused increasing pallor and grayish white appearance of the mucous membrane, and ultimately a complete cessation of mucous secretion. While the mucous membrane of the normal animal, after being dried with blotting paper, became moist again in two minutes, that of the drugged animal showed no trace of mucus till ten minutes, and if this small quantity were dried off, no more appeared.

What the cause of this cessation is, Dr. Rossbach does not say: but it cannot be the anæmia, as the secretion continues unaltered in much higher grades of anæmia from nerve stimulation. The diminution of the blood-supply and mucous secretion of the bronchial membrane, evidently tend towards an actual cure of the pathological conditions usually involved. Solutions of one to two per cent. of sodic carbonate applied locally seemed to produce no effect; but even very weak dilutions of liquor ammoniæ caused a marked injection of the mucous membrane, with distinctly increased secretion. The local application of a weak solution of acetic acid produced the same effect as liquor ammoniæ; and Dr. Rossbach, both from his experiments and observations, is strongly opposed to the use of this drug in throat affections.

The astringent remedies observed were tannin, alum, and nitrate of silver. Local application of the former two caused the surface to become pale, the opaque epithelium, however, preventing the condition of the blood-vessels from being observed. The secretion was completely abolished, the surface being dry and shining. These facts were still more markedly true of solution of nitrate of silver, which produced a sharply limited patch of chalky white color, over which the mucous secretion was entirely absent. Dr. Rossbach is inclined to believe that the vessels are really contracted, and from a long experience he strongly recommends the local application of solution of nitrate of silver in all cases of inflammation of the mucous membrane, more especially when accompanied with pain, feeling of dryness, etc.

The local effect of oil of turpentine on the mucous membrane was somewhat perplexing, as, when sprayed directly on a spot, it caused dryness of the mucous membrane, while a two-per cent. solution dropped on a spot caused an increased mucous secretion, notwithstanding there was a diminution of vascularity. Dr. Rossbach strongly recommends oil of turpentine, both internally and locally, in cases of chronic bronchial catarrh, more especially with putrid expectoration. He believes that it has not only an antiseptic, but also a refrigerant and narcotic effect.

The action of apomorphia, emetine, and pilocarpine, was observed both in large and in small doses. With all three, but more especially with the last, there was a very great increase of the mucous secretion in the larynx, trachea, and bronchi, the mucous glands becoming so large as to cause projections on the surface. This effect Dr. Rossbach proves to result from a direct action of the drug on the gland itself, the circulation of the blood being quite unaffected. The subsidiary effects of pilocarpine render it unsuitable as a practical expectorant; but apomorphia Dr. Rossbach considers to be the prototype of all expectorants, giving in his hands most excellent results. He administers it as hydrochlorate of apomorphia in doses of one-fifteenth to one-seventh of a grain thrice daily, with a little dilute hydrochloric acid, the mixture being kept in a dark bottle and containing no sugar.

Lastly, Dr. Rossbach gives the results of his experiments with atropia and morphia. Atropia produces extreme dryness of the tracheal mucous membrane, accompanied by a gradually increasing hyperæmia. Its effect in deadening the irritability of the membrane is, he finds, very uncertain; while, on the other hand, the effect of morphia, both in diminishing the secretion and lessening irritability, is constant. Another advantage possessed by morphia is that the diminution of the secretion is never so great as to be followed by inflammation, which, he asserts, is frequently the case with atropia. A combination of morphia and apomorphia he has found extremely useful in cases of difficult expectoration, while a combination of morphia and atropia has given excellent results in cases of chronic catarrh, emphysema, and phthisis. Electrical stimulation of the superior laryngeal nerve causes distinct contraction of the blood-vessels, justifying, therefore, Ziemssen's recommendation of percutaneous electrization of the larynx in cases of obstinate chronic inflammation.

Bromide of Potassium in Chordee.

In the *Bull. de Therap.*, December 30, 1882, Dr. Cambillard states in a recent *thèse* that he has seen this painful affection successfully treated at the Midi by means of injections of bromide of potassium, and supplies the following formula: Water 150 parts by weight, glycerine 10, bromide of potassium 6, and Resseau's laudanum 2 parts. Four of these injections should be employed in the twenty-four hours, the last just before bedtime. Each injection should be retained one or two minutes. The erections are usually speedily calmed, and sometimes completely suppressed. They are nowise painful, causing only in some persons a slight burning sensation. They act by anæsthetizing the urethral mucous membrane.

The Frequent Repetition of Doses.

Dr. A. A. Smith, Professor of Mat. Med. in Bellevue Hosp. Med. Coll., contributes a valuable paper on this subject to the *New York Med. Jour.*, February 10, 1883, from which we take the following:

Chlorate of Potash.—Grain doses every half hour in scarlet fever, diphtheria, tonsillitis, etc., will produce the same results as larger doses, without the danger of the evil effects resulting from the accumulation of the drug in the system, as sometimes happens when it is administered in the ordinary way; viz., dangerous inflammation of the kidneys. It is better, when giving *croton chloral* for neuralgia to administer a grain every half hour, than in larger doses. A solution, of which a teaspoonful represents one grain, will have scarcely any bad taste. Another advantage is, that being so largely diluted, it will be harmless to the mucous membrane of the stomach.

Two grains of the *salicylate of sodium* every hour or half hour in a teaspoonful of water will cure the most obstinate cases of *urticaria*, except those

of a chronic nature, and where it has been caused by full doses of *balsam of copaiba*, single drop doses of the same drug every half hour will sometimes control it.

Fowler's solution, or the liquor potassii arsenitis, half a drop given every half-hour for six or eight doses will often relieve the vomiting which occurs after a debauch. It will also relieve the morning vomiting of drunkards, and is of decided benefit in the sympathetic nausea and vomiting of pregnancy.

Five to ten minim doses of the fluid extract of *jaborandi* every hour or half hour will produce copious perspiration, without causing any unpleasant effects upon the heart, especially if combined with digitalis.

In *supposed croup*, which is usually false croup of a reflex origin, a teaspoonful of a solution of one one-hundredth of a grain of sulphate of atropine in a tumbler of water, every hour or half hour, will give relief.

If the child's face begins to flush and show signs of the physiological effects of the drug, the dose can be reduced in frequency. Do not forget in these cases to give an emetic if there is anything in the stomach which may be causing the spasm, or a cathartic, if there be reason to suspect intestinal disturbance as the cause.

In nervous disturbances and undefinable and transitory disorders of children, the *bromides*, in doses of one or two grains every ten or fifteen minutes, will often prove of great benefit.

You will often meet with children of a nervous, excitable frame of mind, who are, perhaps, naturally of a sensitive, nervous temperament, who are disturbed by the slightest noise, and are unable to go to sleep before ten or eleven o'clock at night. In such cases you will find it necessary to give a nervous sedative. An excellent effect will be produced by *chamomilla* in some one of its forms, as the tincture, administered in minim doses, every fifteen or twenty minutes. Put a teaspoonful in half a tumbler of water, and let the child drink it freely.

A single drop of the *wine* of *ipecac*, repeated every fifteen or twenty minutes, will often produce the most marked relief, both from vomiting and diarrhœa. Administered in this manner, the drug is not nauseous, and is easily taken.

I now make a statement, upon the authority of Trousseau and his enthusiastic successor, which may appear to you, as it once did to me, incredible—viz., that *one-sixtieth of a grain* of *calomel*, taken every hour for ten or twelve hours, will relieve the headache of syphilis occurring at night. I have administered it in one-fortieth-grain doses in this manner, and have obtained the results which they claimed for it, but I have not yet tried it in sixtieth-grain doses. The relief was very marked by the second or third night. It is not intended to take the place of iodides which are given in such cases.

Nursing children often *vomit* or *regurgitate* their food; teaspoonful doses, every ten or fifteen minutes, of a solution of one grain of *calomel* to a pint of water, will often relieve this. One *twenty-fourth of a grain of mercury* with chalk, every fifteen or twenty minutes, is of great benefit in the vomiting and non-inflammatory diarrhœa of children.

Where the diarrhœa is accompanied by *mucous passages*, indicative of a certain degree of inflammatory action, or enteritis, benefit will be derived from the administration of one teaspoonful of a solution of *bichloride* of *mercury* (corrosive sublimate), one grain to the quart, every hour.

Another extraordinary statement, which at first seemed to me to be fabulous, and may seem so to you, but which, nevertheless, you will find to be based upon clinical facts: Put a grain of *tartar emetic* into one quart of water: teaspoonful doses of this solution every half hour will prove effectual for the relief of the *wheezing* and *cough* accompanying a slight *bronchitis* in children.

A single drop of the *tincture* of *nux vomica* given every ten minutes will often produce most marked relief in *sick headache* not of a neurotic origin. It should be given immediately after or soon after meals.

It is well known that *cantharides*, when given in large doses, is liable to cause inflammation of the urinary tract; but it has been found that a *single drop* of the tincture every hour will in many cases relieve *vesical catarrh*.

A *single drop* of the tincture of *digitalis*, given to a patient suffering from symptoms due to *organic heart disease* when digitalis is indicated, administered at intervals of an hour or half hour, according to the severity of the symptoms, will often give greater relief than larger doses, and without liability to ill effects.

For the *diarrhœa* of *children*, accompanied with slight *inflammation*, straining, and the passage of *jelly-looking* matter, but not true dysentery, *five drops of castor-oil*, given every hour in water with sugar and gum, is an excellent remedy.

In *orchitis* and *epididymitis* and *dysmennorrhœa* not of a membranous, obstructive, or neuralgic character, two-minim doses of *tincture* of *pulsatilla* every hour will afford greater relief than any

other mode of treatment. For *flatuence, fluttering* and *palpitation* at the menopause, *one-fiftieth grain doses* of the *extract* of *Calabar bean* every half hour for six or eight doses, and similarly repeated after stopping it for three hours, will prove an effectual remedy. In *amenorrhœa* not due to anæmia, minim doses of the *fluid extract* of *ergot* every half hour for five or six hours, the day before and again on the day on which it should occur, will be beneficial. There are many cases of *febrile movement, with dry, hot skin*, a full, bounding pulse, the mucous membrane of the throat and nose probably dry—cases in which the febrile movement is not the commencement of one of the continued fevers; the *tincture* of *aconite*, one-third to one-half a minim given every fifteen minutes, will be found of decided benefit. Visiting the patient shortly after the commencement of this treatment, you will often find him in a little perspiration; the medicine may then be administed at longer intervals, every half-hour or longer, according to the indications. The tincture of aconite, administered in a similar manner, is also useful in cases of commencing so-called cold in the head. It is likewise useful in cardiac hypertrophy with palpitation, severe headache, and disturbances of the nervous system due to increased force of the heart-beat.

Two minims of the *tincture* of *hamamelis* every half-hour will often control *hæmorrhages*.

The *tincture* of *belladonna* in minim doses, given every half-hour, is a good remedy in cases of *nasal catarrh*, and bronchitis accompanied by free secretion. You should cease to give the drug for a while after eight or ten doses have been administered, as it is less quickly eliminated from the system than the other medicines of which we have already spoken. In cases of *pulmonary œdema* with failure of heart power, *belladonna* thus administered is of benefit in retarding the exudation of serum, and in overcoming the failure of heart power.

Two grains of the *chloride* of *ammonium*, combined with ten or fifteen minims of the tincture of *cubebs*, given every half-hour, oftentimes controls acute pharyngitis and superficial inflammations of the other tissues about the throat. For *inflammation* of the *throat* dependent upon a *gouty diathesis*, add to this mixture ten minims of the *ammoniated tincture* of *guaiac*, and administer every hour.

In the headache of *migraine*, one grain of the *citrate* of *caffeine* given every half-hour will often produce most marked relief.

In *neuralgias* about the face or head, three-minim doses of the tincture of *gelseminum* every half-hour will often act almost miraculously, and leave no ill effects.

For certain kinds of *headaches* (especially those which are periodical and not of malarial origin), fifteen-minim doses of fluid extract of *guarana* given every fifteen minutes will very frequently relieve. If it does not relieve in four doses, increase the dose to thirty minims.

Correspondence.

A Peculiar Type of Fever.

Eds. Med. and Surg. Reporter:—

Under the above title, Dr. J. M. Pinkston, in a recent issue of your journal (March 3) relates the history of an epidemic of fever which he is pleased to call a peculiar type, though the peculiarity appears to consist in the fact that the patients recovered in thirty-six to seventy-two hours; we will however return to this point later.

The article concludes thus—"As to diagnosis, I should like to have the opinion of older members of the profession." While I cannot lay claim to the latter distinction, I still feel that the former field is open to me.

For our purpose, it is perhaps better to place the epidemic fever of Dr. Pinkston, and the disease which I hope to show that it is, side by side.

"Peculiar Fever."	Typhoid Fever. (Mild and abortive form.)
Prodromes.—Identical.	*Prodromes.*—Identical.
Invasion.—The fever is usually ushered in with a chill, followed by headache, nausea, vomiting; in some cases cold feet and hands, tenderness and continuance of pain, in most cases, over region of stomach, and almost invariably tenderness at a point midway between the hips, but no iliac tenderness.	*Invasion.*—Fever usually ushered in with a chill or chilly sensations, headache, nausea, loss of appetite, etc. Complains of soreness, pain, etc., as much in stomach and at the "midway point" as anywhere else.
Tongue.—Identical.	*Tongue.*—Identical.
Bowels and Stomach.—Generally tympanitic; stomach almost invariably so. The bowels are usually constipated.	*Bowels and Stomach.*—The same, almost always. Diarrhœa is often wanting. (J. M. DaCosta.)
Fever.— "I should have stated that the fever in the commencement is high in children, sometimes attended with convulsions." "The symptoms in the commencement, in some cases, indicate violent congestion of the stomach and bowels, and, as indicated by breathing, congestion of lungs, but there are no physical signs thereof. "Some cases also have slight sore throat, enlargement of the tonsils, and a little irritation of bronchial tubes, and consequently a little cough." (Reference to the article will show that a plan of treatment has been used that, in this city at least, is a well-recognized one for typhoid fever; so that we may say,)	*Fever.*— Temperature evening of fourth day 104°. (Wunderlich.) Other symptoms of grave disturbance of the nervous system show themselves in violent general convulsions. (Da Costa.) Have not all of us seen typhoid fever so commence? Is this violent congestion of the stomach and bowels not an illustration of the poison being swallowed and acting directly upon the tissue with which it comes in contact? as milk contaminated by water containing fecal fermentations. (Prof. Stillé.)
Treatment.—Identical.	*Treatment.*—Identical.
Diet and Hygiene.—Identical. "If improperly treated, or if not treated at all, and in some cases in spite of treatment, it will last from ten to six weeks."	*Diet and Hygiene.*—Identical. Is this not often the case with typhoid, which may terminate in sixteen days or less?

As above said, the doctor states that the patients recovered in from thirty-six to seventy-two hours. Are we to understand that a patient will be well, sick and well again in the above period? An analysis of the symptoms would lead one to suppose that the convalescence was rather tardy, once more resembling typhoid fever.

So on the whole I would be inclined to call the "peculiar type of fever," a *typical example* of the *mild* or *abortive* typhoid, such as Jürgensen describes (Sammling Klinischer Vorträge, Nov. 1, 1873). It is the short duration, as Prof. DaCosta tells us, that is characteristic of abortive typhoid, and the changes are so marked and rapid that the defervesence is accomplished in a few days.

W. A. Edwards, M. D.

1210 *Spruce St., Phila.*

News and Miscellany.

Annual Commencement of the Woman's Medical College.

The annual commencement of the Woman's Medical College was held in Association Hall, March 15th. Thirty-five women received the degree of M. D. The Rev. Dr. Henry C. McCook opened the exercises with prayer, and then President T. Morris Perot presented the diplomas.

The address to the graduating class was delivered by Professor W. H. Parish. After reviewing the training the students had undergone, he said:

"Who has not been asked, Does not frequent contact with pain and suffering, disease and death, render one indifferent to the occurrence of of such in others? Is not sympathy supplanted by stony stoicism? How great the error to suppose so! The experiences of a physician's life educates him to avoid the emotional, and to keep coolness and judgment in the ascendancy. His sympathies are none the less. Long years of professional work will but enlarge in you true, active sympathy. The physician's studies ennoble his humanity. The study of any manifestation of nature gives profit to the human mind.

"Away, then, with the fallacious reasoning that woman may with propriety devote her capabilities to the study of the lily or the rose, or of the spider or beetle, but cannot study man, the noblest work of God. The relations of the physician to the general public are becoming daily of a higher and more responsible character. I will briefly enumerate some of the matters in reference to which the public demand that the physician shall be well informed. Among such matters are, for instance, the successful operation of the National Board of Health, the establishment of State Boards of Health with properly-defined duties and powers, the prevention of epidemic diseases, the preservation of the purity of water courses, the prevention of the adulteration of food, the establishment of medical Boards for the inspection of schools and school houses, the location and inspection of hospitals and almshouses, the support of rightly-managed medical colleges by means of proper legislation, as, for instance, a more restricted and cautious conferring of collage charters, and the greatly-needed revision of State anatomical acts."

Murder Will Out.

A female smuggler named Bronar met with a serious accident at Lyons on December 16, while in the exercise of her illegal calling. She had concealed several bladders full of alcohol under her petticoats in order to pass them through the *octroi* free of duty. Being arrested on suspicion of smuggling, she pierced the bladders with a pin, and the liquor ran out before she reached the police station. On arriving there, however, she incautiously attempted to dry her clothes before a red-hot stove. Being saturated with alcohol. they took fire. Madame Bronar received such injuries before the flames could be extinguished that her life was in danger.

The Moon and the Weather.

At the last meeting of the British Association, Sir W. Thompson delivered an address upon the tides. While explaining the theory of the moon's influence on the tides, he incidentally touched on the supposed influence of the moon's changes upon weather, and pointed out that the comparison of most careful and complete indications of the barometer, thermometer, and anemometer, and the times of the new and full moon and half moon, had failed to establish any relation whatever between them, and had proved, on the contrary, that if there was any dependence of the weather on the phases of the moon it was only to a degree imperceptible to ordinary observation.

Glass Coffins.

From *Lyon Med.*, February 11, we learn that in order to prevent the diffusion of the products of decomposition of human bodies in the air and water, Dr. A. Meyer proposes to substitute glass coffins for those made of wood. They will be opaque, very thick, and formed only of two parts, hermetically closed by a silicated mastic as indestructible as the glass itself. By suitable pressure, an antiputrescent gaseous atmosphere (carbonic acid, for example) may be introduced into the coffin, and preserve the corpse from putrefaction during an indefinite period of time. Dr. Meyer adds that these coffins can be readily supplied by the trade at prices which will more and more approximate to those paid for wooden coffins.

To Restore Faded Ink.

In order to restore faded ink, all that is necessary, according to the *Boston Journal of Chemistry*, is to moisten the paper with water, and brush over the writing with a solution of sulphide of ammonium. The ink will become black immediately, from the formation of the black sulphide of iron. Of course this means of restoration is not applicable with aniline inks.

Officers of the Cincinnati Obstetrical Society for 1883.

President.—Dr. J. Trush.
Vice-President.—C. O. Wright.
Recording Secretary.—Clara Ellsbury.
Corresponding Secretary.—J. G. Hyndman.
Treasurer.—Geo. E. Jones.

Personals.

—D. H. Macnaughton Jones, M. C. H., F. R. C. S. T., and Edin. Professor of Obstetrics and Gynecology in the Green's College, Cork, surgeon of several hospitals, but founder and especially interested in the Cork Ophthalmic and Aural Hospital, has been invited to London, a more extended field of usefulness. Dr. Jones is favorably known in this country by his valuable contributions to medical periodical literature, and by his published volumes.

Items.

—Dr. G. Hother recommends the use of hazeline in prolapsus ani.

—M. Dupré concludes that the liver is the chief source of urea formation.

The bicycle is getting to be a common mode of travel among physicians in England.

—It is reported that the British public spend annually $5,000,000 for secret remedies.

—M. Desnos has found resorcin very effective in reducing the temperature of typhoid fever.

—M. Burcq ("*Comptes Rendus*") shows that copper has a powerful disinfectant and antiseptic action.

—The award of $20,500 to the four surgeons summoned to attend President Garfield has been received by them.

—In Ontario, Canada, there is one doctor to every 1,125 inhabitants—so it appears from the last Medical Register.

—It is reported that certain foreign manufacturers of glycerin adulterate it with over twenty-five per cent. of glucose.

—Velpeau has reported four cases of laying open the internal carotid artery in operations for the removal of tonsils.

—A new hospital at Dayton, O., has recently been completed and opened. It cost $75,000, and has a capacity of 200 beds.

—A Chair of Laryngology has been established in the Royal University of Rome, and Dr. Zawerthal has been appointed to fill it.

—Dupuytren first called attention, in 1828, to the frequency with which deformity of the chest is associated with enlarged tonsils.

—A Physical Aspect of Abscesses.—Professor in physics: "What is Boyle's law?" Student, with a carbuncle: "To break out in the most inconvenient place."

—Dr. Squire recommends a solution of bromic ether in water (1 to 200) for administration in whooping cough, as well as for angina pectoris and spasmodic pain.

—A case of polyorchism was observed in Bulgaria, on a farmer eighteen years of age. There were three testicles, two being on the right in the scrotum, one above the other.

—"Well, madam, how's your husband today?" "Doctor, he's no better." "Did you get the leeches?" "Yes, doctor, but he could only take three of them raw; I had to fry the rest."

—Dr. Albert G. Craig, Vevay, Indiana, suggests the substitution of linseed oil for olive oil in the composition of liniments. He has found it better, as well as much cheaper.

—U. S. Grant, when asked to sign the petition in favor of making all physicians equal before the law in the government service, said he would "*give homœopaths no encouragement directly or indirectly!*"

—The recent epidemic of diphtheria in Russia has been followed by a still more virulent outbreak of scarlatina, which a Russian newspaper describes as more devastating than the most sanguinary war.

—A new sanitary journal has just appeared at Naples under the editorship of Dr. Achille Spatuzzi. Its title is "Il Propugnatore della Salute, Periodico d'Igiene Popolare,"—the advocate of health, a periodical of popular hygiene.

OBITUARY NOTICES.

S. B. ROBBINS, M. D.

Dr. S. B. Robbins died at Shelbyville, Ind., February 22, 1883, after a lingering illness, at the age of 39. He was much respected, and enjoyed an extensive and successful prtctice until failing health compelled him to retire.

ALVILDA G. SMITH.

At Adamsburg, Snyder county, Pa., March 14, 1883, died Alvilda G., wife of Dr. A. M. Smith, aged 33 years.

A most gentle and estimable woman, much beloved by all who were fortunate enough to know her, has gone from us. May God comfort her husband and parents. F. P. D.

QUERIES AND REPLIES.

MESSRS. EDS: What is the best antidote for alcoholic poisoning, emetics excepted? What the best to dissipate the odor in the breath?

Oblige yours respectfully, I. H. C.

Ans.—You will find these topics fully discussed in Napheys' *Medical Therapeutics*, 7th ed., pp. 557–571, to which we would refer you.

Dr. P. S., of Va. We can readily publish any pamphlet which you wish to have issued. On receipt of MS. we will send you an estimate.

MARRIAGES.

ARMSTRONG—BLAIR.—On Wednesday, February 28, 1883, by the Rev. R. B. Foresman, Milton N. Armstrong, M. D., of Blairstown, N. J., and Lizzie H. Blair, of Johnsonburg, N. J.

OTT—FORD.—On Tuesday evening, February 27, 1883, by Rev. L. P. Hornberger, Dr. Lambert Ott, formerly of Independence, Missouri, and Ida L., youngest daughter of the late George Ford, of Philadelphia.

DEATHS.

FISHER.—At Cologne, Germany, on February 13, 1883, at six o'clock, a. m., of congestion of the lungs, Alexander Ming Fisher, M. D., in the 26th year of his age, son of the late Lieut. Edward M. Fisher, and grandson of the late Col. Alexander Ming.

MILLER.—On March 6, 1883, after a lingering illness, Mary Agnes, only daughter of Dr. A. M. Miller, of Bird-In-Hand, Pa., in the 22d year of her age.

THE

MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

LECTURE.

CLINICAL LECTURE ON THE DISEASES OF WOMEN.

Delivered at the College of Physicians and Surgeons, New York.

BY PROF. T. GAILLARD THOMAS.

Infantile Leucorrhœa.

Gentlemen: The little girl, nine years old, whom I first bring before you, is suffering from a very profuse leucorrhœa, which, her mother informs me, she has been unable to cure by any of the remedies which she has employed, and which has now lasted for two months. I, of course, made a vaginal examination, and, on separating the labia, I found that the whole vulva was about the color of red flannel, and bathed with a copious leucorrhœal discharge. The meatus urinarius was also seen to be in the same condition, and urethritis has, no doubt, been set up by the spreading of the irritation. If it had been necessary, I could have introduced a small glass speculum into the vagina; but this was not required to make a diagnosis, as I saw exactly what was the matter without resorting to this.

Not infrequently mothers will bring their little girls to you in this condition, and they will sometimes be in a state of great agitation, because they are afraid the trouble has been the result of injury done the children. There is ordinarily no reason whatever to suspect anything of the kind, and you can at once quiet the anxious mother's mind. The affection is a perfectly simple one, and is perfectly curable also. What is it, then? It is generally known as infantile leucorrhœa; but infantile vaginitis would be a better term for it.

Now as to its causes. One of the most frequent of these is neglect of hygienic precautions. There is generally no intentional neglect on the part of the mother or nurse; but, on account of the undeveloped condition of the part, an accumulation of hardened secretion sometimes collects in the same way as that which not infrequently gives rise to balanitis in the male child. Another common cause is the depreciated condition of the child's system, such as that due to spanæmia, in which all the mucous membranes are apt to become more or less affected. Thus, there is often gastric and intestinal, as well as nasal catarrh. A third cause that may be mentioned is reflex influence from the rectum. The cause of the irritation in the rectum is usually ascarides, and an afflux of blood to the part is caused by the itching and irritation.

In some instances, the ascarides, by getting into the vagina itself, are the direct cause of the trouble. The prognosis of this affection is, that it can be cured at once if it is properly treated.

In the treatment, the first thing to do is to see if there are any worms present, and if so (or there is any reason to suspect that such is the case), use an injection of warm salt water, as this form of ascaris (the *ascaris vermicularis*), as well as others, is unfavorably affected by salt. The next thing to do is to get the child's general system in the best condition possible by appropriate food, iron, vegetable tonics, and the hypophosphites. It is better to depend on nourishing diet, however, than on medicinal agents. If after the worms

have been gotten rid of the vaginal irritation and discharge should continue, or if no worms should be found to be present, local treatment will be required. The vagina should be thoroughly washed out by means of a syringe provided with a small nozzle, which ought to be well oiled before being introduced. In order that the canal may be perfectly cleansed, the child should be placed upon the back. In some cases the mere removal of the accumulated secretion, which is a constant source of irritation, is all that is necessary; but if the trouble has gone on for some time, this may not be sufficient. Something further is then needed, and one of the best applications to use is the old-fashioned black wash (calomel and lime-water) in the strength of one ounce to the pint of water. Before using this, (which should be done twice a day) an injection of simple warm water should be made. I have never yet seen a case of infantile leucorrhœa that could not be cured by such treatment as this; so that there is no necessity of resorting to astringents and nitrate of silver, which may perhaps do harm. If it is adopted here, I have no doubt that in less than two weeks this child will be entirely well.

But there is one mistake which is apt to be made by the physician in these cases, on account of which a much longer time may be required for a case than is at all necessary, and that is, the failure on his part to show the mother or nurse how to introduce the nozzle of the syringe properly. Mothers, unless they are especially instructed in regard to this point, never carry the nozzle more than an eighth of an inch up into the vagina, and as it is above this that the degenerating pus is found, there will be no improvement, simply because the injections fail to reach the real source of trouble. It is not enough even to show the mother how to use the syringe, but you should also watch her do it, and see that the upper part of the vagina is reached. In a child of this age, the rectal tube of a Davidson syringe should be employed.

Recurring Attacks of Pelvic Peritonitis in Connection with Ovaritis and Salpingitis.

Our next patient is Mrs. Mary H., a native of the United States, and 33 years of age, who has been married for ten years. She has had two children, and the youngest is now seven years old. She says she got quite well after the birth of her last child; but has been complaining for more than six years. She nursed the child for about seven months, when her menses came on, and since that time she has never been well. This is not an uncommon history: the trouble not commencing at child-birth, but with the resumption of ovulation. Since she has stopped nursing the child, she says she has had constant pain in the lower part of the abdomen, and twice she has been very much bloated. The first time that this bloating occurred, she did not suffer much pain with it; but the second time it was accompanied with very severe pain, and she was confined to bed for a time. The second attack lasted for about two months. In regard to her menstrual periods, she says she does not have much more pain than usual at that time, but that she has considerable pain for three or four days before the flow, and that it is somewhat relieved by the latter. She sometimes has backache in addition to the constant abdominal pain, but is always able to attend to her household duties.

When a vaginal examination was made in this case, it was found that the uterus was in its normal position, and, on mapping it out, by means of conjoined manipulation, that there was more or less fixation of the organ. On either side of the uterus was discovered a mass which was tender under pressure, and which extended outwards. The fixation of the uterus indicates with certainty that the patient has had pelvic peritonitis; and there can be little doubt that the two attacks of which she has spoken were of this nature. The bloating which she mentioned, and which she thought was dropsy, was in all probability the tympanites which so frequently accompanies pelvic peritonitis.

What is the diagnosis here? All the gentlemen who have examined the case, agree with me in believing that both the fallopian tubes, as well as both the ovaries, are enlarged, since these parts can be mapped out with unusual ease in this instance. It is altogether probable, therefore, that after she ceased nursing her child, she became affected with chronic ovaritis and chronic salpingitis. Mr. Lawson Tait, the distinguished English surgeon, has recently pointed out the fact that repeated attacks of pelvic peritonitis occur as a result of this condition of the ovaries and tubes. Up to the time that Mr. Tait's paper appeared in the *British Medical Journal* last summer, I had never had my attention called to this point, and consequently my experience has not yet been very extensive in regard to it; but I have already seen enough to convince me that he is quite right in attributing these recurring attacks of pelvic peritonitis to the escape of irritating fluid from the inflamed tubes into the peritoneum. In the present instance, the first attack

of peritonitis was evidently very light; but the second one seems to have been considerably more severe. Although the tubal enlargements can apparently be made out with unusual clearness in this case, the diagnosis, you must understand, is not a positive one.

I have now operated in five cases where the same diagnosis was made, but they were all cases in which the patient's sufferings had become intolerable. The fifth operation was performed only four days ago. The patient was completely bed-ridden, and had become so addicted to the use of opium that she required no less than ten grains of sulphate of morphia by hypodermic injection each day. Sometimes she has taken as much as sixteen grains in the twenty-four hours. To-day, for the first time, her allowance of the drug has been diminished. Her ovaries and fallopian tubes, I may say in passing, were found to be in the typical condition described by Tait.

In the case now before you the ovaries and tubes are, no doubt, in very much the same state; and yet this is a case in which I certainly would not recommend the operation for their removal. The reason is, that this woman does not suffer to such an extent, in my opinion, as to justify a resort to so radical a procedure. I cannot impress upon you too strongly the fact that the dangers of this operation are very great; and the great fault that I have to find with Mr. Tait, is that he makes too light of them altogether. I cannot believe that the high standard of success which he has thus far maintained, will be kept up in the future. In the five cases which I have now operated upon myself, there is not one patient to whom death would not have been a welcome relief from her sufferings. A woman who is in such a deplorable condition as all these even before this operation, is worse than a leper, and everybody who has anything to do with her case soon gets sick of it. Such patients almost invariably become opium-eaters. The present case is fortunately not of this desperate character. The dividing line must be drawn between suitable and unsuitable cases for operation; and nothing would induce me to operate here, as long as she remains no worse than she is now. She does not suffer enough, and her life is by no means miserable enough, to render it proper to subject her to the dangers of such an operation. Saturday, however, I saw a case in which I would not hesitate an instant to operate, because the poor woman had had so many attacks of inflammation, and was so utterly wretched in every way.

Here, instead of an operation, I would recommend such measures as the repeated painting of the roof of the vagina with compound tincture of iodine, the external application of blisters or tincture of iodine, and the continued use of galvanism and the hot-water douche.

Subinvolution and Anteflexion in Connection with Laceration of the Cervix Uteri.

Our last patient to-day is Mrs. Mary P——, 24 years of age, and a native of the United States. She has had one child and three miscarriages, the last of which occurred one year ago. She says she has been complaining for the last three or four months, and has suffered from severe pain in the back and lower part of the abdomen. At her monthly periods, which last for a week, she flows very profusely. She also suffers a great deal of pain at the time of menstruation, and would go to bed if it were possible for her to do so. Between her periods she has a profuse leucorrhœa. All the miscarriages, it seems, have occurred since the birth of her living child, and in answer to closer questioning, she tells me that the menorrhagia has really continued ever since her baby was born, but has increased of late. The pains also she has had for a long time, but it is only within the last three or four months that they have become so severe. Finally, she says that there has been no change in her condition of life which would account for the aggravation of symptoms of which she has spoken.

When I made a physical examination in this case, the moment the finger was passed up into the vagina, it was found that the uterus was tilted forward to a marked extent, and that the cervix was badly lacerated on both sides. The uterus was then found to be not simply anteverted, but in a state of anteflexion, and was also both large and tender. The ovaries were, apparently, altogether normal. Such a condition having been found, the most of the patient's symptoms are already accounted for. When the child was born the cervix uteri was lacerated, and, no doubt in consequence of this, involution was interfered with. The menorrhagia depends on the abnormal condition of the lining mucous membrane of the uterus, which was in all probability affected by subinvolution. The diagnosis of the case is, therefore, *first*, laceration of the cervix; *second*, subinvolution of the uterus; *third*, anteflexion of the uterus, in consequence of the subinvolution; and, *fourth*, fungoid degeneration of the endometrium. Some European writers call this latter condition *endo metritis polyposa*, but the name is not a correct one.

In order to be properly treated, this patient

should be admitted to the Woman's Hospital. She should be kept quiet for a week, have her bowels regulated, and be treated with hot vaginal injections. A Sims' speculum should then be introduced, and by means of a copper wire curette, such as I now show you, the whole endometrium should be scraped, in order to remove all the little polypoid excrescences with which it is covered. After that she should remain in bed for three or four days, the hot vaginal injections being kept up in the meanwhile, and then an operation for the repair of the lacerated cervix should be performed. The sutures could be removed in about ten days, and the next thing would be to restore the uterus to its proper position, in which it would probably remain without the use of a pessary. The patient could then be discharged, and I believe that she would soon be entirely well.

You observe that the woman is very pale and weak from loss of blood; but as long as this condition of menorrhagia continues, it is adding fuel to the flames to give her iron or quinia. Iron, I have found, is the very worst thing that you can give such a patient, and this is a point which I trust you will not lose sight of. As to the leucorrhœa, that will no doubt disappear as soon as her system, freed from the constant drain from which it now suffers, has regained its normal strength and tone.

COMMUNICATIONS.

UTERINE DYSKINESIA.

BY JOHN AULDE, M. D.,
Of Philadelphia.

Uterine dyskinesia is described by Dr. Graily Hewitt as "a symptom and effect of uterine disease so common and so important that it deserves to be considered separately and distinctly," and is used by him to denote "impairment of the power of locomotion." (Reynolds' System of Med., vol. v., page 700.) That it is a common symptom will be admitted by every professional man in general practice, and that it is an important one, the numerous failures of the multitudinous remedies recommended for uterine troubles must be recorded as indisputable proofs. The mere treatment of the "effect" of disease, without a knowledge of the cause, and an attempt to remove the obstacle to the normal performance of the functions of the organs and tissues involved in the pathological processes, would indeed be superficial and short-sighted; again, any remedies which may be adopted with a view to simply palliate a "symptom" of disease, so long as the *vis medicatrix naturæ* is unable to overcome the obstruction to natural operations, will yield the practitioner but little comfort or satisfaction in the art of healing, while the ultimate failure of his methods will undoubtedly cause him to long for the time when medicine, like chemistry, philosophy, etc., shall occupy its proper position in the circle of the sciences. That it does not occupy this position to-day, the unsettled condition of the minds of professional men, together with the various changes which have been suggested and adopted during a century of progress, are the evidences conclusive that the confines of that field have not yet been reached, where medicine can claim to occupy the position of an exact science.

These remarks, though apparently somewhat of a digression from the subject for consideration, are not prompted by any feelings of dissatisfaction with the results attained by a long list of most noble and honored workers; nor is it the intention to offer any suggestions with the object of introducing changes or modifications, but in the hope that these preliminary observations may be considered a sufficient reason for the presentation of a most simple remedy, or method of treatment, for an exceedingly obstinate and intractable malady.

The writer was consulted September 14, 1882, by a lady, aged 35, married, and the mother of one child by a former marriage eight years previous, the history of whose case, and physical examination, warranted the conclusion that she was a sufferer from uterine troubles, and that the main features of the case were expressed, in part at least, by "uterine dyskinesia." It should be stated here that this patient is English by birth and education, and by social position belongs to the middle class, but she has been a resident of this country for the past ten years, and up to the time of her second marriage, some two years ago, she had enjoyed excellent health.

Her symptoms were as follows: deep-seated pain in the region of the ovaries on both sides: one side seeming to be at times the more painful, then the other. These pains were not lancinating in the true sense, but yet they appeared to extend both upward and downward, and at times were so severe that she feared to undertake any exercise in the shape of walking, on account of the prostration they caused. The pain in the back, of which she complained, was for the most part continuous, and was of a dragging character. In the occipital region, the pain of the head was

constant, but she was frequently subject to frontal headaches of the most excruciating character. Her vision was also affected, so that she was unable to read ordinary printed matter for a longer period than a few minutes at a time during the day, but at night even this was impossible, though this latter condition had been present for only a few months. The vertigo from which she suffered was both subjective and objective, and proved a great source of annoyance to her, by reason of the difficulty it caused her in the slight attention necessary to the care of the usual household affairs. The stomach was not entirely free from this general nervous disturbance, and manifested its implication by slight occasional dull pains, more particularly noticeable after eating, but the feeling of nausea was frequent, although vomiting had not occurred. The difficulty in locomotion was prominent and permanent, simply walking a block or two being most painful and laborious, while stooping, or walking up and down stairs, not only caused acute pain referable to the womb itself, but greatly exaggerated all the other pains. This condition of affairs, the various symptoms being somewhat modified in the beginning, but gradually becoming more grave, had been present for more than a year, while during this time she had subjected herself to various forms of treatment, but without any apparent relief. Internal medication had been tried for a time, then electricity had been substituted: a pessary had been worn for a time, but that had been abandoned; and later on she had been informed that there was a polypus in the womb. During the two months previous to coming under my charge, she had been under treatment by local applications to the uterus, the sittings being conducted regularly twice a week.

As might have been expected from the foregoing history, the physical condition afforded little encouragement for immediate relief; and, besides, the season of the year was unfavorable, unless, perchance, she might have been placed in some suitable country locality, where she could have the advantages of pure air and water, and a nourishing diet; but this was out of the question. The negative symptoms naturally coming under observation were, the absence of any history of malaria or specific disease, neither had there been any convulsions, and careful inquiry failed to develop any trace of hysterical phenomena. When it is added that the menses were regular as to number, but sometimes a few days earlier, and again a few days later, and that physical examination discovered a slight retroflexion of the uterus, together with some deflexion of the body towards the left iliac fossa, the description is complete, and the case stated.

In order the more completely to fortify the diagnosis, it may not be uninteretsing to quote further from Dr. Hewitt, as follows: "Uterine dyskinesia is one of the earliest symptoms of uterine flexion, and as such it is a symptom which has an extreme importance."

"Further analysis renders it evident that there are two possible reasons for the circumstance that uterine flexions give rise to uterine dyskinesia. The existing flexion is always accompanied by more or less congestion, distension of the uterine tissues, and compression of certain other portions. On the whole, evidence is in favor of the conclusion that it is the increased compression of the uterine tissue at the seat of flexion which is the principal cause of the actual pain."

Treatment in these cases must be conducted in such a manner that the patient will not lose hope and become dissatisfied, while the object in view on the part of the physician should be twofold, to relieve the suffering and conquer the disease. The typical character of this case, the writer concluded, furnished an opportunity of more fully testing the value of a remedy which it is claimed has a physiological indication under such conditions, and as a result, the spinal hot-water bag was ordered. Dr. Chapman says of the application of heat to the spine (Handbook of Therapeutics, Ringer. page 79, 7th ed.):

"1st. The temperature of the sympathetic ganglia being raised, the flow of blood to them becomes more copious, and the functions consequently become more energetic than before.

"2d. Their nervous influence passes in fuller and more powerful streams along the nerves emerging from them, and ramifying over the blood-vessels which they control.

"3d. The muscular bands surrounding those vessels, stimulated by this increased nervous afflux to contract with more than their usual force, diminish proportionally the diameter of the vessels themselves.

"4th. The diameter of the vessels being thus lessened, the blood flows through them in less volume and with less rapidity than before: indeed, it is probable that, while the nervous ganglia in question are made to emit their maximum of energy, many of the terminal branches of the blood-vessels acted upon become completely closed."

Instructions were given that the hot-water bag should be used but once in the twenty-four

hours, and that hot water should also be used morning and evening as a vaginal injection, the patient being cautioned as to the most approved mothod of using the syringe; her bed was to be so arranged that the buttocks would be slightly elevated, and she was advised to lie either on the right side or in the prone position. In ancient times, when it was believed that the womb was distorted, or out of position, the practice of hanging the patient up by the heels was sometimes indulged in, but modern methods have substituted for that, the less heroic, but more scientific plan of the knee-chest position. In this case, however, reliance was placed in the hot water, no medicine whatever being given, and she was requested to report again at the end of a week.

My surprise and gratification may be imagined, when, on the next visit, she stated that she was about well, and that her troubles had disappeared as if by magic. She could now read with comfort; the pain in the occiput had vanished; the frontal headache was no more, while the pains in the back and groin were so lessened that she could walk without difficulty.

On the 22d of September she was placed on the syrup of the iodide of iron, dr. ss., the iodide of potassium, gr. v., this amount to be taken four times daily, the hot-water treatment in the meantime to be kept up. The object of this treatment was to remove any products of inflammation, and at the same time improve the nutrition of the body. At the end of another week she reported that the improvement continued, and that her strength was gaining. The uterus at this time was still large, "congested" or "distended," but was not hard or tender to the touch; and, without entering into a detailed description of the physiological action of the ingredients composing it, the following prescription was written:

R.	Ext. cimicifugæ,	f. ℥ ij.
	Ext. hamamelis,	f. ℥ ss.
	Ext. cocoæ,	f. ℥ j.

M. Sig.—A teaspoonful about an hour after each meal.

This was ordered to be continued for a week, but in a few days she reported that the medicine did not seem to agree with her; so the dose was reduced to one-third of the quantity above stated, with the request that it should be increased as fast as possible until the prescribed amount was reached. The result was that in the course of a few days drachm doses were comfortably borne. On the 12th of October, she was again placed on the iodide of potassium and iron mixture, a sufficient quantity being ordered to last a week. The hot water was discontinued entirely, and she was asked to come again in about two weeks, thus allowing her to be free from the influence of medicine at least a week before her final visit. At the time of the visit just mentioned above, the patient complained of dyspareunia, and it was then developed that she had also suffered from this complication, which is regarded as a common occurrence in cases of flexion. For this, the compound tincture of iodine was applied freely to the vaginal surface of the cervix uteri, followed by a pledget of cotton-wool saturated in glycerine.

On the first of November this lady came to my office apparently in the best health and spirits, and reported that she had never felt better in her life. Such, then, is the history of a single case which has been watched with more than usual interest; and it is placed before the profession, not as a discovery, but as a practical and rational method of accomplishing desired results. Much could be said of the physiological effects of this remedy, and its congener, ice, but it does not come within the scope of this paper.

DEAFNESS FROM THE USE OF QUININE.

BY M. LANDESBERG, M. D.,
of Philadelphia.

Case 1. Miss C., a stout, but somewhat anæmic lady, was under my treatment for serous iridochoroiditis of both eyes. In the course of the treatment I ordered her three grains of sulphate of quinine, with five grains of lactate of iron pro dosi, to be taken three times a day. Contrary to my expectations, Miss C. appeared the next morning in my office with the complaint of having become "stone deaf," as she expressed herself, to all appearances in consequence of the use of the powders I had prescribed her. She had never before suffered from any ear-trouble, and her hearing had always been very fine. Shortly after the ingestion of the second powder, she had felt some dizziness and fullness in her ears; she cannot tell that her hearing had diminished, but she had the sensation as if the voices she heard were husky and came from far off. She compared the sensation to that of having the ears filled with water and hearing people speaking. In the course of the afternoon slight headaches set in, and the hearing diminished considerably. Before bedtime, she took the third powder, and awoke the next morning, after a night of sound sleep, unable to understand the voice of her sister, who was her bed-companion. The head was absolutely free, and there was no other trouble but the sensation of fullness in the ears.

Examination showed: External appearance of the ears and of the drum-membrane perfectly normal. With the right ear the patient hears medium loud voice close by; with the left ear she hears whispering close by. The ticking of my watch is not heard when applied to either auricle, but it is heard when pressed against the forehead, the temples, or put between the teeth. The vibration of the tuning-fork is heard equally well from all parts of the cranium. The Eustachian tubes are permeable, and the drum-membranes normally movable. The pulse and temperature are normal, and patient answers negatively my question whether she had experienced any difficulty of speech, or she had observed any rash or eruption on the skin of her body. Inflation, according to Politzer's method, has no effect upon the condition of fullness in the ears, and does not improve the hearing.

The question was: Whether this high degree of impairment of hearing was the immediate consequence of the ingestion of such small doses of quinine, or whether it was a casual coincidence only?

To bring the question to an issue, I ordered the use of the powders to be discontinued, asking the patient to pay strict attention to any change which might occur in the condition of her ears, and to report the next day her observations. The latter were to the effect that the hearing gradually improved during the day, that towards evening the sensation of fullness in the ears had vanished entirely, and that she had been able in the evening to hear conversation with perfect ease. With either ear she could now hear whispering at 15′ distance. The next day the recovery was complete, and patient heard whispering at 35′ distance with either ear.

Now, to make the experiment conclusive, I prevailed upon the patient to try again the effects of the powders upon her system, to which she consented the more readily, as she was herself greatly interested in her peculiar case, and liked the idea of enlightening, by her experiments, the dark chapters of our medical science.

After two days' rest, during which the ears remained in a perfectly normal condition, patient took again, in the morning after breakfast, one powder in a capsule. No disagreeable after-effects followed. At one o'clock p. m. she took the second powder. At two o'clock she felt slight dizziness, as if the blood was rushing to the head. The face was slightly flushed, and the pulse was somewhat accelerated. These symptoms rapidly vanished, and were replaced by noises and a sensation of fullness in the ears. At three o'clock she ascertained a decrease in the power of hearing. The ticking of her watch she heard only at 6′ distance. This impairment of hearing gradually progressed. At nine o'clock she heard the ticking of her watch only at one foot distance. At this time she took the third powder and went to bed. In the next morning the sensation of fullness in the ears was more pronounced, and she only heard words when spoken close to the auricles.

There was no change in the appearance of her ears. With either ear, whispering was heard close by.

The restitution was complete within two days.

Now, to bring the case to the closest test, patient offered, herself, to try, for the third time, the action of quinine. I very willingly accepted her kind offer, the more so as I did not apprehend any injurious consequences from these experiments.

After eight days of rest, I prescribed to the patient three powders of pure sulphate of quinine, in three-grain doses, to be taken in capsules. The result was as follows: After the first powder, taken at eight o'clock in the morning, patient felt slight dizziness and headache, with the sensation as if the blood was rushing to the head, and as if the face was flushed—which, however, was not the case. At ten o'clock she took the second powder. Half an hour later the sensation of fullness in the ears set in, and the power of hearing rapidly diminished, so that towards evening she heard the ticking of her watch only at 4′ distance. At nine o'clock p. m. she took the third powder and went to bed. The sleep was sound. In the next morning the noises in her ears were very troublesome, and my examination showed that patient could hardly hear whispering close by.

The recovery was complete.

Case 2. Mr. C. came under my treatment for furuncles of his right auditory canal, from the repeated attacks of which he has been suffering for several months. His general health was poor, and his appetite very bad. He complained of sleeplessness and nervousness. There was no history of malaria. The power of hearing was normal in either ear. The affection proper I treated according to the indications. To build up his system, I ordered him a decoct. of cort. chin. rub., which he used with great benefit for two weeks. After this I resorted to a combination of iron with quinine—ferri hydrogenii redacti, and chin. sulphur. ad gr. iij. pro dosi, three times a day. After a three days' use of this remedy, fullness

and ringing in the ears developed, with gradual diminution of the hearing power. Notwithstanding these symptoms, which grew worse every day, patient continued the use of the powders for five days longer, to present himself only at the appointed time. His power of hearing was reduced in either ear to hearing a loud voice close to the auricle. There was no pain, and no change in the condition of either drum-membrane. Inflation of ear, by means of Politzer's air-bag, did not improve hearing, and did not diminish the ringing noises in the ears, which however caused but little discomfort to the patient.

Complete recovery within three days set in spontaneously after the further use of quinine had been discontinued.

After an interval of two weeks, during which time patient had used an iron preparation, I resolved to try again the effects which the ingestion of quinine would have on the hearing of the patient. For this purpose I prescribed to him two doses of sulphate of quinine of ten grains each, with the directions to take one powder in the morning after breakfast, and to watch carefully the effects. If there should be no alteration in the condition of his hearing, patient was advised to take in the evening the second powder. A few hours after patient had taken the first powder, he called on me, complaining of such distressing hammering noises in his ears, and showing such impairment of hearing (he heard only loud voice close to the auricle), that I thought best to refrain from further experiments.

The noises developed about an hour after the ingestion of quinine, and were immediately followed by decrease of the hearing power.

This time also spontaneous recovery was rapid and complete.

POPLITEAL ANEURISM CURED BY DIGITAL AND INSTRUMENTAL COMPRESSION.

BY JOHN I. KING, M. D.,
Of Burg Hill, Ohio.

I wish to report a cure of popliteal aneurism, which I have delayed until now to be certain of its permanency.

Wells A. Fitch, thirty-two years of age, married, a worker at a planing machine, on the 15th of March, 1875, consulted me concerning a "lump back of the knee." Diagnosis, popliteal aneurism. Patient could not touch heel (right) to the ground. Two years previous noticed that the leg became easily tired; never observed the pulsation in the tumor until I called his attention to it. Tried forced flexion, which was abandoned before twenty-four hours because of pain. Secured a relay of assistants, and tried digital compression of the femoral artery at the distal side of the origin of the profunda femoris for eight days and eight hours, two hundred hours in all, with a slight diminution of size of tumor and bruit, and an appreciable thickening of the wall of the sac. Administered tr. ver. vir., tr. aconite rad., morph. sulph., as required. Advised patient to wait a week, during which I had a compressor made with a semi-circular steel slide and thumb-screw, to which was attached an egg-shaped piece of wood, padded, and covered with chamois skin. Every day the patient adjusted the thumb-screw, so as to compress the femoral after the profunda femoris was given off, for a period of one-half to an hour at a time, until about four hours' compression was made every twenty-four. This was kept up with more or less regularity during April, May, June, and July. Some time in October the aneurismal bruit ceased; the tumor was only about one-half as large as at first, hard and non-elastic. I wish to impress upon my brother practitioners that the time usually given by authors for the cure of aneurism by digital compression is too short. Digital compression should not be so complete as to occlude the artery; tardy circulation is desired and required; it does not preclude the possibility, nor interfere with any subsequent surgical operation. It will even be a benefit, because the foregoing compression will have gradually dilated the collateral vessels, so that when the sudden arrest of circulation takes place in ligation, one element of pain will be modified. You must shift your point of pressure to prevent chafing. Do not be discouraged, even if you do not effect a cure in three months. In my case there has been no return, and the patient considers himself cured.

HOSPITAL REPORTS.

BELLEVUE HOSPITAL, NEW YORK.

CLINIC OF DR. LEWIS A. SAYRE.

Reported for the MEDICAL AND SURGICAL REPORTER, by Edward Develin, M. D.

Hip Disease Cured.

CASE 1. Female, aged six years. This child was brought to me eight months ago, suffering from hip disease. At that time she was following out the plan of treatment advised by Dr. Hutchison for the cure of this disease; this method had been carried out during the previous eight months, and the disease of the joint was yet making steady progress. Dr. Hutchison claims that the weight of the limb—the foot being raised from

the ground by a high shoe being placed upon the foot of the sound limb—is sufficient to extend the limb and prevent attrition of the articulating surfaces of the diseased bone, and at the same time to overcome the contraction of the muscles; his statement being that from three to four hours' extension during each day would accomplish all that is necessary, and that no reflex action would take place at night.

When this plan was first introduced, I was much pleased at the simplicity of this treatment, and was not slow to test its merits; but the results were unfortunate, and I was compelled to abandon it entirely, the weight of the limb alone being utterly insufficient to prevent the reflex action of the muscles. When the child came to me she was using crutches as well as the shoe.

I at once ordered that the child be placed in bed, and that traction be made upon the limb in the line of the deformity, by means of the weight and pulley, the direction of the extension being changed day by day until the limb was brought perfectly straight.

My long extension splint was then applied, and the child allowed to walk out in the open air; just sufficient extension being made to prevent pressure upon the articulating surfaces, and thus relieve the joint from all pressure.

A few days ago the mother brought the child to me, and I requested her to bring her to the clinic to-day.

(The splint was now removed from the patient.)

We have, as you observe, a shortening of about half an inch of the right leg; this is partly owing to arrest of development, and partly to the absorption of the bone by disease; the figure of the child, however, exclusive of this, is perfect; she is perfectly straight, and there is no bending or tilting of the pelvis, as the result of the psoas and iliac muscles being shortened.

For the past six months there has been no weight upon the head of the femur or upon the acetabulum, the patient being supported by the perineal bands; she has been walking upon the perineum. You now observe that free movement can be made in all directions; and no pain whatever is felt at the joint; there is, however, a little stiffness at the knee, owing to the long confinement of the limb; this can be easily overcome in a short time by manipulation and exercise; the motion of the limb will also be greatly improved by exercise; care, however, must be used for some time, in order that the limb be not used to excess; but as long as there is no anchylosis, it can be restored to its former usefulness; but the shortening will always remain. As the child now stoops down you can observe to what extent the muscles are contracted (the child now stated that it did not hurt her at the hip, but hurt her a little at the knee). By gently exercising these muscles, but never to such a degree as to cause pain, this contraction will be entirely overcome. In this case before you we have a perfect cure of disease of the hip joint; you observe that as I now place this high shoe upon the shortened limb, and which the child had been wearing upon the sound limb, according to the Hutchison treatment, she can walk perfectly well without the splint; there is therefore no necessity for its further application.

There is no need for other treatment than this plan I have adopted for the cure of hip disease; you have seen how, by the application of the long or short splint, the entire weight of the body is borne upon the perineal bands of the instrument; your extension here is very slight—it is so slight in fact that it should be called more properly prevention of pressure upon the diseased parts. Some are under the impression that it is necessary to fasten a heavy weight to the limb and pull all the time, and then call that my method of treatment. It is not so: my treatment is simply to prevent the contact of the diseased surfaces, and when the limb is secured in such a manner, motion can take place even in a diseased joint, without causing pain. But remember that it is useless to attempt to apply this long splint until the limb has been brought perfectly straight, by the means which I have just described.

I do not advise you to endorse any statement I may make to you regarding my plan of treatment until you have proved the same to be true, and if you find the same to be incorrect, denounce it at once. This child has had the night extension applied, and afterwards has worn my long splint; and although the disease is practically well, the limb is shortened owing to the progress the disease had made before coming under my treatment.

Case 2. Now here is a boy who is afflicted with the same disease, but which had not reached to such an advanced stage as the previous case; this child is now wearing my long splint, which consists of a pelvis belt, two perineal bands, side rod and foot plate; extension being made in the rod by means of a ratchet and key. Every time the diseased limb is placed upon the ground the weight of the body is supported upon the perineal bands; it is an absolute impossibility for the articular surfaces to come into apposition when this splint is worn; at the same time motion can take place within the joint with perfect freedom from pain, although Dr. Agnew in his latest work states that it is an absolute impossibility to construct any instrument that will bear the weight of the body and the limb, without pressing upon the joint. Gentlemen, I do not wish to differ with any one, but duty is the first call to a man taking charge of human life, and particularly to one who is giving instruction to others who are also to take charge of life and disease. Now, as I know positively that my method of treatment is thoroughly effectual and practical, and that under this treatment a large number have recovered with perfect motion at the joint, and are as well to-day as thought the joint had never been affected, and during the treatment of these cases motion was secured at all times, to prove this before you I will now make motion at the hip upon the patient. You observe that we now bring the leg up, and the pelvis remains perfectly straight upon the table showing that the movement is in the joint itself, and here (allowing the foot to fall upon the table), you notice that I can let the limb drop without causing pain, attrition within the joint being so thoroughly prevented.

Case 3. This child a number of you are familiar with, and have, no doubt, carefully watched the progress of the disease.

About thirteen months ago the patient was brought to the clinic suffering from disease of the

hip joint, but as she was too small at that time to follow the plan of night extension, and afterwards the long splint, it was determined to put the child in the wire cuirass, and there make the extension, which has been carefully followed out by the parents until the present, I, however, having seen her occasionally. Two months ago a large abscess formed at the joint, but on careful examination it proved to be extra-capsular. Aspiration was then resorted to, two ounces of pus being withdrawn. It was then carefully bandaged, and since that time absorption of its remaining contents has taken place, and as you observe, that difficulty is entirely relieved. Owing to the improved condition of the hip, we have now placed the long splint upon her, and although owing to her long confinement in the cuirass and her small size, she is yet unable to walk, you observe, as I place her on the ground and hold her by the hands, she is able to move both limbs without causing her any pain, and that there is no shortening of the limb. This child is now making rapid progress towards recovery and perfect use of that limb; her general health has much improved; and now, with application of this splint, she will soon be able to walk alone and secure the benefit of exercise and fresh air; this, with good diet, will secure perfect health. There is no so-called scrofula in this child.

NOTE.—Three weeks after, the patient was again presented at the clinic, in the best possible health, still wearing the splint, and able to walk a short distance.

CASE 4. This young man whom I now present to you illustrates a remarkable recovery from hip disease; I having at the present time in my office four and a half inches of his right femur.

He was between 6 and 7 years of age at the time, and was brought to me in 1865 in an almost dying condition, having a number of abscesses around the joint. I immediately determined upon excision of the joint, and performed the operation in the hospital. I found the acetabulum was perforated, the caries extending down the neck and embracing the head of the femur. I therefore sawed off the bone below the trochanter minor, and removed some pieces of bone from the acetabulum.

Owing to a law recently passed at that time in New York, which forbade the admittance of patients into the hospital from the neighboring states, I was compelled to place him at a hotel, and, although it incurred great risk to the patient, he was removed accordingly. To effect this in the best possible manner, I placed him in a wire cuirass, the result far exceeding my expectations; for at the present time this young man can run with considerable speed, has perfect flexion of the limb, although, as you observe, he has a perceptible limp; this, however, does not in any way prevent him from following his calling, as he is not compelled to use any artificial aid whatever to assist his gait (at this point the young man ran up the centre aisle of the lecture-room and back, without requiring any more effort than would be called for in any of his more fortunate fellows, and with just as much ease).

Here, (exposing the nates of the man) you will observe this deep cicatrix on the right side, passing from the ilium below the ilio-femoral crease, is where the largest opening was made; but the marks of the abscesses in the anterior regions he requests to be excused from exposing.

I present this case to you as fully illustrating a cure effected in hip-joint disease, and also the utility of the wire cuirass, in which such cases can be treated and removed with comfort and freedom from danger to the patient from one point to another.

NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAPER.

Reported by W. H. SEELYE, A. M. M. D.

Asthma.

I now show you again the patient with asthma whom you have seen before (see page 260), and I wish to say a few words about him.

You notice how his chest and neck have become fuller, and the clavicle is more elevated, and almost obliterated from view by reason of the distention of the parts around it; and the superficial veins of the neck are distended, though they do not look as large just now as they have. By anscultation under the clavicle I get coarse, rude, rhonchus sounds, which are produced in the larger tubes, and which entirely mask the normal resonance. Yet if I percuss over this region, I find that there is a very remarkable degree of resonance. There is no dulness here to indicate any condensation of pulmonary tissue, such as you get in pleurisy or pneumonia with effusions into the bronchi. The remarkable resonance here is accounted for by the extensive emphysema which this man has. On examining the chest carefully, you would find the resonance noticeably increased in certain parts, as in the margin of the lungs covering the heart and liver, and at the base of the lungs posteriorly. And if there were less coarse rhonchi due to bronchitis, you would find that there is absence of the respiratory murmur, especially on inspiration, and a prolonged feeble expiratory sound, which is due to the loss of elasticity in the lung tissues from their emphysematous distension; and this was produced by his violent efforts at inspiration. He is also suffering from another result of the emphysema, namely an obstruction in the lungs to the free circulation of the blood which should empty into the right ventricle, for the distension of the air cells in the lungs has caused the obliteration of many of the small blood vessels, and the consequent increased pressure in those remaining results in congestion; and so the right ventricle from overdistension becomes dilated, and then the auricle also; and the resulting obstruction to the return systemic circulation is here manifested by the distended veins in the neck, and the dropsy in the legs and elsewhere. These symptoms were so extreme several days ago that it became necessary to dry-cup the chest and to strengthen the heart's action with digitalis, and then he improved at once. He is now so much relieved that he can lie down in bed and sleep comfortably. The vascular tension has also been relieved by means of diuresis and purging. Recently his urine has contained albumen. This is a useful case for illustrating the mechanics of respiration, and because it has brought to your notice conditions which you will sometimes be called upon to treat.

Medical Societies.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated meeting, Thursday, March 1, 1883. The President, R. A. Cleemann, M. D., in the chair.

Dr. W. Goodell presented the specimens and reported a case of

Double Enucleation of Uterine Fibroids.

Mrs. B., a Hebrew lady, aged 38, and the mother of five children, the youngest five years old, began early in 1880 to have menorrhagia and difficult micturition. Later, her physician, Dr. A. H. McAdam, discovered a uterine fibroid. In January, 1881, Dr. Goodell was called in to see her. He confirmed the diagnosis and found a fibroid in the anterior wall of the womb, bulging out the anterier lip of the cervix, which was greatly hypertrophied, but not at all enlarging the os. The sound gave a measurement of six inches. As all remedial measures wholly failed, he admitted her into his private hospital, and on February 6th cut into the tumor by means of Adams' subcutaneous saw, and by enucleation removed most of it. A month later the fragment left behind descended low enough to be removed without difficulty. The tumor weighed not quite two pounds. At the time of this last operation a small fibroid was discovered in the posterior wall of the womb, but it was too high up to be attacked. Her convalescence was prompt and her monthly flux became natural. On October 6 the sound gave a measurement of only three inches, and she felt well. But in the following March she again sought his advice for a return of the menorrhagia. A fibroid was now bulging out the posterior lip of the cervix, but not expanding the os. The uterine cavity measured five inches. As all remedies again failed, enucleation was once more proposed, and on February 28, 1883, the operation was performed for the second time. The posterior lip of the cervix was cut open by the saw without invading the uterine cavity, and after an hour's hard work, a tumor weighing one and a half pounds was taken away in fragments. Several very beautiful and perfect fibroids, as large as a pigeon's egg, were also removed. They were attached to the capsule of the mother tumor merely by loose connective tissue. About a pint of blood was lost during the operation, but after the removal of the tumor the hemorrhage ceased, and the cavity left behind was not tamponed. The patient is doing very well, although the shock was somewhat profound.

In commenting upon this case, Dr. Goodell remarked that the to-and-fro linear movement of the saw made it a very efficient instrument for working in narrow channels, and that it had the further merit of lessening the amount of hemorrhage. He now used no other instrument for incising the capsule of fibroid tumors. The history of this unique case had somewhat shaken his confidence in the operation of enucleation, because since the womb is affected usually with multiple fibroids, some one of these must invariably be left behind, and a second operation may become needful. He believed that in these cases oöphorectomy, a safer and more sure remedy, had a future before it. He had, in fact, performed the operation four days ago on a lady who was so feeble from prolonged hemorrhage that he did not dare to remove the fibroid by enucleation, which is a more prolonged operation, and attended by a greater loss of blood. She was doing very well indeed. For the same reason, not daring to enucleate, he had early last year removed both ovaries for a bleeding fibroid, but after a remission of several months the hemorrhage returned, and he will probably have to perform enucleation or hysterectomy.

Dr. B. F. Baer inquired if the case in which hemorrhage returned after oöphorectomy was not of the submucous variety. Ought not the operation to be limited to the interstitial and sub-peritoneal varieties, where enucleation is not possible? In one case reported by Dr. Byford, of Chicago, a uterine (sub-mucous) fibroid went on increasing and hemorrhage continued after oöphorectomy.

Dr. Goodell, from *a priori* reasoning, would expect less favorable results in submucous tumors, as they are more like polypi in their characters, and would be more likely to continue to bleed. The case referred to, in which oöphorectomy had failed, was of the submucous type, and could have been removed by division of the mucous membrane and enucleation, had the patient's condition permitted it.

Dr. B. F. Baer narrated the history of a case in which

Induction of Premature Labor for the Relief of Suppression of Urine

Was considered necessary. The case occurred in the practice of Drs. Marcy and Mecray, of Cape May, N. J. About the sixth month of pregnancy a general œdema was noticed, and the urine contained considerable albumen and a few casts. The amount of urine passed diminished rapidly while the proportion of albumen increased, and the patient became weak and anæmic. Every means was tried to increase the quantity of urine, but without avail. Among the remedies used were a wide range of diuretics and hydragogue cathartics with Basham's mixture. A sudden suppression of urine occurred at eight months, and but four ounces were passed in forty-eight hours: this became solid when heated; headache and spots before the eyes were now added to the other symptoms, a grumous discharge from the uterus had been noticed for a week, and convulsions seemed threatening. Dr. Baer was called in consultation, and he agreed with them as to the advisability of inducing premature labor. A No. 9 flexible catheter was warmed and softened, and was after great difficulty introduced between the membranes and the anterior wall of the uterus. The cervix-uteri had been lacerated in a previous labor, and was hard and small. Pains of a natural character followed immediately upon the introduction of the catheter. After some hours the pulse became weak and the patient faint, the os was but slightly opened, and it was considered advisable to administer stimulants, use Barnes' dilators and the Hodge forceps. A dead child was speedily extracted: the latter had been alive in the morning. Four hours after delivery, urine was secreted, and in two days the albumen had entirely disappeared. The patient recovered.

Dr. D. F. Willard reported a case of

Induced Premature Labor Necessitated by great Œdema of the Labia Minora.

The patient, probably over forty years of age, had been married about one year, and was pregnant with her first child. She suffered from headache, her feet and eyelids were swollen, and her urine showed one-sixth albumen and contained casts and blood corpuscles. Basham's mixture, diuretics of every kind, diaphoretics, hot-air baths, hydragogue cathartics, and tonics, were used without a satisfactory result. Digitalis infusion and jaborandi alone gave a very temporary relief. The patient soon after her first visit called attention to the condition of the labia minora, which were found to be enormously swollen, shining, tense, and pitting on pressure. The urine amounted to from fifteen to thirty ounces per day, and steadily decreased in quantity. The œdema of other portions of the body decreased under the use of digitalis, but that of the labia increased. The patient could lie only upon her back, with the knees drawn up and as widely extended as possible; the pain was great and constant. Lancet punctures were made with temporary relief. The patient was steadily failing, her pulse was 150 per minute. An erysipelatous blush made its appearance, and rapidly spread to the abdomen and thighs. Premature extraction of the child offered the only chance, and was at once performed. Gestation had reached eight months. It was a difficult task, as the labia were five inches in depth. Barnes' dilators and the Hodge forceps were used, and delivery accomplished in two hours. The child was dead, and the mother died three hours later.

W. H. H. Gittens, Secretary.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Thursday evening, March 8, 1883.

The President, Dr. James Tyson, in the chair.

Dr. Guy Hinsdale exhibited a series of specimens of cancer, involving the stomach, liver, pancreas, rectum, and lung. They were obtained from recent cases at the Episcopal Hospital.

Carl W., æt. 44, was admitted October 23, 1882. He had never been ill before, and his symptoms had been developed during the two weeks previous to admission. His bowels were regular; he had had no vomiting, but had pain at the lower margin of the left ribs, with cough and friction sounds. Cachexia was marked. The abdomen was soft. A tumor was felt in the left hypochondriac region. The spleen was distinctly felt and enlarged.

The tumor increased in size, became more tender, and pain was at times very severe. The patient's appetite was gone, and emaciation was extreme. Twenty-six days after admission death occurred. At the autopsy, fluid was found in the pleural, pericardial, and abdominal cavities. There were old pleuritic adhesions. The roots of the lungs, the base of the left lung adjacent to the diaphragm, and the pleura beneath the ninth and tenth ribs, were found to be the seat of cancerous deposit. The bronchial and thyroid glands were very much hypertrophied, but not cancerous.

The cardiac extremity of the stomach was the seat of an extensive cancer, but the cardiac orifice was not involved, and the mucous membrane not destroyed. The pyloric end was intact. The pancreas was the seat of cancerous growth. The liver was of a dark, mottled color, and showed numerous metastatic growths in an early stage of development; its weight was five pounds, nine ounces. The spleen was greatly enlarged and the seat of small secondary deposits. Kidneys normal.

Microscopic sections of the thyroid gland showed simple hypertrophy; sections of the metastatic growth in the liver showed scirrhus cancer.

Case 2. James S., æt. 40, admitted September 28, 1882. During two months previous to admission he had lost forty pounds of flesh; his skin had become very sallow, and vomiting, which at first was occasional, finally occurred after every meal. A tumor was distinctly felt on the left side above the umbilicus; it moved with respiration, and was painful on pressure. Albumen was present in the urine. The patient's mother had died of cancer of the stomach.

After admission, the tumor increased in size, the patient grew weaker, vomiting frequently, and passing clay-colored stools. Death occurred on the thirty-eighth day after admission.

At the autopsy, the heart, lungs, kidneys and spleen were found in a normal condition; the stomach was very much dilated, and contained undigested food. A cancer was found at the pyloric extremity. The walls of the pylorus were very much thickened, and its orifice admitted the thumb with difficulty.

The liver was detached and found to be the seat of four large masses of secondary cancer. Its weight was three pounds, fourteen ounces. The gall duct was unobstructed.

A microscopic section of the growth in the stomach showed scirrhus cancer.

Case 3. Cancer of the Stomach; Gastro-Colic Fistula.

C. W., æt. 66, was admitted June 13, 1882. His health had been good until four months previously, when he vomited some dark bloody matter. Pain was occasional, and occurred after eating. Vomiting had occurred once. Jaundice began three weeks before admission; the skin was dry and the body not much emaciated. Stools regular, but clay-colored. The liver was slightly enlarged. Distinct nodular masses, slightly painful on pressure, could be felt in the epigastric and umbilical regions. The inguinal glands were slightly enlarged; the axillary glands remained normal. There was no cough; a faint low systolic murmur was heard at the aortic cartilages. The urine was dark yellow, sp. gr. 1.010, and contained no albumen. Vomiting, emaciation and jaundice progressed, the tumor increased in size, and death occurred two months after admission.

At the autopsy, a cancer was found at the pylorus. A fistulous opening, large enough to admit the forefinger, was found to exist between the stomach and transverse colon, which were infiltrated by the cancerous deposit and adherent to each other. The calibre of the colon was small. The mucous membrane of the stomach at the seat of disease was ulcerated and ragged. There was no dilatation or hypertrophy of the walls of the organ. The gall-bladder was distended, and both the pancreatic and common bile duct were obliterated. Heart, kidneys, and other organs, showed

nothing very unusual. The mesenteric glands were slightly enlarged. The spleen was small, and its hilus the seat of a hard calcareous plate; the organ was displaced, lying close against the diaphragm, some distance from the chest-wall, accounting for the perfect resonance which had been noted in the splenic region.

Case 4. Rectal Cancer; Colotomy.

John M., æt. 71, was admitted to the hospital October 26, 1882. He had always been healthy until three months previously, when the movements of his bowels became irregular.

The patient suffered from diarrhœa. His urine was albuminous, and contained hyaline casts. He had hydrocele. He denied specific history. Exploration of the rectum revealed a malignant stricture an inch and a half from the anus.

On account of the patient's age, operative measures were not contemplated until after the passages became very difficult, and hiccough and stercoraceous vomiting demanded relief. This was temporarily afforded by the operation of left lateral lithotomy, which was performed by Dr. John H. Packard. Death ensued twenty-four hours later.

At the autopsy the wound was found in good condition; the descending colon was opened about three inches from the point of its bending downwards. An enormous cancer was found involving the rectum and posterior wall of the bladder, and nearly filling the true pelvis. All the other viscera were in good condition. Microscopic sections showed the cancer to be scirrhus.

Editorial Department.

Periscope.

Chemical Diseases of the Brain and Spinal Cord.

At a recent meeting of the West London Medico-Chirurgical Society (*Medical Press and Circular*, December 6, 1882), Dr. Thudichum described the chemical changes of the nerve centres in such diseases as chronic alcoholic infiltration, softening of the brain, locomotor ataxy, and "cerebral glycosuria." No treatment, he contended, was rational in such cases which was not directed to the central nerve lesion; and if that lesion was chemical, the remedy must be chemical also. Locomotor ataxy, he held, was a disease in which took place a gradual destruction of colorless nerve fibres, and a formation of bodies termed amyloid bodies, which gave a reaction similar, but not identical, to that given by starch granules. This amyloid matter was closely related to, perhaps identical with, cellulose. There was no similarity between it and the amyloid degeneration of the liver, which gave rise only to a brown discoloration with iodine. In locomotor ataxy there also might or might not be increase of fibroid tissue. The disease passed from below upwards with varying degrees of rapidity, and he had known death to be produced in the shortest case in one year, in the longest in thirty years. The author then proceeded to describe a body which he had isolated from brain matter, in some quantity, namely, phrenosin. Phrenosin formed about five per cent. of the brain by weight. It contained an alkaloid called sphingosin, a fatty acid, neurostearic acid, and some water. In disintegration of the white matter which took place in such a disease as locomotor ataxy, the cerebrose radical was set free and passed into celluline. As to the phosphorized and nitrogenous principles of nerve matter, these were of three classes. In the first class, the proportion of phosphorus to nitrogen was 1 to 1; in the second class as 1 to 2; in the third class as 2 to 2. The bodies so produced were intimately connected with the production of vital energy. They were formed in every centre of life action, the blood corpuscles included, and a celebrated German philosopher had said there was "no thought without phosphorus." They had an enormous property of becoming colloid by the absorption of water, and became crystalloid again immediately upon the abstraction of water. This powerful attraction for water prevented disintegration. Chronic alcoholic infiltration was to be treated by washing out the alcohol from the tissues by large quantities of water. Natural wines he had found peculiarly useful in this respect. In acute and chronic softening there was accumulation of phosphoric acid and of cholestrin. Lactic acid existed in the brain in the proportion of one-tenth per cent. Its faulty excretion in fevers produced delirium, and it had been said that its accumulation as a result of fatigue produced sleep. In concluding, the author asked his audience to set aside anatomy, and consider the brain as a lump of chemical matter, as a celluloid septum or wall, on one side of which is arterial blood and on the other venous blood and cerebro-spinal fluid. The chemical constituents, if present in proper proportions, by their reaction on each other maintained the organ in a state of health; but if the normal proportion was disturbed, some form of cerebral or spinal disease followed. Dr. Thudichum's paper, which was of great length, was abundantly illustrated by diagrams, specimens, and experiments. It was listened to with marked attention, but it was evident, from the slight discussion to which it gave rise, that it had been too learned and abstruse for most to follow, and the President and one or two other gentlemen expressed a hope that the author would be able to render his doctrine practicable, by pointing out the exact chemical changes which took place in each disease, and the exact chemical agents to be used as remedies.

The Synthesis of Uric Acid.

New Remedies, March, 1883, says: The first organic body ever produced artificially was *urea*, and one of the latest that has been formed synthetically is uric acid, also a constituent of the urine, but of much more complex construction. The first was accomplished by the late Prof. Wöhler, the last by John Horbaczewski, in the laboratory of Prof. Ludwig, in Vienna. The operation is thus described by him, in the *Berichte der Deutschen Chemischen Gesellschaft:* Pure and finely pulverized glycocol, obtained from hippuric acid, was mixed with ten times its weight of pure urea made from cyanate of ammonia. The mixture was heated rapidly in a flask on a metal box to 200° or 230° C. (392° to 446° Fahr.). The heating was continued until the fusion, which was at first perfectly colorless, became turbid and thick, and of a yellowish-brown color. When cold, the fused mass was dissolved in dilute caustic potash, the solution was supersaturated with chloride of ammonium, and then precipitated by an ammoniacal silver solution, mixed with magnesia mixture. The precipitate, which contains the uric acid, was well washed with ammonia water, and then decomposed with potassium sulphide. After filtering out the precipitate, the filtrate was saturated with hydrochloric acid, and concentrated by evaporation. The crude product that separated on cooling was again dissolved in dilute potash, and the same process twice repeated. The final product was a yellowish-colored crystalline powder, which was washed with alcohol first, then dried, and the sulphur removed with carbon disulphide, and finally washed with ether. The product purified in this way showed all the properties and reactions of uric acid.

1. Under the microscope, the crystals exhibited the forms and characteristics of uric acid, either plates or whetstone-shaped crystals, according to the purity of the preparation.

2. They reduced alkaline copper solution when heated, and the silver solution without heating.

3. They dissolved in concentrated nitric acid with the evolution of brown vapors, and the onion-red residue left by evaporation (murexide test) turned purple with ammonia, violet with potash.

4. They were very slightly soluble in water, acids, alcohol, and ether; but easily soluble in caustic alkalies.

An elementary analysis gave the following result:

	Calculated.	Found.
Carbon	35.72	35.68
Hydrogen	2.38	4.02
Nitrogen	33.33	33.49

The author reserves the privilege of studying more fully the reactions which he communicates.

Malignant Tumor of the Heart.

The *London Medical Record* says that Dr. Manero reports, in the *Gaceta de los Hospitales* of Valencia an interesting case of malignant tumor springing from the cardiac substance, and protruding as a pulsating swelling through the walls of the chest. The patient was, at the time of his death, aged fifty-one. The first indications of disease appeared four years previously, in the form of constant lacerating pain in the precordial region, without obvious physical signs; in about a year a bulging of the precordial region was noted, with increased pulsation, attributed to dilatation of the ventricle: and this steadily increased, with increasing pain and gradual emaciation. When seen by Dr. Manero, there was a firm pulsating tumor in the precordial region, about the size of a well-developed virgin breast; it was very painful to touch; the skin over it was healthy. On auscultation of the tumor the normal heart-sounds were heard, exaggerated, but not otherwise altered. The pain suffered is described as intense; it seems to have been of the character of that of angina pectoris, and was attended by constant formication in the left shoulder and upper extremity. Death occurred after the patient had been under observation some months, during which time the tumor had steadily grown, without at all involving the skin. No diagnosis seems to have been made during life. On *post mortem* examination, underneath the pectoral muscles, which were themselves healthy, the chest wall was found to be bulged forward. (The exact state of the ribs is not given.) On removing the front of the thorax, the lower and front part of the pericardium was found to be the cause of the thoracic bulging, which is described as forming a hernia through the walls of the chest, an oval opening being caused by erosion of the third, fourth, and fifth costal cartilages, with portions of the corresponding ribs and sternum. Within this hernial sac of the pericardium, the greater portion of the heart was found enormously enlarged, apparently in all its cavities, and presenting on section the appearance of a new growth, with the aspect of a melanotic sarcoma, in consistence for the most part like that of a sebaceous tumor crossed by pigmented bars and lines, and having numerous large and small pigmented deposits. The growth appeared to be highly vascular. The valves, columnæ carneæ, openings, etc., are said to have been hardly distinguishable. It is not stated how much, if any, of the normal heart-structure was left; neither is mention made of any microscopic examination. The latter omission is a very unfortunate one, for such a general invasion of the cardiac substance by sarcoma as that described by Dr. Manero must be extremely rare.

Treatment of Typhoid Fever in Ziemssen's Clinic.

From the *Medical Press and Circular*, February 21, 1883, we learn that at the commencement of the disease, if there be constipation, calomel is usually given in doses varying from 0.5 to 1.5 grm. As soon as the temperature in the axilla passes 39.5° C. (103° F.), baths are employed, generally every two or three hours at the temperature of the room, about 15° R. (65° F.). The patient remains *sitting* in the bath about fifteen minutes, whilst the back, neck, and chest are being constantly bathed with the water, as in this manner the heat is extracted more gradually and the inspirations are rendered deeper. In some cases of already existing or threatened cardiac weakness the baths are omitted altogether, but only rarely, however; but the temperature of it

is raised to 22° to 25° R. (81°—85° F.), and when the patient is in it is gradually reduced some degrees. Some alcohol is given both before and after each bath. If the baths fail to produce a decided effect on the temperature, antipyretics are administered. Rothe's mixture—which consists of acid carbolic and sp. vini ana, 1 grm.; tr. iodi., gtt. x.; tr. aconiti, grm. j.; aq.. grm. 50; syr., 10 grm.; ol. menth., gtt. ij., M., and of which a teaspoonful is given hourly—has been extensively employed, but quinine still holds its ground. It is given, not too frequently, in full doses of 15 to 30 grs. every second day. If diarrhœa be profuse, it is checked by the use of starch enemata, to which have been added 20 ♏ of tinct. opii. This latter also serves the purpose of calming the patient, and thus rendering the attendance less laborious, and may be repeated several times in the course of twenty-four hours. The nourishment consists mostly of broths, with yolk of egg and milk. Wine is given from the commencement, the quantity and alcoholic strength mounting with the cardiac weakness. Stokes' mixture and freshly-pressed beef-juice are favorites in the height of the fever, or when collapse is threatened. The diet remains unaltered until the eighth day after the subsidence of the pyrexia, after which easily-digested farinaceous and flesh foods are given; whilst the ordinary sick diet is not returned to until after the lapse of another week.

The Salicylates and Hemorrhages in Enteric Fever.

In the *Brit. Med. Jour.*, Dr. James Ferguson, of Perth, writes: "At the time when salicylic acid and its compounds are receiving so much attention, may the following facts be regarded as at least worthy of statement? Last year, while resident in the infirmary here, I had an opportunity of testing the efficacy of certain drugs as antipyretics in enteric fever. These agents were used successively, each over a group of cases, and included the salicylate of soda. The latter had not been long in use, when an increased frequency of hemorrhages from the bowel raised the question, Could the salicylate be favoring the production of that complication of the malady? Whether it were or not, the suspicion aroused dictated the withdrawal of the salt from use in cases of typhoid. Shortly afterwards, I noticed that a foreign observer had reported the salicylate of bismuth, and, I think, also salicylic acid (though of the latter I cannot be certain, as I am not able now to find the report in question), to cause intestinal and nasal hemorrhages. The subject would not have been revived by me at present, but for the recent experience of my successor in the resident's office of the above-mentioned institution, D. H. McLean Wilson, who joins me in placing the facts before the public. Dr. Wilson, in having recourse to the soda-salt in typhoid, found the same striking frequency of hemorrhages to follow closely. His employment of the agent differed from mine, in that he administered small doses of ten to fifteen grains frequently over the twenty-four hours, while I gave half-drachm or drachm doses at longer intervals apart. In the other respect, however, our experiences have been so similar as to warrant the facts being brought under notice, so that the important practical question involved may, if possible, be decided by the evidence of a number of observers."

A Peculiar Case.

Dr. H. E. Sargent reports the following case in *The Lancet*, February 10, 1883:

Mrs. B—, aged forty-five, weighing 220 pounds, on May 7th, 1882, fell on a zinc pail, its edge striking the abdomen two inches to the right of, and on a level with the umbilicus. A day or two after the fall a tumor, semi-elastic, with distinct outline, could be traced at the seat of injury. It was only slightly tender, and appeared to have deep-seated attachment. About July 20th the skin over the tumor began to discolor. Poultices were applied, and at the end of another week it commenced to slough. Gradually a black mass was disclosed, revealing the true nature of the tumor, which was evidently a blood-clot. This gradually became enucleated, and in due time was turned out, leaving a chasm in the abdominal wall, four inches wide by three deep. Cotton-wool steeped in carbolized oil was used to plug the cavity from the bottom, which rapidly closed. On July 10th, Dr. Fenwick saw the case with me in consultation. After an exhaustive examination, he accurately diagnosed the nature of the tumor as verified by its subsequent history. The case is interesting from its rarity, and the complete recovery under a strictly expectant plan of treatment, aiding the *vis medicatrix naturæ*. The fall must have caused muscular rupture at the seat of injury, with subsequent hæmorrhage into the cavity thus formed.

The Pathology of Arsenical Paralysis.

Dr. Jaschke (*L'Abeille Méd.*, January 15, 1883) concludes that the paralysis is of peripheral origin, for the following reasons:

1st. On account of its localization in the path of a single nerve, the median peroneal.

2d. Because the sensory disturbances, hyperæsthesia and anæsthesia, were confined to the same location.

3d. The absence of any special symptom of spinal lesion.

4th. The absence of atrophy, in spite of the prolonged duration of the disease, excluding the possibility of anterior poliomyelitis, as it is known that atrophy is much less marked in cases of peripheral lesion than when the disease is of spinal origin.

5th. Although the paralysis was strongly marked, recovery occurred, rendering the cases analagous to instances of peripheral facial paralysis.

6th. The electric reaction corresponded to that seen in peripheral palsies.

7th. The existence of pain on pressure in the affected muscles.

Treatment of Erysipelas by Subcutaneous Injections of Resorcin.

The *Medical Record*, January 15, 1883, says that Dr. T. F. Bogusch reports (*Mediz. Obozr.*, February 1882), four cases of erysipelas which he success-

fully treated by hypodermic injections of a 5 per cent. solution of resorcin (25 grains to one ounce of distilled water). Having marked the margins of redness with ink, he made a number of injections around the whole inflamed region, along the line running outside of the mark, at the distance of about 1½ centimetre. He used for each injection 0.25 cub. c. of the solution, always directing the needle towards the centre of a diseased part. As many as 67, 29, 36, and 70 injections (at points nearly equally distant) were required in various cases to complete an elevated ring around the affected region, resulting from the blending of individual swellings produced by injections. In all cases, the injections completely cut short the further spreading of the inflammatory process, the temperature rapidly lowering to the normal level. No untoward symptoms were caused by this treatment, and no other treatment was used. [In the *London Medical Record*, 1880, pp. 172–3, is to be found Professor Brackett's paper on the excellent results of the abortive treatment of erysipelas by the subcutaneous injections of carbolic acid, which was originally recommended by Professor Hueter.—*Rep.*]

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——One of the most worthy institutions in this city is the Maternity Hospital, 734 South 10th street (formerly the State Hospital for Women and Infants). It has had many prejudices to contend against, but has overcome them by patient work and good results. We take great pleasure in inserting the following extract from its last annual Report:

The experience of ten years has fully satisfied the Board of Governors of the Maternity Hospital that the good it has accomplished has been incalculable. Women saved from death by suicide or by the hands of the abortionist, or saved from becoming professional prostitutes in order to procure the living refused them elsewhere; women returned to their parents, to their former employments, or placed in situations where they are leading honest and industrious lives, are results of which the Governors of the Hospital feel justly proud; and their only regret is that, owing to bitter opposition and insufficient support, they have been so hampered in their work that they have been compelled to refuse assistance to so many.

——The "Gardener's Monthly and Horticulturist," edited by Mr. Thomas Meehan, and published in this city, is a journal of its kind that we can unhesitatingly recommend to those of our readers interested in the pleasant pastime of gardening.

——The 29th Registration Report of Rhode Island (1881) is a model of accurate compilation. In glancing over its pages, one is struck with the growing frequency of divorce in that State. Nowadays for every 8 marriages there is one application for the dissolution of the bond—or about that number.

——The Surgeon General, U. S. A., has published a circular at the suggestion of Dr. Bowditch, for the purpose of collecting data to determine the normal standard of size for the various organs at different ages. It contains a large number of facts and directions with a view to securing such information.

——The New York Skin and Cancer Hospital, 243 East 34th street, has published an appeal and statement of facts for more liberal support, the appeal being signed by a large number of distinguished practitioners.

——A reprint on alcohol, from the *Transactions* of the Mississippi State Medical Association, by its President, Dr. B. F. Ward, of Winona, is an unreasoning attack against its use in every form, by a thoroughly prejudiced writer.

——Dr. Charles McIntire, of Easton, Pa., in a paper read before the Academy of Medicine, makes an estimate of the percentage of college-bred men in the medical profession. Of the students now in the medical schools, it does not appear that more than about sixteen per cent. have college degrees.

——The Pacific Medical College, San Francisco, is now called the Cooper Medical College, the name having been changed in accordance with the terms of a bequest. The address on the dedication of the new building, by Prof. Levi C. Lane, makes a neat pamphlet of forty-one pages.

——An interesting plan for studying the position of the stars, so that any person can instruct themselves, can be had by addressing Dr. William F. Thoms, 92 Madison street, New York city.

——Neuratrophia (neurasthenia) as a cause of inebriety is no doubt somewhat frequent, and a study of it by Dr. T. D. Crothers, of Hartford, Conn., is very timely (reprint from the *Alienist and Neurologist*).

Amputation of Arm in a Woman Aged 82.

In the *Practitioner*, Mr. Evans, of Swansea, records a case in which he amputated the forearm of a woman eighty-two years of age, who was suffering from an enormous cancerous tumor of the hand. The wound healed partly by first intention, and in thirteen days the remainder healed by granulation. She recovered without a bad symptom.

THE

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FIBRINOUS COAGULA, A CAUSE OF DEATH AFTER OPERATIONS.

Sir Joseph Fayrer, M. D., (*Lancet*, January 13, 1883,) believes that thrombosis of the pulmonary artery and cardiac clot is a more frequent cause of death than is generally supposed, especially after wounds, operations, or injuries which involve removal of large parts of the body, or much loss of blood and great nervous disturbance. Thrombosis of the pulmonary artery and cardiac clot are neither confined to malarial climates nor to traumatic causes, for under certain conditions of disease and of septicæmia, whether traumatic or otherwise, it may occur everywhere, and not merely as a process of dissolution, but as an independent cause of danger or death, which, without it, would not have happened. In probably no condition is it more likely to occur than in splenic or malarial cachexia, in which the deteriorated condition of the blood-elaborating organs and the impoverished character of the blood are proved by the anæmia, and the tendency to disintegration and death of the tissues which is so often seen.

It is the formation of the fibrinous clots in the cardiac cavities themselves, and particularly on the pulmonic side of the circulation, which is so dangerous to life. It may set in when there is no sign of exhaustion, when repair and nutrition are going on satisfactorily, and within a short time hurry off the patient, whose dead body presents no explanation of the cause of death beyond the presence of a firm, decoloured, adherent clot in the right auricle or ventricle, perhaps extending into the ramification of, or it may be impacted in the entrance to, the pulmonary artery.

I have so far noticed the malady as it occurs in persons who are free from cardiac disease, but that it occurs in them is the more reason why it should happen to those in whom a fatty heart is superadded, especially in a hot, damp, and exhausting climate, or even when the heart, though not itself the subject of fatty degeneration, is loaded with fat, externally, or where there are dilatation, weakened muscular cardiac fibre, and, perchance, pleuritic or pericardiac effusions. In

such persons, indeed, the presence of fibrinous concretions may not be needed to determine a fatal issue. The temperature of a hot, damp night, in May or June (always the time of greatest vital depression), in Calcutta, and the shock or after-effects of an operation, or the depression following an attack of malarial fever, may be sufficient; and the patient, after a short and painful struggle of breathlessness, perishes, notwithstanding every effort to save him. This is very distressing, especially when it occurs to a person who appeared to be recovering; and it becomes a subject of anxious inquiry not only as to how it was caused, but how it may be prevented in others.

CARDIAC CIRRHOSIS.

In a recent memoir, M. Juhel-Rénoy describes a special form of myocarditis, in which the valvular apparatus remains in the normal condition from the beginning to the end. This hypertrophic sclerosis of the muscular tissues of the cardiac walls, which might be termed cardiac cirrhosis, is characterized by the abnormal development of the connective tissue of the myocardium, a species of hyperplasia, commencing at the periphery of the arterioles, and gradually encroaching on the muscular substance, which becomes atrophied and is replaced by connective tissue. At the same time that many fibres become atrophied, the heart, as a whole, becomes hypertrophied. It is in the muscular portions of the mitral valve (columnæ carneæ, musculi papillares) that the degenerative lesions are most marked.

The début of cardiac cirrhosis is very insidious; later on the disease is accompanied by certain symptoms, some permanent, others recurring only at intervals.

Among the first are: 1. Weakness of the heart-beat and pulse, coinciding with increased frequency; sometimes the pulse is at 140, but regular. 2. The existence of progressively increasing cardiac hypertrophy. 3. The absence of any blowing murmur, present only in exceptional cases.

Among the inconstant symptoms may be ranged: Pain in the cardiac region, with its maximum of intensity in the fifth intercostal space; nocturnal polyuria without albuminuria.

Pulmonary congestion may occur at intervals, affecting particularly the anterior portion of the apex of one lung. Finally, at a more advanced period, all the symptoms of asystole may appear; the usual termination is death.

SYPHILIS IN THE FEMALE.

The "Leçons Cliniques," by M. Fournier on this subject have already passed to a second edition. He treats the subject very fully, commencing with the initial lesion, the chancre, which he considers to be as frequently present in the female as in the male, except in those cases where the disease has been communicated by conception. He, in unison with other distinguished syphilographers, admits the possibility of transmission of syphilis in that manner from husband to wife. In such a case syphilis would be inherited by the child as a constitutional malady, just as scrofula or arthritis is transmitted from the parent to his offspring; and, secondarily, the mother would contract the disease from the child, and not directly from her husband.

Notwithstanding the great authority of M. Fournier on the subject, it appears difficult to admit that the disease can be transmitted in this manner. As is well known, syphilis cannot be transmitted by direct inoculation of the sperm, and again, the primary chancre in the female so often passes unperceived. We have frequently seen M. Fournier himself point it out as a very small abraded spot on the vaginal walls, a lesion which might be very readily passed over by an unskilled observer.

M. Fournier calls particular attention to the muscular weakness in syphilitic women, which is very marked when observations are made with the dynamometer. As regards treatment, he recommends a mercurial course from the beginning, as soon as the diagnosis is definitely fixed: this should be continued with intervals of rest for about two years, and should be followed by a few months' course of iodide of potash.

PARIS HEALTH REPORT.

The report of M. Du Castel on the reigning diseases (maladies regnantes) at Paris, during the second quarter of 1882, has just appeared. The hospital mortality has been considerable—4,256, instead of 3,624 for the corresponding period of 1881. Typhoid fever, diphtheria, and lung affections have been the prime factors in this notable increase in mortality. During the quarter, 378 cases of diphtheria were treated in the hospitals, the mortality increasing from 61 per cent. in 1881 to 70 per cent. In the city there occurred 728 deaths from the malady, a very marked increase from 553 during the same quarter of the preceding year. At the children's hospital, in M. Archambault's service, 14 children contracted the malady in the wards, and 10 of the number died!

The eruptive fevers have not been quite as prevalent as regards variola and scarlatina, but the number of cases of measles has been large. The mortality from measles when contracted in the hospital wards was frightful; out of 19 cases contracted in M. Archambault's service, 14 died!

It was during this quarter that the last epidemic of typhoid fever commenced, the number of admissions into the hospitals doubled, and the deaths from this disease increased from 48 during the corresponding period of the preceding year to 100—in the city, 192 deaths instead of 97.

THE STATE BOARD OF HEALTH.

A pregnant editorial was that in one of our daily papers, which, commenting on the defeat of the bill to create a State Board of Health, said it was "because the bill was badly managed in the Legislature."

Is it not a crying outrage that such an obviously desirable and beneficial institution as a board to look after the health of the people should require any *management* at all?

It should have passed, and at once, simply on its merits.

It would be well for physicians to remind the representatives from their neighborhood that Ohio and Pennsylvania are now the only large States in the Union that have not State Boards of Health, and to impress the importance of such an institution strongly upon them.

The health of the people constitutes truthfully the wealth of the State, and our law-makers should be plainly taught that we will not submit to trifling when questions affecting our health are concerned.

NOTES AND COMMENTS.

Origin of Bothriocephalus Latus Found in the Pike.

That there are more sources than only pork and beef, lard, etc., from which we derive all the disagreeable parasites that infest our intestines, where they are not satisfied with the undigested food we swallow them in, but wait till the chylus has been formed to enrich themselves by this hardy aliment, and become enabled in this manner to assume those characteristic forms of animal life, which all the different "worms" undergo, when they once have put up their residence in our alimentary canal, is daily proven more. But very recently, only in December of last year, Dr. M. Braun has made a new discovery, which he published in Virchow, art. 83, p. 119. He found in the muscular tissue, the liver, seminal glands, and intestines of the pike, which lives in the fresh-water rivers of the East-Sea provinces of Russia, and in the Lota vulgaris regularly, the bothriocephalus scolex in rather large numbers, usually twenty to thirty. By careful experiments through the feeding of dogs and cats with the meat of the pike, he found that in the latter animal the same bothriocephalus latus (tænia) as that of the human being, only a little smaller, developed itself. There is by all means a government inspector necessary to investigate all our food, as the complications in this respect are daily augmented more.

Determination of Salicylic Acid in Milk and Butter.

This acid is often used to preserve these articles, and since a dangrously excessive quantity may be used, the following from the *Bull. de la Soc. Chim. de Paris* will prove valuable:

A. Rémont agitates 20 cc. of the milk with 2 or 3 drops of sulphuric acid in a test-tube. The agitation should be strong enough to break up the clot and form a homogeneous mixture; 20 cc. of ether are poured in, gradually at first, and the whole is shaken up until the ether is emulsified only in part. After standing, 10 cc. of the ethereal solution are decanted into an ordinary

test-tube, having a mark corresponding to a volume of 10 cc. The ether evaporates, leaving a residue of butter, which is boiled with 10 cc. of alcohol at 40%, and is then allowed to cool. We have thus 10 cc. of solution containing all the salicylic acid of an equal volume of milk. It is poured upon a filter, and 5 cc. are received in a graduated tube of 15 mm. in diameter; 2 or 3 drops of ferric chloride (diluted with 100 parts of water) are added, and the intensity of the violet color obtained is compared with that of an analagous liquid prepared from pure milk to which known proportions of sodium salicylate have been added. Butter is examined in a corresponding manner.

A New Operation for Ptosis.

The *N. Y. Med. Jour.* January 6, 1883, says that Wecker ("Ann. d'Oc.," July–Aug., 1882) describes a new operation for the relief of ptosis. He dissects up an oval flap of skin and orbicular muscle for a space of four or five millimetres in length along the free border of the lid. He then passes a suture through the skin above the eyebrow, about the width of the finger above the superior orbital margin, beneath the skin and muscular tissue, and brings it out at the upper part of the wound, beneath the divided orbicular muscle. He then introduces the needle again beneath the orbicular muscle near the inferior margin of the wound, and brings it out through the middle of the bridge of skin just above ciliary margin. Then, making a bridge of five or six millimetres along the ciliary border of the lid, he passes the needle and suture in a reverse direction, and brings it out just above the eyebrow. A second suture is also introduced, just like the first, and at a centimetre from it. Slight traction suffices to completely close the wound, and the two ends of each suture are then tied over a little roll of kid. The results have been very satisfactory.

Diabetic Balano-posthitis.

M. Oscar Simon attributes this affection to the development of a microscopic fungus between the glans and the prepuce. The elements constituting this parasite are mycelium and spores, but no organs of fructification can be found.

The glucose deposited from the urine, in connection with the natural sebaceous secretion between the glans and prepuce, forms a favorable soil for the vegetation of this species of parasite.

The essential part of treatment, is very strict attention to cleanliness; frequent washing out under the prepuce, etc. Dr. Simon recommends after each micturition lotions with lukewarm water, containing a small proportion of carbolic acid; the inside of the prepuce to be then covered with the following disinfecting powder:

℞. Zinci oxid., ℥j.
Amyli, ℥j.
Ac. salicylic pulv., ʒj.
M.

Salicylic Acid in Soft Chancres and Buboes.

Autier, *Th. de Paris*, says:

1. The efficacy of salicylic acid in the treatment of soft chancres and of buboes appears to us to be unquestionable. While not an absolute specific, it is, in our opinion, capable of being most advantageously employed.

2. Odorless, only slightly painful in its application, soluble in alcohol and glycerin, and leaving no stain on linen, it is preferable, in these important respects, to most other agents employed for the cure of the above-named affections, while perhaps inferior in certain other particulars to some among its rivals.

3. It may be resorted to in all cases, both when the sores are large and well-exposed, and when they are sloughing extensively, or are reached with difficulty; and it is equally available in private and in hospital practice.

A New Test for Impurities in Chloroform.

From the *Boston Journal of Chemistry* we note that according to Von Ivon, a solution of permanganate of potash is reduced by impure chloroform, but not by the pure article. A solution of 1 gram of permanganate of potash and 10 grams of alcoholic potash solution in 250 grams of water possesses a beautiful violet color, which at once turns green when impure chloroform is mixed with it. Von Ivon purified the chloroform by dissolving the permanganate in the least possible quantity of water, adding 20 grams of potash, and mixing this solution with the chloroform in a large flask, and shaking it from time to time. After a few hours it was decanted, and a fresh solution of permanganate added, and the operation repeated, until the latter retained its color for a few hours. The chloroform was then poured off, and dried with carbonate of potash, and finally distilled.

Extirpation of the Gall Bladder for Chronic Gall-Stones.

From the *Medical Press and Circular*, February 21, 1883, we learn that this operation has been successfully performed by Langenbuch, of Berlin,

on the 15th of July, 1882, upon a man, æt. 43, the urgency of whose symptoms justified the risks of the operation. The details of the case were given in the *Berliner Klin. Wochenschrift*, November 27, up to which date the patient's health had steadily improved. Dr. Langenbuch regards this operation as a safe and justifiable one, since it is easy of performance, and the organ removed is not one the existence of which is necessary to life. The steps of the operation are fully described. He recommends it to be performed only by a practised surgical hand, and under the guarantee of the most rigid antiseptics. If very distended, the gall-bladder may be aspirated, thus preventing the chances of rupture and escape of contents into the abdominal caity.

The Treatment of Pneumonia.

Prof. Bamsler, of the University of Frieburg, Baden, directs his efforts chiefly towards sustaining the patient's strength until the disease leaves him—so he says in a letter to Dr. W. Thornton Parker, (*N. Y. Med. Record*, March 3, 1883). The pyrexia being a chief cause of exhaustion, the endeavor is to keep down the body-heat, which he does by cold baths, wet packing and quinia in 15 to 20 gr. doses, in the evening, or grains 60 to 80 of salicylate of soda within an hour in the middle of the night.

The patient's diet must receive careful attention. See to it that he is sufficiently nourished, as by broths, beef tea, milk, and a half to a pint of light wine, in twenty-four hours.

When there are *pleuritic pains, an ice bag is applied to the chest.*

Restlessness, great pain or diarrhœa, is to be met by morphia or Dover's powder.

If bronchial catarrh is a prominent symptom, ipecacuanha in infusion is administered. He never employs sweet spirits of nitre in pneumonia.

Hydatid Cyst in the Prostate Gland.

At a recent meeting of the Societé de Chirurgie, M. Tillaux reported the following interesting case. A man, 43 years of age, presented himself at the hospital, suffering from retention of urine and rectal obstruction.

On local examination, a large tumor was found in the rectum; there was intense pain, which seemed to increase rapidly in intensity. M. Tillaux, considering it to be a liquid collection, made an incision, which was followed by the issue of a large quantity of clear liquid. The following day a small hydatid was found in the discharge, and others appeared for several days after. Hydatid cysts occupying the prostate gland itself are of very rare occurance, but Davaine made mention of such cysts in the cellular tissues about the prostate and other organs of the pelvic cavity.

Synthesis of Salicin.

New Remedies, March, 1883, tells us that by the action of sodium amalgam upon helicin—the oxidation-product of salicin—Lisenko succeeded in reproducing salicin. Michael has tried the same process with artificial helicin, and has likewise succeeded in producing salicin.—*Berichte*, 1882, 1922.

Artificial helicin is prepared (according to Michael, *Am. Chem. Journ.*, 1, 309) by mixing an alcoholic solution of acetochlorhydrose with salicylate of potassium.

Infusion of Chamomile as a Remedy for Infantile Diarrhœa.

Christopher Eliot, M. D., writes, in *The Practitioner* of December, 1882, that he now seldom employs any other remedy than infusion of chamomile (*Anthemis nobilis*) in infantile diarrhœa. It is especially useful for the diarrhœa occurring during dentition, when the stools are many in number, green or slimy, and streaked with blood. Pain or cramp especially indicate its use, and a few doses will quickly calm a fretful child. ℥ ss. to ℥ j. of the infusion may be given to a child under one year of age, or double that quantity to a child over that age, and it may be repeated thrice or oftener daily, according to the severity of the case.

Solution of Bromide of Arsenic.

It consists of

Arsenions acid	1 part
Carbonate of potash	1 "
Bromine	2 parts.
Distilled water, to make	93 "

Boil the carbonate and the acid with most of the water until dissolved; when cold, add the bromine and water enough to make the prescribed quantity. It is said to improve by age, owing to the combination of the bromine. The dose is one to four drops in water, once or twice daily.

New Remedies tells us that it is intended as a substitute for Fowler's solution, and was first proposed by Dr. Clemens, of Frankfurt am Main.

Administration of Aspidospermine.

This active principle of quebracho bark, which has lately acquired some reputation for the relief of difficult breathing attending asthma, emphysema, phthisis, etc., is given in doses of about

one-third of a grain; the dose of the bark being about half a drachm. Eulenberg gives in the *Medicinal Kalendar* for 1883 the following formula for its exhibition:

Aspidospermine	gr. xv.
Distilled water	fl. ℥ iss.
Sulphuric acid	q.s. to make a solution.

M. Dose, 15 minims.

Removal of Stains of Bichromate of Potassium.

New Remedies, March, 1883, says: Those who work in chromic acid or bichromate of potassium are apt to acquire stains of the hand which are both disagreeable and persistent. *The Photographic News* gives the following directions for their removal: Rub the stains with a solution of sulphurous acid, and subsequently wash with distilled or soft water. Or, to a warm, strong solution of hypo-sulphite of soda add a small quantity of sulphuric acid; this may then be used on the stains with similar effect.

Crayon-feu.

This name has been given by Dr. A. Moser, of Paris, to crayons which may be used as moxæ for cauterizing poisoned wounds, bites of rabid dogs, etc. It has a conical shape, and is composed of the following ingredients:

Charcoal	30 parts.
Nitrate of potassium	4 "
Iron, powdered	5 "
Benzoin	1 "
Excipient (acacia, etc.)	q. s.

To be made into forty crayons.

Special Report.

NO. XII.—OPHTHALMOLOGY.

BY CHAS. S. TURNBULL, M. D.

The Following, from the Progress of Ophthalmology During the First Quarter of the Year 1882, by H. Magnus, Breslau; C. Horstmann, Berlin; A. Neiden, Bochum, and others, are of Particular Interest.—Archiv. of Ophthal., vol. xi., No. 3.

Bull, C. S. *Treatment of facial scars affecting the lids either directly or indirectly.* Trans. Amer. Ophth. Soc., 1881. Bull advises the systematic use of massage, and relates three cases in which this mode of treatment produced good results.

Kümmell. *On stretching of the optic nerve.* Deutsche Med. Wochenschr., 1882, No. 1. The conjunctiva is incided in the lower outer quadrant, between the external and inferior recti, a squint-hook inserted between them, and passed along the globe; and the optic nerve, felt as a tightly-stretched cord, seized from above; a few strong tractions are then exerted. The connective tissue of the orbit is scarcely irritated at all by the operation. As to the therapeutic results of this procedure, which thus far has been tried in seven cases, nothing can be said as yet.

White, J. A. *A simple way of performing optico-ciliary neurotomy.* Va. Med. Monthly, Dec., 1881. He makes the incision in the conjunctiva, between the upper and outer recti. A strabismus-hook is then inserted, and under each of these muscles, and by them the eye is pulled down and toward the nose. The wound is then rendered more open by inserting a small lid-elevator under the upper lid of the incision. Through this opening the scissors are introduced, and the nerves divided. The eye is then rotated on its axis by the double hook of Knapp, and the posterior part of the sclerotic is carefully cleaned. He has operated on three cases with success by this method.

Chisolm, J. *A singular case of hostility to the local use of atropia and duboisia;* the first causing facial erysipelas—the second, temporary insanity in a patient 70 years of age. Maryland Med. Jour., Dec. 15, 1881. (Burnett.)

Cuisnier. *Pilocarpine in ocular therapeutics.* Semaine Med., January, 1882, No. 4. The incipient atrophy of the optic nerve. Care must be taken in patients suffering from heart disease or atheromatous degeneration.

Emmert. *Hyoscinum hydroidatum*, A. f. A., vol. xi., 2. Its myotic action is very powerful, and is surpassed by no other remedy. A solution of 0.01:10.0 is sufficient. The conjunctiva bears it well.

Fronmüller. *Poisoning by pilocarpine.* Atropine as an antidote, also homatropine. Memorabilien, vol. ii., 1.

Juhász. *Case of atropine-poisoning*, cured by pilocarpine. Klin. Monatsbl., March.

Lange. *Iodoform in blennorrhœa neonatorum*, Petersburg Med. Wochenschr, 1882, No. 10. Acts injuriously; luxuriating granulations develop upon the conjunctiva, which finally become so extensive as to injure the nutrition of the cornea, and thus favor the development of corneal lesions.

Pajzderski. *The action of iodoform salve in ophthalmology.* Inaug-Dissert, Greifswalde, 1882. One part of iodoform to fifteen of vaseline. Contra-indicated in iritis. Very useful in clearing up the cornea in scrofulous pannus and maculæ corneæ.

Berger. *Remarks on the capsule of the lens.* Centralbl, f. prakt. Augenheilk., Jan., 1882. The

capsule consists of lamellæ, of which the outermost one is connected with the zonula Zinii; the lamellæ are united by a cement which is loosened or dissolved in a solution of permanganate of potash. There are nuclei in the lens-capsule of the fœtus. The lens-capsule may be classed as connective tissue.

Eversbusch. *Comparative studies on the finer structure of the iris.* 1. The anatomical reason of the slit-shaped pupil. First communication, Zeitschr. für vergleich Augenheilk, 1882. 1. The following observations were made on the horse: 1. An uninterrupted muscular layer, as it has been described in man and the rabbit, does not exist in the iris of the horse. There are no arcades as can be shown to exist between the dilatator and sphincter pupillæ in man and the rabbit. The connecting links between the dilatator and sphincter pupillæ are simply muscular bands, the arrangment of which may be best compared to the spokes of a wheel. The oblong shape of the pupil of the horse is explained by the existence of an auxiliary apparatus which is attached to the surface of the lens at points corresponding to the shorter diameter, which might be called ligamentum inhibitorium or triangulare iridis.

Preiss. *The lymph-spaces of Descemet's membrane, and their connection with the cornea.* At the same time a contribution to the knowledge of the anastomosing corneal cells and their termination on the surface of the endothelium. Virchow's Arch., vol. lxxxvii., 1. On the posterior surface of the cornea a system of tubes (lymph-ducts) can be demonstrated, which lie within the endothelial cells and their immediate substratum. The tubes are connected with the spaces between the endothelial cells and their nuclear membranes, and also with the lacunar spaces.

111. Risley, S. D. *A new trial-glass frame.* Trans. Amer. Ophth. Soc., 1881. Two bars which slide past each other through a wedge-shaped block, have attached to them the two semicircular grooves for holding two lenses, with some hooks by which an additional lens can be added. This arrangement allows of a lateral movement of the lenses amounting to 16 mm., or a pupillary distance varying from 50 to 60 mm. It can be held in the hand by means of a handle, or the ordinary spectacle bows can be attached.

These frames can be had of Ivan Fox, optician, No. 1608 Chestnut street, Philadelphia.

Ehrlich. *On induced fluorescence of the eye.* Deutsche Med. Wochenschr., 1882, Nos. 2–4. Ehrlich recommends subcutaneous injections of fluorescein for studying the changes of nutrition, which cause very intense phenomena of fluorescence in the eye. He has shown by these experiments that the interior surface of the iris has nothing to do with the reproduction of the aqueous humor, which comes entirely from the posterior chamber. The liquid is not derived from the vitreous by transudation, but is principally secreted by the blood-vessels of the ciliary body. Under normal conditions, the aqueous humor is secreted in an entirely different manner; two centres of secretion exist at the periphery of the iris, an anterior nasal and a temporal one; they throw the liquid with a certain force and in a fixed direction upon the posterior surface of the cornea, after which the stream moves in a horizontal direction. An angle is formed at the point where the currents meet. The secretion of the posterior chamber is widely different from the aqueous humor.

Gradenigo. *Auscultation of the eye.* Am. d'Ottalm., vol. x., 6. Three kinds of sounds may be heard on the eye: 1. A muscle-sound, resembling the sound of humming of flying insects. 2. Sounds heard at inspiration and expiration; and due to respiratory organs, as the nose, etc. 3. A sound heard when the muscles contract: it is clearly defined, and can be easily distinguished from the others. (Dantone.)

Kroner. *The perceptions of the new-born.* Breslauer ärztl. Zeitschr., February 18, 1882, No. 4. A new-born child cannot control the motions of the muscles of the eye. There is perception of light. The reflex-arch from the optic nerve to the facial nerve supplying the lid and the branch of the oculomotor nerve supplying the iris is completely developed. In regard to the motion of the eyes, he inclined to think that at birth there is no performed nervous mechanism ready to exercise binocular symmetrical vision.

Pflüger. *The nutrition of the cornea.* Klin. Monatsbl., March. The cornea is not nourished by the aqueous humor, as Knies & Weiss erroneously maintain, but from the conjunctiva and sclera. In general the conjunctiva nourishes the superficial, the sclera the deeper layers of the cornea. Within the cornea the lymph-current flows in a centripetal direction from all points of the periphery, then turns inward, and enters the aqueous humor. No centrifugal counter-current of any consequence from the aqueous humor into the cornea exists.

Schöler and Uhthoff. *The significance of fluorescein for the exchange of liquids in the eye.* Annual report for 1881. Berlin, 1882. They came to the following results: 1. Under normal conditions

the iris does not cut off the communication between the anterior and posterior chambers; the aqueous humor being constantly renewed from the latter. 2. A current passing from the vitreous through the zonula or Petit's canal and the iris into the anterior chamber, does not exist. 3. The anterior surface of the iris does not take part in the renewal of the aqueous humor, which is derived from the blood-vessels of the ciliary body and the posterior surface of the iris, the "secretory angle." This current gives rise to Ehrlich's line, which always begins behind the iris, at the edge of the pupil. 4. The secretion from the "angle" does not take place simultaneously over its whole surface. 5. The greater part of the current which exists in the eye flows along the iris, through the pupil into the anterior chamber, a small portion of it going into the lens through Petit's canal and into the vitreous. Vitreous and anterior chamber are therefore not separated from each other. 6. If the fluorescein before its discharge has passed the vascular system of the eye (subcutaneous injection), only a small part of it enters the lens and vitreous, the effect of which soon disappears. If, however, it is injected into the anterior chamber, a large proportion is absorbed by the lens; but when injected into the vitreous, it enters the lens only when it has previously passed into the anterior chamber. 7. The colored fluid is absorbed by the lens from the corticalis toward the nucleus, and disappears in the same order. The innermost parts of the nucleus become colored only after two to three weeks. 8. The vitreous does not participate in the nutrition of the lens, as the latter remains uncolored for days, though the whole vitreous is deeply stained, provided the aqueous humor had not previously become colored. This latter event, after an injection into the vitreous, favored and produced as it is by an increase of tension in the vitreous and a decrease in the anterior chamber, does not take place through physiologically pre-existing paths. 9. Opening the anterior chamber (puncture, sclerotomy, iridectomy) changes both quantity and quality of the fluid discharged from the secretory angle, and in this manner influences the nutrition of the lens and vitreous. 10. The secretion of the aqueous humor is controlled by nervous influence. Division of the cervical branch of the sympathetic nerve, with or without excision of the superior cervical ganglion, causes the appearance of the colored secretion in half the normal time, and decreases the quality of the secreted liquid. The subcutaneous injection of fluorescein is therefore a new method of determining trophoneuroses of the eye which thus far could not be diagnosticated. Secretory and oculo-pupillary fibres of the sympathetic nerve spring with separate roots from the spinal cord, so there are special secretory nerves for the eye. 11. Intracranial division of the trigeminus hastens, increases, and changes the secretion of the eye still more than division of the cervical branch of the sympathetic nerve. 12. As division of $\frac{3}{4}$ of the nerve in the posterior section of Gasser's ganglion does not alter the secretion in the eye, provided the most medial part be preserved, the secretory fibres must be within the medial fourth.

Schmidt-Rimpler. *The specific reaction of the optic nerve for mechanical irritation.* Centrabl. f. d. med. Wissensch., 1882, No. 1. Direct irritation of the optic nerve with a pear-shaped electrode, in patients whose eyes had recently been enucleated, showed that the optic nerve has a specific reaction, which manifests itself to the patients as a sensation of light.

Häuselmann. *Popular treatise on color perception.* Zurich, 1882, with eight colored plates. For ues in academies, high schools, seminaries, trade-schools, and self-instruction of artists and laymen. It is divided into a theoretical and a practical part. The former contains the commonest physiological and physical phenomena; the latter treats of the use of colors in painting. He accepts the evolution of the color sense from the light sense, and advocates educating the color-sense.

Jeffries. *Color-names, color-blindness, and the education of the color-sense in our schools.* Educational International Magazine, vol. ii., 4. March–April, 1882. Advocates the system of Magnus.

Hasner. *Ankyoblepharon filiforme adnatum.* Zeitschrift f. Heilk., vol, ii., p. 429. In a child two days old a thread of skin 1 cm. long, and as thick as a thread, was found stretching from the outer margin of the one lid to the other, which tore on the fourth day. It consisted of neoplastic fibrillary tissue.

Lewkowitsch. *Congenital partial symblepharon.* Klin. Monatsbl. f. Augenheilk., vol. xx., p. 14. In a boy 12 years old a horizontal bridge of mucous membrane without blood-vessels was found, which sprang from the inner surface of the outer canthus, and ended with a fan-shaped insertion on the posterior part of the conjunctiva.

Tosswill. *Ectropion successfully treated by transplantation of skin from the arm.* Mr. Louis Tosswill, of Exeter, reports a case of ectropion, due to an extensive burn which was successfully treated by his method. The eversion of the lids was so extensive before the operation that the

globe was exposed during sleep. This was rectified by the operation, and the transparency of the inflamed and opaque cornea was restored. Brit. Med. Jour., January 7, 1882, p. 9.

Lawson, G. *Ectropium of the upper lid remedied by transplanting a piece of skin from the arm.* The Lancet, January, 1882, p. 13. Lawson operated for ectropium by transplanting a piece of skin from the arm, with good result.

Abadie. *Plastic surgery of the eyelids.* L'Union Med., 1882, No. 8, p. 87. In a girl 20 years old an ectropium was formed after an extensive destruction of the skin, the forehead, and the temple by burn. The edge of the lid was freed by a cut 6 cm. long, and a piece of skin taken from the arm transplanted into it, which healed in well. The author advises to keep the transplanted flap warm during the first forty-eight hours.

Rampoldi. Ann. d'Ottalm., vol. xi., p. 31. R. reports a case of *congenital phimosis and ptosis.* The muscles of the lids were completely atrophic.

Teillais. *Elephantiasis of the eye-lids.* Arch. d'Ophth., vol. ii, No. 1, 1882. In a woman 75 years old, a large, fluctuating tumor of both upper lids was found, which hung down upon the cheeks. It contained a serous liquid. Both tumors were excised. The microscopic examination showed reticulated connective tissue, with small and large meshes, atheromatous degeneration of the blood-vessels, marked development of the lymph-vessels, and around them an infiltration of round cells.

Theobald. *What constitutes insufficiency of the internal recti muscles?* Amer. Jour. Med. Sci., April, 1882. T. has found a degree of insufficiency, ascertained by means of the vertical diplopia test, in a large number of eyes where there was no complaint of asthenopia. He is at loss to know where to draw the line between normal and pathological insufficiency. He, therefore, concludes that a very considerable divergence (even of 22° for the vertical line and dot test of Grafe) does not of necessity indicate a pathological insufficiency of the int. recti. (We quite agree with Theobald, and add query No. 2.—C. S. T.)

Stelwag. *Papers on practical ophthalmology.* Complement to the text-book. Vienna, 1882, No. 7. Genuine convergent strabismus must be explained as an excess of convergence, which latter naturally is coördinate to the accommodation practiced to reduce the great strain upon the accomodation; and gradually becomes a habit; this excess of convergence is voluntary, though not practiced from choice. *The result of the squint-operation, in many cases so brilliant, is really not a true cure, but a masking of the affection.*

Tessut. *Recherches sur le mode de cicatrization du tendon après la strabotomie,* Rec'd Ophth., February, 1882. After the tenotomy of a muscle, the end of the tendon again attaches itself to the sclera by means of fibrous bands, more seldom to the conjunctiva. Care should be taben in dividing the tendon of the internal rectus, as the muscle withdraws to a considerable degree.

Boucheron. *De la cure de strabisme convergent, intermittent par les mydryatiques ou les myotiques.* Arch. d'Ophth., vol. ii., 1. Atropine treatment is useful in the beginning of periodic convergent hypermetropic squint, as it paralyzes the accommodation, and thus prevents the tendency toward excessive convergence. The atropine cannot be dispensed with, until not even a momentary strabismus is apparent when looking at an object held close. Glasses completely correcting the hypermetropia should then be worn. Eserine may be given at the end of the atropine treatment, and in those rare cases in which convergence increases under mydriatics.

Morano. *Contributions to the pathology of strabismus.* Giorn. delle Malatt. degli Occhi., vol. v., February, 1882. Convergent squint in a child 20 days old; five days previously a violent catarrh of the lachrymal ducts and the conjunctiva had set in. The squint did not disappear until two months after the inflammation had ceased. The author thinks that an inflammation of Tenon's capsule was the cause.

Coppez. Neuralgia of twenty years' standing cured by stretching of the infra-orbital nerve. Ann. d'Oculi., January–February, 1882, p. 59. A miner of 51 had suffered from neuralgia of the right side of his face for twenty years, which had resisted all remedies. It was cured by stretching the infra-orbital nerve.

Imre. A rare case of osteoma of the orbit. Centralbl. f. A., 1882, p. 41. The author saw an osteoma of the orbit in a woman 62 years old, 8½ cm. long, 6½ cm. thick, and 6 cm. high. It was said to have existed for 42 years, and had so displaced the eye that the cornea was on a level with the corner of the mouth. The tumor was cast off spontaneously after an inflammation which lasted a year. Healing was good, and the eye almost regained its original position.

(*To be continued.*)

—The milk-thistle is said by Dr. Lessenwitch to be serviceable for the relief of hæmoptysis, he having tried it in five cases, using the tincture in doses of fifteen to twenty drops in a teaspoonful of water every two hours.

Correspondence.

Premature Dentition.

Eds. Med. and Surg. Reporter:—

A few days since, while making a friendly visit to a patient I attended in confinement five weeks ago, I asked her how her baby was doing. She remarked, "Very well, indeed; it has two teeth." Upon examination of the mouth I found the two lower central incisors perfect and well formed. The mother stated that she first noticed the teeth on the ninth day after her confinement. As she did not have occasion to examine the child's mouth before that time, it may have been born with the teeth; at any rate, the teeth were there when it was nine days old.

The child is a female, well developed, of medium size, and apparently in good health.

Cases in which there have been teeth at birth are very rare. J. Lewis Smith speaks of having met with one or two such instances.

I have frequently observed the size of the fontanelles in these cases of abnormal dentition. In this instance, both fontanelles were well closed.

In a case of retarded dentition seen by me some time ago, (the patient, a boy, twenty-six months of age,) the two upper and two lower central incisors only had appeared, and both fontanelles were as large as they usually are at birth. The boy was of a nervous temperament, ordinary size, and not of scrofulous disposition. I attended this boy during several attacks of sympathetic convulsions, which attacks, the mother informed me, he has had three or four times during the past six months. The gums were in a normal condition, and the convulsions did not seem to be caused by the delayed dentition.

What relationship there can be between dentition and the state of the fontanelles, I cannot see, unless by some means or other it be a too rapid or too slow formation of phospatic matter in the system.

D. A. Hengst, M. D.

Pittsburgh, Pa.

Veratrum Viride in Eclampsia.

Eds. Med. and Surg. Reporter:—

Was called February 5, 1883, at midnight, to attend Mrs. Addie B. T., primipara, and found on my arrival that she had had four convulsions; and I witnessed one of the severest convulsions I ever saw. I found the pulse full and bounding, face flushed, and the lady had complained of excruciating pain in the head, but none at all about the uterus. She was flowing slightly, but the os was not dilated and the parts seemed rigid, with no sign of labor, although she was at term. I gave fl. ex. veratrum viride gtt.iv. The pain left the head for the uterus, the pulse became softer, the convulsions ceased, and she was delivered at 6:30 a. m. of a fine healthy girl baby, weighing 8½ lbs. Both mother and child doing well. This patient was quite stout and plethoric, and there was considerable œdema of the limbs and other parts, for which appropriate remedies were given, but the œdema did not entirely disappear until about fifteen days after the labor.

Chas. Fuller, M. D.

Lincoln, Maine.

Danger in Use of Convallaria.

Eds. Med. and Surg. Reporter:—

Noting the increase of the literature on the successful use of this new drug in cardiac disturbances, I secured the fl. ext. convallaria of Parke, Davis & Co. But before experimenting with it on human subjects it was fairly tried on animals by hypodermic injections. Two large, well-developed kittens were taken first. The first cat had injected, merely under the skin, 5 drops. The symptoms were, general uneasiness, arching back, rapid osscillation of the eyeballs, and the senses were exalted. The cat uttered a low purr like a mucous rale. It played in a few minutes. The second cat was injected with about 8 drops, and had almost the same symptoms as the first, except that they were highly intensified, and accompanied with more pain. I then gave the first cat 10 drops more. Soon vomiting occurred, with great pain. The cats would cry out. Death quickly closed the scene of the cats.

Eight drops killed one, and fifteen drops killed the other. Another experiment proved that four drops would kill a dog.

It may be that different samples of the fl. ext. of convallaria differ or vary in strength. But does this prove to be a safe remedy? Is it not a little dangerous in the hands of the younger members of the profession? It was given a fair trial here, and death is the result. *Results* are of some importance in medicine. Dr. Taylor, of New York, called our attention to its use in apparently heroic doses. He reports giving ʒ ij., t. i. d.

It does seem that such heroic use of such a dangerous drug will bring it into disrepute by imprudent and rash administration. It will tend to dismiss the drug before time is given to test its real utility.

We hope this will, at least, serve as a warning to some young physicians that it is well to make haste slowly in the use of "new remedies"—yea, to await further proof that convallaria is even an adjuvant to digitalis.

F. B. Robinson, M. D.

Grand Rapids, Witconsin, March 13, 1883.

[The observations of our correspondent are accurate, but not new. The *National Dispensatory*, pp. 458–9, mentions that convallaria administered hypodermically to small animals arrests the heart in systole, and produces convulsions. It is, of course, well to be cautious in its use, but there does not appear to be any special danger in this remedy.—Eds. Reporter.]

News and Miscellany.

Errata.

In Dr. Gaston's article in our issue of December 16, 1882, the following corrections should be made:

On the first page, second column, and last paragraph, for Lonza read *Souza*, and also on page 677 in second column. On page 675, first column, middle of second paragraph, for connection read *correction*. On page 676, at the bottom of second column, for 29th read *24th*. On page 677, first column, fifth line from the bottom, for chlorodyne read the word *collodion*.

Hygiene and Sanitary Medicine.

We are informed by a correspondent that *Hygiene and Sanitary Medicine* have formed a part of the curriculum of studies at the American Veterinary College of New York city for a number of years.

Hot Soda.

The *Pacific Medical and Surgical Journal* remarks: As is well known, hot water cannot be charged with carbonic acid. The so-called "hot soda," which, with coffee or chocolate, with cream and syrups, forms such a palatable drink, is hot water drawn under pressure and in a fine stream through the usual soda apparatus.

Advertising in Lay Journals.

The Irish College of Physicians has followed in the steps of the English College in adopting the following resolution: "That the advertisement of medical books in other than medical publications, and the giving by any of the licentiates, members, and fellows of the college, whether for publication or not, of laudatory certificates of medicinal or other preparations, or medicinal or surgical appliances, is misleading to the public, derogatory to the dignity of the profession, and is censurable by the college."

Regulation of Prostitution in Cleveland.

Regulation of prostitution is to be tested again in Cleveland. Weekly examination of the women in the brothels is to be practised, and women found to be diseased are to be sent to a special hospital, and their property cared for at the expense of the proprietor or owner. In most respects the system adopted there is the same which was tried in St. Louis some years ago. There will be the same opposition and the same difficulties to encounter, and in all probability the result will be a similar failure.

A Stinging Tree.

The *Gardener's Chronicle* gives an interesting account of the effects of the stinging tree, *Laportea gigas*. The pain produced by the sting of a single hair on the right hand gave rise to remarkable symptoms, the pain being confined to the right side of the body and being succeeded by a numbness and slight paralysis. Besides the pain, a sensation of losing the senses, or rather of becoming insane, was experienced. The severe symptoms lasted two hours; the spot pricked remaining constantly painful for nearly a month after being stung.

Post-Mortem Injuries from Insects.

The *Med. Gaz.* calls attention to the injuries resulting from the stings of ants in an actual case (*Pharm. Zeitung*, No. 102, 1881). On the corpse of an infant, which had died from convulsions, considerable injuries, simulating those of an *ante mortem* character, and which might have given rise to a false charge of violence, were observed. It was conclusively proved that the origin of these was due to the action of ants after death, and formic acid was extracted from the injured portions of the corpse.

Prescribing by Telegraph.

The *Electrician* publishes the following: An employee of the the Eastern Extension Telegraph Company, stationed at Cape Bolimao, Manilla, had a narrow escape the other day, having taken 10 grains of sugar of lead in mistake for a similar quantity of ammonia. He telegraphed for advice to the Hong-Kong telegraph office. Dr. Hartigan, of that city, came down to the office, and sent him advice per cable, which resulted in his recovery. The distance between Hong-Kong and Cape Bolimao is about 555 miles. Probably this is the first time that a doctor has prescribed for a patient over 500 miles away from him.

Dead Drunk.

"Dead drunk" is described by savants of the Paris Biological Society to be a condition in which there is a proportion of one part of alcohol to 195 parts of blood in the circulation. Should the proportion ever come to be one part of alcohol to 100 of blood, death would ensue. This might happen, and, in fact, has happened repeatedly, where a very large quantity of alcoholic liquor is swallowed at one time and quickly. In ordinary drinking consciousness is lost, and with it the power to drink more, before the proportion of alcohol in the circulation becomes fatal.

The Association of American Medical Editors.

The next annual meeting of the Association of American Medical Editors will be held in the city of Cleveland, Ohio, simultaneously with that of the American Medical Association, on June 5th and 6th, 1883. The subject of the address to be delivered by the President, Dr. N. S. Davis, Chicago, is "The present status and tendencies of the medical profession and medical journalism." A free discussion upon this important subject is invited, which will be open, not only to members, but to all physicians present. Dr. Marcy's address will be upon the subject of "Journalism devoted to the Protection and Concentration of Medical and Surgical Science in Special Departments."

J. V. Shoemaker, M. D., Secretary.

An Incident of Cremation in India.

The *Pall Mall Gaz.* tells us that a few years ago the Babus of Calcutta, hearing about a new cremation apparatus invented in America, called a "public meeting," where the members expatiated on the virtues of the new machine, and subscribed for it on the spot. The order was sent, and in due time came the much-coveted apparatus. The Babus received it with due honors, and placed it in one of the principal burning ghauts. After all the prescribed *sanskars*, they brought the dead body to the machine. But here, for the first time, they became conscious of a slight difficulty —they did not know how to use it! They consulted machinists and sanitary doctors, who pronounced the apparatus perfectly useless for the cremation of a Hindu body with the ceremonies enjoined by the Shastras. Great was the disap-

pointment of the reformers. But they called another meeting, addressed each other in long-winded orations, consulted the authorities, but all to no effect, when—oh happy thought!—"Brothers," said one of the reformers, "the best plan would be to burn dead bodies near the machine when we cannot do so in the machine!" The solution was received with cheers. The machine may be still found adorning the ghaut, and round about it are dead bodies burned in the orthodox fashion. Thus are the gods of Babudom propitiated, and thus the spirit of sanitary reform vindicated!

The Death Lists of New York and Berlin.

Gaillard's Med. Jour. contains the following mortality tables for 1882, received from the authorities of Berlin by Dr. John T. Nagle, making possible a comparison between New York and Berlin in this respect. The population of both cities is nearly equal, that of New York being 1,279,560; of Berlin, 1,174,293. The total number of births in Berlin last year was 44,466; in New York only 27,321 were reported, but the real number was probably about the same as in Berlin. New York recorded 37,924 deaths, outstripping Berlin by more than seven thousand, the number reported there being only 30,465. The infant mortality was strangely alike; of children over five years 17,520 died in New York and 17,266 in Berlin. As to the diseases that were most fatal, the following table will show some suggestive facts:

	New York.	Berlin.
Smallpox	259	5
Measles	913	144
Scarlet Fever	2,066	604
Diphtheria	1,525	1,914
Croup	729	220
Whooping-cough	658	292
Typhus Fever	65	1
Typhoid Fever	362	356
Phthisis Pulmonalis	5,251	3,791
Pneumonia	3,472	1,823
Bronchitis	1,583	856
Diarrhœal Diseases	4,050	4,556

Personals.

—The Medical Society of Scott county, Iowa, has elected Dr. Jennie McGowen, a well-known female physician of Davenport, as its president for the ensuing year.

Items.

—Quain's Dictionary—A Warning.—On page 1181, article *Phthisis*, the dose of picrotoxine is given as grain $\frac{1}{6}$ when it should be grain $\frac{1}{60}$.

—"Alcohol," said the professor, "has killed more people than yellow fever." "That is true," said the somewhat bibulous student; "but that is only because more have taken it."

—Frequent micturition, where no special cause appears, is best treated by passing a weak galvanic current from the lumbar region to the region of the bladder.—*British Med. Journal.*

—An extreme opinion of carbolic acid is expressed by Prof. Chandler, of New York. He says "all the money spent for carbolic acid is practically wasted." Proper plumbing, ventilation, and cleanliness, do the work.

—One physician at Urbana, Ohio, said that another had killed a small-pox patient by mistaking the disease for measles. The retort was that the first accuser had caused a death by something worse than a blunder. Suits for damages are in progress.

—Once it was suggested to the Emperor of Austria that he establish a hospital for fallen women, as is done in London. He is said to have replied that he had not money enough to roof over the whole of Vienna.

—Bitter and nauseous salines are best taken simply diluted with iced water. A mouthful or two of iced water, before and after the dose, to blunt the sense of taste, and the dose between them in a wine-glassful of iced water, renders it easily taken by most persons.—*Squibb's Ephemeris.*

—U. Kreusler, of Bonn, and E. Budge, of Constantinople, have obtained a patent for a mode of preserving rubber goods from hardening and cracking, which consists in steeping them for about a minute in melted paraffin, and drying in a room at a temperature of about 100°.

—In the Société de Biologie, Paris, Rabuteau announced that he had demonstrated in Cacodyle properties analogous to curare, and that, in doses considerably elevated, the substance resembled the arsenical compounds in its physiological properties.

—"Have you ever tried the faith cure?" asked a long-haired, sallow-faced stranger, addressing a gentleman who sat behind him in a street-car. "I have," was the answer. "Do you believe in it?" "I do." "May I ask, then, of what you were cured?" "Certainly. I was cured of my faith."

—There are in the four Universities of Switzerland—Basle, Berne, Geneva, and Zürich—a total of 543 medical students, of whom 51 are women. The largest class is at Zürich, where the number is 180. At Berne the number is 164. There are women medical students at all the universities except Basle. At Berne there are 26, at Zürich 17, and at Geneva 8.

—Soak glue in strong vinegar, heat it to boiling, and add to it a quantity of fine flour, until it becomes rather thick. This paste adheres strongly to glass, etc., and may be kept, without spoiling, in a wide-mouthed, glass-stoppered bottle. Should it become too thick, a small quantity may be removed and warmed, when it may be readily applied to paper.

—To make cement for glass: Dissolve 1 part of caoutchouc in 64 parts of chloroform, add 16 parts of finely-powdered mastic, and let the mixture stand in the cold until the mastic is dissolved. If more than the above quantity of caoutchouc is taken, the resulting cement will be more elastic. When using it, it should be applied with a brush to the broken surfaces.

MARRIAGE.

PEABODY—KENNARD.—In Omaha, Neb., February 20, 1883, by the Rev. James Patterson, John D. Peabody, M. D., and Virginia F. Kennard.

THE

MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

LECTURE.

KOCH AND PASTEUR.

BY PROF. M. DU CAZAL,

Of the Paris Faculty.

Gentlemen: In the collection of works published by the German Imperial Sanitary Bureau, in 1881, the researches and discoveries of M. Pasteur were attacked by Koch and his pupils.

Profiting by the occasion offered by the International Medical Congress at Geneva, the French savant replied to these attacks in a communication read before the Congress on September 8, challenging Koch, who was present, to refute his arguments.

M. Koch excused himself, and replied later in a memoir entitled: "On Malignant Charbon Vaccination," which has been reproduced by M. Ricklin in the *Semaine Medicale*.

The *Revue Scientifique* for January 20, 1883, printed a copy of this article, followed by M. Pasteur's reply.

The importance of this polemic and of the questions it raises, merits very careful consideration.

The haughty and aggressive tone assumed in Prof. Koch's memoir is in strange contrast with the wording of M. Pasteur's communication to the Geneva Congress: "Permit me," said he, "to select among those who have opposed my views, the one whose personal ability adds most importance to his opinions; I refer to M. Koch, of Berlin." And again, later on: "In a congress, a universal spirit of conciliation should be the rule; all discussion being courteous, showing the participants to be animated by high aims, the search of progress, and verity." This appeal for courtesy has, it must be said, received very little attention.

Koch attacks primarily the general method followed by M. Pasteur, which, he says, has many defects: "At the period of his researches on malignant charbon, M. Pasteur found much already prepared. The bacillus of charbon was already known, and the proof that it was the primary cause of the disease had been already furnished."

Of these two assertions, the first alone is true; it was known that in charbon there existed a species of bacteride: but the rigorous, scientific proof that it was the cause and not the effect of the malady, had not been made. If the Comptes-Rendus of the Academie de Medécine for that period are carefully examined, it will be found that when Pasteur laid the proof of this assertion before that body, not only it was felt to be perfectly unprecedented, but many of the members were little prepared to accept such a conclusion. How much eloquence was brought forth by Pasteur to establish the value of his method of successive cultures in vitro outside of the economy, and to convince his adversaries that this twentieth or thirtieth liquid of culture, with which he communicated the charbon disease, no longer contained any of the actual virus and could only contain the bacteride, capable of infinite reproduction, and consequently the primary cause of the disease itself.

Then passing to the works of Pasteur on the saliva of rabies, Koch addresses two reproaches to the French savant: first, that he was ignorant of the

fact that the microbe found in the saliva of the child who died of rabies at the Hospital Ste. Eugenie, may be also found in the saliva of persons in good health; secondly, that he was wrong in believing that he communicated a new disease to rabbits inoculated with this virus, for the malady developed was simply septicæmia, already investigated by Coze and Feltz, and later on by Davaine.

Koch, later on, asserts that Pasteur is mistaken in thinking that he communicates a new disease, with the microbe discovered by him in the nasal mucous secretion of a horse with the typhoid fever, for this again is simply septicæmia.

As regards the second point, Pasteur distinctly affirms that the microbe in question develops in the rabbit a new disease, differing from septicæmia and differing widely also from the malady developed by the inoculation of the secretion of the nasal mucous membrane of a horse dead of typhoid fever. He offers to inform Koch on this point, as also on others raised in this discussion, before a commission to be chosen by Koch himself.

On the first point we have already established, in another work (Du Cazal and Zuber, Du Role Pathogenique des Microbes) that examination of the Comptes-Rendus of the Academie des Sciences show that not only Pasteur was aware that the microbe (rabic) in question could be found in the saliva of a person in good health, but also that he was the first to announce the fact to the learned assembly, before Vulpian, and consequently before Sternberg.

"Even admitting," continues Koch, "that inoculation of the nasal secretions of the horse develops in the rabbit an infectious disease, differing from other infectious diseases developed experimentally, I should consider this result of secondary signification, and not of sufficient importance to be communicated as a discovery before an International Congress."

The fact is, that Pasteur mentioned this experiment at the Geneva Congress only in referring to his general method of attenuation of the various varieties of virus; he spoke of the microbe of the saliva (rabic) and of that found in the nasal secretions of the horse, only as examples of this method of attenuation.

Koch is again mistaken when he asserts that Pasteur seeks to assimilate typhoid fever of the horse with that observed in the human subject. He asserts that the microbe kills the rabbit by inducing typhoid fever, and this hardy assertion would seem to have some foundation in the anatomical lesions found after death.

But this is very far from saying that the malady resembles typhoid fever as found in the human subject. Is not Koch, on the other hand, rather daring when he asserts that this disease which kills the rabbit in twenty-four hours cannot be typhoid fever, for he is unacquainted with any form of the disease which destroys its victim in so short a space of time?

It is true this malady never proceeds with such rapidity in the human subject; but what do we know of its course in the rabbit?

Later on, Koch again asserts his claim to the discovery of the spores of the charbon bacteride. Koch was incontestably the first to observe the transformation of the charbon bacteride in spores, and this important discovery cleared up many points which up to that period had remained obscure in the etiology of malignant charbon.

But it is none the less true that seven years previously, in his studies on the disease of silkworms, called flacherie, Pasteur indicated and sketched out the formation of spores in the pathogenic filaments of this disease, and demonstrated that these spores may become regenerated several years after their formation. This precedent served to lead the way for Koch's discovery, without diminishing in any degree its importance.

Koch again returns to the famous experiment of the artificially-chilled hen (poule refroidie) which contracts charbon. The fact itself is not denied, and cannot be; but its interpretation is contested, and in the opinion of the learned Berlin physician, it is not because the hen is chilled, that it is rendered apt to contract charbon; but when the animal is thus nailed on a board and plunged into cold water, the effect on its vital conditions is of such gravity, and the perturbations developed in in its system are so intense, that they alone would account for the susceptibility to the action of the virus, without calling up the state of refrigeration as the only cause.

But why invoke these presumed perturbations? Nailed or not, the hen contracts charbon only in a chilled condition. And Koch should have considered the entire experiment as reported in the memoir. He would have learned that if the hen, although already affected and invaded by the micro-organisms, be removed from the water and allowed to become warm, though the other conditions of the experiment remain the same, the animal will recover, and the bacterides disappear from the organism.

The change in temperature alone causes the disappearance of the micro-organisms; and as Pasteur remarks: "It would be extremely satisfac-

tory if all physiological facts were established on equally solid proofs."

Is it necessary also to reconsider the question of the earth-worms, to whom Koch denies the rôle attributed to them by Pasteur, of transporting the infectious charbon germs from deep down in the earth to the surface? We do not consider it necessary, as the recent discussion on the subject in the Academie de Medecine and the report of a commission, appointed to investigate, the truth of his assertions, confirming their exactitude, are yet too fresh to require repetition.

The discussion and report seem to have no effect on the opinions of Koch, whose objections prove but one fact, that the earth-worms do not suffice to explain all the facts in question.

Koch finally arrives at the grand question of the attenuation of the charbon virus, affirming that the honor of its discovery is due to M. Toussaint, and not to Pasteur. And yet he accords that anteriorly M. Pasteur had practiced the artificial attenuation, under the influence of oxygen, of the virus of hen cholera, and that already, after his first researches on attenuated hen cholera, "he had undertaken most important and interesting experiments."

It is certain that, as regards charbon, M. Toussaint made known, before Pasteur, a means of attenuating charbon virus by exposing the infected blood to a certain temperature (56° C.) for ten minutes.

But there was no precision in this method; it might almost be said to be an accident of preparation. Here is the proof: Toussaint thought he destroyed by this means all the bacterides contained in the infected blood; this was an error. The bacterides are not even always destroyed when the blood is submitted to the influence of this temperature for a period of thirty minutes. It was on this account that the savant of Toulouse lost by his vaccinations a variable proportion of the animals inoculated.

It is none the less true, that those who recovered, remained thenceforth refractory to the action of the charbon virus.

The discovery of M. Pasteur, as M. Koch himself admits, is of a different nature. He applied to the study of malignant charbon the same method he had applied in his researches on hen cholera, and discovered a means of treating the virus which may become generalized, in submitting it to the action of oxygen.

By this method may be obtained virus in different degrees of attenuation, and a capital point experience proves, that each one of these states of attenuated virulence may, conserving its degree of attenuation, be reproduced by culture.

This process, we repeat, has the immense advantage of being a sure, rigorously scientific method, giving always the same results when the experiment is conducted under similar conditions.

This last rule, that to obtain identical results from an experiment it is necessary that it be conducted under exactly identical conditions, appears to be absolutely ignored by the Berlin savant. What should be said of the value of an experiment where he vaccinates mice and guinea-pigs with a charon virus, attenuated sufficiently for the vaccination of sheep? Koch was astonished that they all died of malignant charbon, but it would have been even more astonishing if they had survived.

To follow such a method is to cast aside the primary principles regarding attenuation of virus, a method which allows a proper proportion of attenuation in comparison with the size and vital resistance of the animal to be inoculated.

Koch finally insists at length on the light value which possesses in his opinion the number of animals vaccinated; what is necessary to decide on the value of the method, "is not to know the number, relatively considerable, of animals vaccinated without bad results, but to learn if the preventive inoculation has accomplished its purpose, and the animals have really acquired an immunity from the scourge. On which question Pasteur does not inform us."

But it is not in Pasteur's province to satisfy Koch on this point. If he were to do so, he would be accused of deciding his own case to suit his own views.

The proof required is furnished by M. Boutet in his report to the Societé Veterinaire et Agricole de Chartres. According to his report, in the department of Eure-et-Loire, among the flocks of sheep which were partly vaccinated, the loss among the vaccinated during the year was $\frac{6}{10}$ of 1 per cent. and among the unvaccinated $3\frac{9}{10}$ per cent.

We have not been able to follow very closely the arguments brought forward by Koch, nor the replies of M. Pasteur to each one of the objections made by his adversary; but the following passage from the memoir of the latter will serve to characterize the strange position assumed by M. Koch in this discussion.

"Allow me," writes M. Pasteur, "a short digression. When I refer back, as I do at present, to the researches which occupied my attention from 1856 to 1876—a long space of life before you were born to the scientific world, since your first

work dates from 1876—I find that my unique preoccupation during this long period was to keep alive microbes in a pure state in appropriate liquids of culture. After all this period of research and labor, is it not astonishing that you lightly accuse me of not knowing how to make pure cultures?"

It is in fact a strange spectacle, implicating a singular forgetfulness of the history of scientific progress—this reproach addressed by a savant of the special competence of M. Koch, to the inventor of this very method of culture of disease germs, which our illustrious compatriot first discovered and utilized in the long and glorious series of his experiments.

COMMUNICATIONS.

GLIMPSES OF SEVENTEENTH CENTURY MEDICINE AND MEDICAL MEN.

BY E. T. BLACKWELL, M. D.

Paterson, N. J.

There is a class of people who decry the present age as compared with the past, and sigh for "the good old times" when civilization and literature and art were believed to have reached the zenith. Whatever there may be of truth in this, as it regards excellence in the fine arts, architecture and eloquence, it cannot be gainsaid that Medicine prior to the discovery of Harvey had little claims to be called a science; so little was then known of Anatomy, Chemistry or Materia-medica, and so fanciful and false were the notions of physiology and the etiology of disease. Reference is made in Ziemssen's Cyclopædia of the Practice of Medicine to Sylvius, who occupied a most conspicuous position as a leader and teacher of the medical art in the latter part of the seventeenth century, as the first author who had mentioned tubercle as a factor in disease. A fragment of his work on the practice of medicine, published a little over two centuries ago, is now before me: and, as it furnishes a pretty clear exposition of what was then known of the human organism, its diseases and their remedies; and reveals the status of professional feeling and practice, as well as the attitude of the people toward practitioners, and their methods of advancing their knowledge of their art, I judge that some material derived therefrom will interest the reader. So quaint is the style of this book: so incisive and caustic the personal reflections; so simple and hum-drum the expression; so theoretic, and as now believed false, the most of the etiology; so uncommon and worthless, not to say disgusting, many of the remedies, the reader will relish, I think, rather copious extracts. The title-page here given is full of suggestions:

A
NEW IDEA
OF THE
Practice of Phyſic;
Written by that Famous
FRANCISCUS DE LE BOE, SYLVIUS;
Late Chief Professor of Physic in the
University of *Leiden.*
THE FIRST BOOK:
of the Diseases either constituting, producing, or following the Natural Functions of Man not in Health.
Wherein is containd, beside a New Method in general, a Vindication of the *Spleen* and *Mother* from Fits attributed to them.
As also a new Discovery of Intermitting Fevers, the *Yellow Jaundice*, and other Diseases, never before discoverd.
All cleard by Anatomical Experiments and Chymical Demonstrations; as also by their Cures.
Whereto is prefixed a Preface written by Dr. Mar. Nedham.
Translated faithfully by RICHARD GOWER, formerly Student under the Author.
LONDON. Printed for *Brabazon Aylmer*, at the Three Pigeons in *Cornhil*, 1675.

The dedication, here given, seems to lack nothing in the way of comprehensiveness:

"*To all the Supreme Powers in Christian* Europe, FRANCISCUS DE LE BOE, SYLVIUS, *Physician, wishes Perfect Health of Body and Mind, and also faithful and quiet Peace, from God the giver of every good Gift.*"

The sub-dedication is to a like effect:

"To the Reader who is studious of Truth and Public Good, *Franciscus De Le Boe, Sylvius, wishes Health.*" This is dated "Leiden, April 14, 1671."

The following notice suggests that literary piracy was well known before the advent of the present age:

To the Gentle Readers and Printers, the admonition of Franciscus De Le Boe, Sylvius: "I would have all admonisht, that I in no wise ac-

knowledge that edition for mine own which Thomas Matthias Gotzius publisht in the year 1664 under my name and of the Colleg of Practical Physicians: nor that which I hear Frideric Leonardus hath publisht this year 1671 at Paris under the Title of my Practice: much less that infamous and foul Book, which some ill-imploy'd busie-body wrote and publisht out of his own wicked Store and impure manners, a few years since, under the Title of the Second Part of Physical Disputations concerning the Circulation of Seed and the Generation of Man, imitating my stile, whereby he might fasten it upon me, and thereby injure my Reputation."

The translator introduces the work of his "Quondam Tutour" by a dedication: "To the truly Honorable Robert Boyle, Esq."

Dr. Marchamont Nedham supplies a preface of twenty pages to the work, in which he indulges in very trenchant criticisms upon the author, upon medical study, charlatanry, chemical medicines, and the relative merit of Physicians and Chirurgeons, which may be as spicy reading at present as it must have been two hundred years ago. He thus discourses of the author: "He was by Birth a *German*, who through industry arrived to such degree of merit by working and practice at *Amsterdam*, that his Fame spreading about the *Low Countries*, the States of *Holland* cast an eye of great regard upon him, and placed him (though a Stranger) in the Professor's Chair in the Univer- of *Leiden;* which he afterwards adorned for almost thirteen years, by forming many useful Doctrines (not merely formal points of Literature) for the Institution of young Beginners in Physick, of whom a multitude were by his Reputation drawn thither from all parts of *Europe*, to be his Disciples: such Doctrines as have not had their Rise from the Ancients, and the Academies, but most of them from Laboratories of his own and others, wrought out of the Fire for near forty years together, and confirmed by constant Practice among the Sick, in which work of Curing he excelled all his Fellows, in most difficult Cases: Yet because he had recourse mostly to *Chymical Remedies*, (of whose safety and excellency the World is now convinced) the more lazie Tribe of Doctors made it their business most maliciously to calumniate and traduce him, as you will find him miserably complaining in many parts of his Book: of whom he saith in 40th Chapter, that they be *ignorant of most Natural Things yet are a prating Crew, that strut about and swell* inani Doctorum Titulo, *with the vain Title of Doctors*, and the World has too many of them; though they and their credit wear off apace."

The methods of getting forward professionally, and the ethics in vogue at the time of this publication, have a special interest in these days of sharp competition and heterodox ethical departures.

Dr. Nedham continues: "To say nothing of their Flatteries of the Great and the Rich, besides the Calumnies that they sow against other Practitioners, the frequentation of Clubs and Tipple to gain Acquaintance, and the glosing collusions and fine Tales with Nurses, Midwives, Women, and Weak People, the Confederacies to cry up one another with *Doctissimo* and *Clarissimo* in Prints, the creating & canvassing of Interests in Families, and the common *chequenerie* of Consultations only with Men of their own Tribe; the most remarkable Trick of all is, that they have an oar in the Boat of every Party round the Town and Nation, having lifted themselves accordingly. Some are for the Church of *England;* some for the Church of *Rome:* some for the *Presbyterian:* some for the *Independent;* some among the Baptised; some for the *Fifth Monarchists:* some for the *Quakers: every man for himself, and God for all:* And so the World is very luckily divided: every Party taking its own Proselyte to be the Ablest, and the most conscientious Doctor. Is not this a short cut (think ye) to get Custom? This and Scholastick Twaddle will do the Work, according to the general Mode of their *Second Commencement;* after which, the Men of no Party, whatever their Industry and Art be, are left to be turned to grass *upon the cold common of Integrity.*"

This period was marked by great activity, and great discoveries in anatomy. Dissection was actively prosecuted, post-mortems were held and vivisection resorted to. That some extra-professional dust may have been raised by this process is possible, and its sinister aspect is thus recorded: "In this latter Age, the great pranks they play are by *mounting the Stage of Anatomy*, (for that pass 'tis now come to), where many of them are wont ever and anon to make wondrous ostentation of pretended new Discoveries in the little World of Man: with which they have a *Mint* always going, for coining new *Hypotheses*, out of which they start up their *various Dogmaticisms*, to amaze their Admirers, and amuse the World: so that the very Neighbors Dogs are in as much danger of their *Shambles*, as they are of the *Falconers*." Again, "'Tis a common trick among the Tribes of Dissectors, to open Bodies of their own or other Men's Patients, in pretence to satisfie themselves, and the deceased's Kindred touching the cause of Death: and thence they always pick out enough before the admiring By-standers, to justifie them-

selves and their own mistakes, by reasons to prove that the Patient was incurable; or else they will be sure to collect dirty matter enough, to cast upon any Physician whom they envy, whose hap it may have been to have given Physick before them to the same Patient; especially if he be not of their Honorary number: hundreds of able Practitioners and Learned, have been thus artificially blasted: So that it were well if this famous City of *London* would take Notice of such crafty Abuses for the future."

Warning his reader against the dangers of false conclusions drawn from post-mortem appearances, and the theories erected thereon, he says: "No Man can be against a due enquiry into Anatomy, so far as concerns being acquainted with the Structure, Figure, Scituation and Connexion of the Parts of the Body, especially in Cases of Chirurgery, wherein its greatest use doth lie: and of this also it becomes a Physician not to be ignorant, who ought also to be a Chirurgian: though the fine-finger'd Academick Education of Physicians in *England*, hath here unhappily divided the two Faculties, the Professors of the one being brought up to Talk, the other to Work; from whence 'tis observable, we are always furnished with far more able Chirurgians than Physicians. * * * Besides if our Chirurgians were excluded (as that's the desire and aim of the others) from the Practice of Physick, I wonder where his Majesty for his Fleets, and the Merchants for theirs, on which the Wealth and Glory of this Kingdom doth depend, would be supplyed with Able Practitioners for the Sick at Sea, the greatest sicknesses, both Acute and Chronick, being there predominant. Not from the fine breed of the *Scholastick Family* whose Learning (so much as it is, and that is in but a very few of them) lies quite beside the way that leads to the more noble Family of Physicians; insomuch that when they first come to Town with the Learned *Cushion-cap and Scarlet* the very Apothecaries Boys are able to tutor them in Town-practice, laugh at them, and tell Tales behind their backs. * * * 'Tis to be hoped the Nation will ere long be convinced, that the Laboratory, the Work-house is the way to be traced before we enter the Library, an Apprenticeship from our Youth to work and study under a Practiser, is that only which can make one a Doctor."

Bewailing what he considers misdirection of study, he observes: "The Materia Medica lies too much neglected; the improvement whereof is the *one thing necessary*. They ought rather to imploy themselves in the Anatomizing of all Natural Subjects, in order to the knowledge of their various Virtues, by resolving and educing the several Parts and Principles of which they are composed, and in searching out their usefulness by reasoning upon the manner of those Operations by which they are prepared, and from thence calculating what uses they may be put to. * * * How comly would it be, to see them spend their time in making further enquirles into Herbs and Roots which contain innumerable other Virtues than are yet known. Had we not been more beholden to Women and Rusticks, than to the men of Literature, very little more had been known of them now than was a thousand years ago."

"What shall I say," he continues, "of those numerous Treasures lockt up in the Bodies of Stones, Earths, Minerals, Metals, and Salts, which require the Hands of all Mankind to unlock? It were to be wished they would but bestow part of their time and ingeny in reforming the old Doctrines and Notions in Physic, not in substituting new ones drawn from mere *Hypotheses Anatomical*, but from the good old real Principles of *Acre*, *Acidum*, *Salsum*, *Dulce*, *Amarum*, *Ponticum*, *Acerbum*, and *Insipidum;* wherein our *Sylvius* hath here pointed out part of the way, those things being by experience found to be the real principal disturbers of Humane Bodies. The accommodating of Physical Preparations to the qualifying of those when either of them is *peccant*, is the only way."

Dr. Nedham having also written a book, "entitled *Medele Medicinæ*," which had been sharply criticised by "some small Men of Note," whom he stigmatizes as "incompetent Adversaries," and "Whiffling Novices," who he asserts "were set on by their Fraternity to prepare discourses," against him: and who, whatever else they may have averred, he declares, "added their crafty insinuations that I had printed all Men to have the French Pox. * * * Nor was this all; but the Design was followed up and down by slandering, that I had used dangerous Medicins in regard I had in that Book magnified the good Effects of Remedies Chymically prepared, and their safety if well made, and their force above all other, in Curation of the most pertinacious deplorable Diseases, of which I have lived to see the World, for the most part, so abundantly convinced, that the more ingenious sort of Mankind have concluded that he who is not well-skill'd in the use of those Remedies, is not worth the name of a Physician."

So determined were the opponents of "Remedies Chymically prepared" that they "were wont in the time of my youth when I first came to Practice exceedingly to decry, and *noted with a black coal* all those that used such Medicins."

His further defence throws considerable light upon the method of dispensing medicines at that time, and will have a living interest for the physician of to-day. "Some years ago," he says, "there was a more ready Opportunity to scandalise me, when my Matter of Medicine being prepared in my own House, was kept private to myself, and so my Adversaries might maliciously say of it what they would: Therefore, as soon as I found the *Company of Apothecaries* had erected a *Laboratory* at their Hall, for supply of their Shops with Medicins of all sorts, of the Chymical Preparation so that a Man might be sure, upon the Publick Stock and Credit of the *Company* to be served with them faithfully prepared, my Heart rose with pleasure to congratulate them in an undertaking so necessary for the Kingdom, it being the Main Matter wherein their Trade was deficient, because what Chymick Medicines were used before to make up the Physicians Prescript, were for the most part bought of *private Operators;* of whom we could have no Confidence for due Preparation, in comparison of what in reason we ought now to have; seeing the Security is grounded upon the Reputation of a Worthy Company of this Honorable City, who cannot be supposed to prevaricate for Profit; seeing what is done this way is by *Common Consent*, which being well managed, will conduce much more to Profit, Reputation and Interest, to each particular Man in his Shop, through the satisfaction which will arise to every Patient, by the benefit which is like to answer the expectations of each Family, from those Medicines rightly prepared. And so, from the time that I observed this, I have eased myself of the Toil I had taken upon me, and wholly referred Patients with Bills, to receive Medicins dispensed by the Apothecaries Hands."

Opposite page one, of the interesting book from which I have so freely quoted, is the following quaint memorandum: "Rob^{t} Tremills his booke, bought of M^{r} Sam^{u} Lorkwood for 12^{s} and paid him Jan^{ry} y^{e} 25th $\frac{1700}{701}$, and then all accompts ballanct in his booke: witness is his boy Charles:" which is countersigned, "his boy Charles."

Another autograph is that of Forster Nostrand with this pathetic reminder, "When this you see, remember me." It is dated "Novem. 1st 1786." It has also autographs of Ebenezer Blackly and William Leddell, formerly prominent practitioners of medicine in this upper part of the State of New Jersey. Some account of the Anatomy, Pharmacy, Physiology, Etiology and Practice of Sylvius must be reserved for another paper.

Hospital Reports.

THE TREATMENT OF INTERMITTENT FEVER. CATARRHAL INFLAMMATION AT THE APEX OF THE LEFT LUNG. FIBROID PHTHISIS. PHTHISIS FOLLOWING PNEUMONIA.

A CLINICAL LECTURE DELIVERED AT THE PENNSYLVANIA HOSPITAL, DECEMBER 20, 1882.

BY JAMES H. HUTCHISON, M. D.,

One of the Attending Physicians to the Pennsylvania Hospital, Physician to the Children's Hospital, Philadelphia, etc.

Reported by WILLIAM H. MORRISON, M. D.

GENTLEMEN: The first patient whom I shall bring before you is one that some of you have seen on a previous occasion. She has been living in the Susquehanna region of this State, and when admitted had for some time been suffering from chills and fever. She exhibited all the signs of marked anæmia—pale face, pale lips and tongue, blowing murmur at the base of the heart, on the left side, and a jugular souffle. These signs have, under proper treatment, all disappeared.

The treatment consisted in the beginning of the administration of quinine, sixteen grains being taken daily in divided doses, and so given that the whole amount was taken before the hour at which the chill usually occurred. This checked the chills; but we did not stop here. The treatment must be continued for some time. The trouble, especially with dispensary patients, is, that as soon as they are relieved they fail to take the medicine. There is in these cases of intermittent fever a marked disposition for the chill to recur in seven, fourteen, or twenty-one days, or some multiple of the week. It is therefore very important that the medicine should be continued for a week in full doses, and the recourse should be again had to it at the periods when the chill is especially likely to recur. This was done in the present case. Quinine was at first given in full doses, and has been continued in moderate amounts ever since.

While quinia arrests the chills, it is not sufficient in itself to improve the character of the blood. I therefore gave her iron in the form of the tincture of the chloride. I know of no better preparation. It may be given in much larger doses than are set down in the books. In anæmia and erysipelas, I frequently give thirty drops every three hours, without producing any bad effects. The only precautions which it is necessary to observe are to dilute it sufficiently, and to direct that it shall be taken through a tube, in order to prevent its acting upon the teeth. This medicine has another advantage over many of the other forms of iron, in that it is cheap.

The patient has entirely recovered, and I bring her before you simply to show the result of proper treatment in a bad case of intermittent fever.

Catarrhal Inflammation at the Apex of the Left Lung.

This young girl was admitted to the hospital on November 4. She has therefore been in the hos-

pital six weeks. Until I had made a careful examination of the lung, I found no positive indication of disease. Her temperature ranged between 98.5° and 100°. It has never gone above 100°. Careful percussion revealed a slight amount of dullness on the left side under the clavicle, and also above the spine of the scapula on the same side. Very deep inspiration developed a few dry crackling rales. The heart-sounds were also more distinctly heard under the left clavicle than they are in health. There was also some want of expansion. Taking all these symptoms into account, I diagnosed slight catarrh of the upper part of the lung, which may possibly degenerate into phthisis.

I at first placed this patient on Niemeyer's pill, which, as you know, contains quinia, digitalis, and opium. This was continued for some time. She has also received cod-liver oil and tonics. For the purpose of checking the night-sweats from which she suffered, atropia, in doses of one-sixtieth of a grain, was given; but as this had no effect, I have lately placed her upon ergotine, three grains being given in a pill at night, and repeated if necessary. Under this treatment, the symptom has slightly improved.

There were in this case symptoms which made me fear the supervention of phthisis, although I am not prepared to say that phthisis is now present. There have been no marked symptoms; she has not had high fever, nor has the pulse been frequent. The following are the only symptoms which have been present; slight dullness at the left apex increased by deep inspiration, increased vocal fremitus, increased distinctness of the sounds of the heart, all indicating that there is some solidification of the lung; but as these are slight, and the patient has, as far as we can make out, no predisposition to phthisis, we may hope that entire recovery will take place.

Fibroid Phthisis.

I shall next bring before you a patient who has been in the hospital for some time, and who, in certain respects, presents features of interest. The history is as follows:

M. A., white, age 45, has been engaged as a servant; she came to this country fourteen years ago; she has never had any children or miscarriages; her mother died when she was five months old; her father was always subject to asthma and "wind dropsy," and died at the age of sixty. She was well until six years ago, when she caught cold and contracted a cough, which is sometimes better and sometimes worse. The menses appeared at the age of fifteen, and have been regular ever since. Three years ago she suffered from dropsy, and at times during the last few years she has had frequent micturition. The urine has been frequently examined for albumen, but none has been found. The specific gravity of the urine is 1018. It is small in quantity and high colored. The dropsy from which she formerly suffered may have been due to either disease of the heart or disease of the kidney. I am disposed to attribute it to an acute affection of the kidney. For the past two and a half years, she has been quite sick. She has lost flesh, and has night sweats. The expectoration is not large in amount, but pretty free in the morning. She was admitted to the hospital on November 14, 1882. Her temperature has been taken regularly since she has been in the ward, but it has never been more than half a degree above the normal. Since her admission there have been occasional night sweats. The pulse has been regular and only moderately frequent. On superficial examination there seems to be no active disease present at this time. When, however, we examine her carefully, we find marked evidence of disease existing at this time, and also the evidence of previous disease.

On inspecting the chest, it is clear that on the right side the infra-clavicular space is more depressed than on the left. There is also a less amount of movement during respiration on this side. It is sometimes difficult to appreciate slight variations in the amount of movement by the eye; in such cases, you should stand behind the patient and place a hand on each infra-clavicular space. Doing this, I find that the expansion is much more marked on the left side than on the right. The vocal fremitus is much greater under the right clavicle than under the left. The vocal fremitus is normally more distinct on the right than on the left side. The difference in this case is so great that I do not hesitate in saying that, for some reason, the right side is a better conductor of vocal vibrations than the left. The supra-clavicular space of the right side is also more depressed than that on the left.

In percussing this chest, I shall first use immediate percussion. I frequently find this to be the best means of developing dullness when its cause is slight or deep seated. On the right side percussion is dull, but when I strike hard, I bring out a note which has an amphoric character. This is due to the presence of a cavity. There is very little alteration of the percussion note when she holds her breath. As you observe, although the dullness is most marked at the upper part of the right chest, it also extends downward for some distance.

On ausculting the chest in this position I hear a marked blowing sound, which differs entirely from the normal vesicular murmur. It is present in both inspiration and expiration. Inspiration and expiration do not differ much in quality; if anything, expiration is a little softer and of lower pitch than inspiration. When the patient coughs, I hear gurgling. There is then evidence not merely of a cavity, or a dilated bronchial tube, but also of fluid in that cavity. If the cough is at all loud, the resonance transmitted to the ear is very marked. On speaking, the words are transmitted through the chest to the ear. I hear them more distinctly when the patient whispers. This is whispering pectoriloquy, and is of some importance in the diagnosis of a cavity. It is often present when sonorous pectoriloquy is not. This sound is I think best heard through the stethoscope. There are few occasions on which I prefer the stethoscope to the unaided ear. In ausculting the heart sounds, and in making a precise diagnosis of the valve affected, I prefer the stethoscope, and in searching for a cavity it is often of much service. These same signs are found posteriorly. At the base of the right lung there are a few mucous rales, and there is slight dullness on percussion.

There is another sign of some importance in

the diagnosis of this disease, *i. e.*, dislocation of the trachea. In this patient, the trachea is almost behind the clavicular-sternal articulation. The heart in these cases is often displaced. This has not been determined in this patient.

Let me repeat the physical signs which are present in this case: slight flattening under the right clavicle, want of expansion, increased vocal fremitus and resonance, whispering pectoriloquy, cavernous respiration, and on coughing, crackling rales. The same signs are found posteriorly; at the base of the right lung, there is slight dullness and a few mucous rales. On the other side there is no evidence of disease. The respiratory murmur over the left lung is not the ordinary vesicular murmur, but is that which we have when the function of one lung is interfered with. In other words, we have puerile respiration. It has a broncho-vesicular character. Under these circumstances it is rather a sign of health than of disease, for it shows that the lung is attempting to do the work of the other lung.

This patient has never had any marked symptoms. She has never had high fever nor excessive frequency of the pulse. She has, however, a cough, which is not very constant, but which is accompanied in the morning by copious expectoration of purulent liquid. This she says is at times offensive. She also has night sweats.

Let us see if we can explain this condition. Looking back at her history, we find that she has for some time been subject to a cough, which is sometimes better and sometimes worse. We have, therefore, evidence of old disease of the lung. I think that her disease probably originated in a pneumonia which never underwent resolution. All pneumonias do not resolve. Some undergo caseous degeneration, forming a large proportion of the cases of phthisis. Others undergo what is known as fibroid degeneration. In such cases, there is the development of fibroid tissue, similar to that which takes place in cirrhosis of the liver and kidney. This condition is often called cirrhosis of the lung, but this is not a good name; for the word cirrhosis is derived from the Greek word for yellow, and although in cirrhosis of the liver the organ is yellow, the lungs are of this color in fibroid phthisis. Just as an excessive development of fibrous tissue causes a marked derangement of the functions of the liver and kidney, so in the case of the lung, a marked derangement is produced. When this fibrous tissue contracts, it pulls in all directions, and causes dilatation of the bronchial tubes. This accounts for the large amount of expectoration. It is impossible in this case to say positively whether there is only dilatation of a bronchial tube, or whether there is in addition an excavation. My opinion is that there is only an enlarged bronchus. One reason for this opinion is that there is no symptom of hectic fever. If there were a large excavation, we should expect a high degree of fever at night, and sweats. The fact that the expectoration is purulent and sometimes offensive, is rather in favor of an enlarged bronchial tube, at the apex of the right lung. There is also evidence of enlargement elsewhere. I therefore regard this as a case of enlarged bronchial tube accompanying fibroid phthisis, and resulting from chronic pneumonia.

In these cases it is important to keep up the strength. Nutrient remedies, cod-liver oil and tonics, should be given. We have given her these, and as she suffers a little from cough, I have put her upon the use of the following prescription;

℞. Acidi sulphurici dil.,
Tinct. opii deodoratæ, āā gtt. iij.
Syr. pruni virginianæ,
Elixir. cinchonæ, āā ʒss. Misce.
Signa.

You will find this preparation very efficacious in the cough of phthisis. It is not necessary to give nauseants. I give but a small amount of opium in this prescription, in order to avoid the production of nausea.

In regard to local treatment, are we able to do much by means of inhalations? Local treatment would, I think, result in failure, and might interfere with other remedies. If the expectoration were very offensive, I should resort to some inhalation to correct this. Turpentine is useful for this purpose. The internal administration of turpentine is also at times of service. There has, however, been no marked indication for these remedies, and they therefore have not been used.

Phthisis Following Pneumonia.

This patient is 36 years of age. She was admitted on November 22, 1882. She has had three children; one of these died at birth, and another has died from disease. This rather indicates a scrofulous tendency. The family history is negative. There appears to be no predisposition to phthisis. She has had pneumonia twice; the first time eight years ago, the second time during last June. This is all the history that we have been able to procure.

An examination of the temperature record will show you that the temperature has differed from that of the previous case. When first admitted, the temperature was above normal. Under proper treatment and rest it has diminished, and for some time it has not been more than one-half to two-fifths of a degree above normal. The patient presents the appearance of a person out of health, and a certain amount of anæmia. The face, although usually pale, is at times flushed; sometimes one cheek only is flushed. This shows a certain amount of vaso-motor paralysis. The tongue is œdematous, and shows the marks of the teeth. The pulse is at present frequent, but at times it is not much above the normal.

On percussing the chest, I find some dullness under both clavicles. The percussion seems to produce irritation, causing a cough. In striking the chest, I appreciate a sign which was marked in the other case, but to which I neglected to allude. It is one which the percussor alone can appreciate, *i. e.*, a feeling of increased resistance. Under the clavicles, there is increased resistance, the sound produced is of short duration, high pitch, and deficient in resonance. There is no increased resonance on deep inspiration, showing that the lung does not expand well.

Auscultation reveals harsh respiration of a blowing character, accompanied by numerous rales. The cardiac sounds are transmitted to the ear with increased intensity. The same signs exist on the right side, but are not as marked as

on the left. The vocal resonance is also increased. (The patient was now removed.)

As I cannot in this instance give a very hopeful prognosis, I prefer to speak in the absence of the patient. We have found slight dullness on percussion under both clavicles, increased by full inspiration, increased vocal fremitus and resonance. In addition to these, there are blowing sounds and crackling rales. These indicate not only that there is induration, but also that softening is taking place. We have also a history of two attacks of pneumonia—one several years ago, and the other within the past year. I want at this time to call attention to the fact that there is a form of pneumonia which is apt to degenerate into phthisis. I know that high authorities, as, for instance, Professor Flint, think that phthisis rarely, if ever, results from pneumonia. My experience has led me to form a different conclusion, and to agree with those equally high as authorities, who say that phthisis is often preceded by pneumonia.

The treatment has of course differed somewhat from that of the previous case. On admission, there was fever, temperature of 101°, and frequent pulse. She was placed on the use of Niemeyer's pill, every three hours. Under this treatment the temperature fell, the pulse diminished in frequency, and the other symptoms improved. I then placed her on cod-liver oil, but this disagreed with her, occasioning sickness of stomach. In such cases it will do more harm than good to continue its use. She was then given malt, which she has used with great advantage during the past few weeks. In addition, she has had other remedies, which were prescribed as occasion required. At present, she is taking nothing but malt. She has no cough. There is then no necessity for prescribing the mild cough medicine used in the preceding case. She eats well, sleeps well, and all the symptoms are improving, and I think that in a short time I shall be able to show her to you still more improved. Unfortunately, her condition is such that if she left the hospital and attempted to work, the active symptoms would undoubtedly be reproduced. It will be necessary during the winter to have her in the hospital, or secure her a home where she will be free from work.

Medical Societies.

ALLEGHENY COUNTY MEDICAL SOCIETY.

The Allegheny County Medical Society met in Common Council Chamber, Pittsburgh, March 20, 1882.

President, Dr. John H. Thomas, in the chair.

Dr. G. B. Fundenberg, from the Committee on *Health and Disease*, presented a written report, devoted mainly to typhoid fever. He reaffirmed the opinion held by most medical men, that the fever germ must pre-exist, and also maintains its identity; that external conditions cannot originate the poison.

The Doctor thinks we can prevent 19 out of every 20 cases. The public must be taught the cause.

There are two avenues by which the poison enters the system,

1. By the air we breathe.
2. By the water we drink.

Bad cases often occur at an elevation of 2,200 feet, as in Somerset county, where the Doctor formerly practiced.

In the country and small towns the wells are generally close to the kitchen, and are often badly contaminated by slops, a shallow privy well close at hand, probably a pig-pen, and possibly a manure-pile. An odor arises from all this, and an infection is being continually breathed.

In Pittsburgh, opinion among medical men is divided as to source of the disease; some maintaining that it resides in the water we drink, and predicting a higher rate of mortality from this cause upon the completion of the Davis Island dam. He thinks in Pittsburgh we can generally find the cause in bad plumbing or a contiguous filthy cesspool.

Dr. Hoffman, from the same committee, presented an article on Pertussis, with reference entirely to his method of treatment. His method of treatment is to vaccinate the patient as soon as the disease is well established. As the vaccination develops, the whoop diminishes. He has been pursuing this course for twelve years, with invariably good results. He thinks it will diminish the intensity of the disease in every instance. He has no theory of its mode of action.

Dr. Sutton mentioned that vaccination in pertussis was the method always pursued by the late Dr. Dale, of Allegheny.

Dr. Fundenberg could offer no theory for the mode of action, unless it was the well-known antagonism of germs.

Dr. Batten related a case of Breech Presentation in a Primipara, the coccyx to right acetabulum. Has several times been deceived in breech presentation before the os was well dilated. Thought at first this was head presentation. In this case he delivered mainly by traction, there being no pain. Used finger in point of hip at first, afterwards by tape. Child was born alive.

Dr. James McCann presented for inspection a pathological specimen consisting of a portion of the popliteal artery found above the point where torsion had been made in connection with amputation of the limb, showing formation of clot.

The patient, 40 years of age, was admitted to West Penn Hospital with several injuries, the most important being a lacerated wound of leg, rendering amputation at knee-joint necessary. The amputation was performed with long anterior and short posterior flap. The posterior flap and connective tissue sloughed deep, the whole leg became erysipelatous, and patient died on 18th day without any hemorrhage. Torsion has been the method employed to arrest hemorrhage in the West Penn Hospital, for the past seven years; and the experience of Dr. McCann and his colleagues in the hospital corresponds with that of Bryant. Dr. McCann has performed torsion in the popliteal, tibial, femoral in the middle thigh, brachial and others, with never any secondary hemorrhage. Thinks torsion is always the preferable method of arresting hemorrhage, but the twisting must be done well—must give five or six complete turns with the forceps.

Dr. A. M. Pollock exhibited a model of a fracture bed which had been used in the case of the father of Dr. J. W. Neely, age 76 years, who had sustained a fracture of neck of femur, and was devised by Dr. Neely. The difficulty in these cases is to have movements of the bowels with as little difficulty as possible. This is an ordinary small bed with mattress, with frame around the top, across which strong canvas is stretched and fastened. This framework is fastened at each side of bed by two strips of wood or iron, in such a manner that the top frame and canvas can be raised, pushed a couple of feet towards foot of bed, and held there until mattress can be removed, or as long as necessary; and beneath the canvas, through which is an opening, a vessel can be placed. For it, is claimed simplicity, efficiency, and cheapness.

Drs. Sutton, Hnselton, Wallace and McCann stated that they have seen in use practically the same apparatus for ten or twelve years, under the name of the Leisure Fracture bed.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

(*Continued from p.* 349.)

Case 5. Cancer of the Rectum. Secondary Cancer of the Liver.

Christian H. was admitted July 5, 1882. He was emaciated, weak and cachectic. He stated that for twenty-seven years he had been perfectly well, but that two months previously he had noticed loss of flesh, and about the same time discovered a growth at the anus which was small, but which gave him a great deal of trouble at stool. Two weeks later he noticed that his feet and legs had become swollen, but it was not till his admission to the hospital that he became aware that there was anything the matter with his abdomen. The patient's father probably died of cancer of the stomach.

The anal growth was excised, and proved to be an adenoid type of malignant disease. Vomiting, dyspnœa and sallowness of the skin increased until his death, five weeks after admission. The autopsy showed that the liver and rectum were the only structures seriously diseased. The liver was enormously enlarged, and filled the whole upper portion of the abdominal cavity. It was slightly adherent to the diaphragm and adjacent viscera, and was studded with cancer nodules varying in size from that of a filbert to that of an egg, often coalescing, and pretty equally distributed over the surface. The whitish color of these nodules was in strong contrast with the dark color of the liver, giving it a variegated appearance. Its weight was 10 pounds, 4½ ounces. The walls of the rectum, six inches from the anus, were infiltrated with the new growth. This was the primary seat of disease. The secondary growth was very rapid, almost entirely painless in itself, and disturbing the patient only by mechanical irritation of the stomach, and the production of œdema and ascites by interference with the circulation. Jaundice did not occur.

Microscopic sections of the anal growth revealed an adenoid growth resembliug an aggregation of Lieberkuhn's crypts. It was an example of an early involvement of the part. The growth higher up in the rectum was more advanced, and illustrated the encephaloid form of the disease. A section from the metastatic deposit in the liver showed a stroma of fibrous tissue with alveoli, lined by epithelial cells, the peripheral cells retaining their *columnar* shape. It was an example of the reproduction in the liver of the same follicles found in the primary disease of the rectum.

An Unique Specimen of Ossification at the Aortic Orifice.

Exhibited by Dr. J. T. Eskridge.

It was sent him from a distance, and consisted of about one inch of the cardiac end of the thoracic aorta, the aortic semi-lumar valves, and the immediate portion of the heart. The specimen was removed from a man who, aged about seventy, had suffered a number of years from severe heart disease. The walls of the large arteries were thickened, rigid, and contained numerous deposits of inorganic matter. The left ventricle was enormously enlarged. He was unable to obtain any information with regard to the condition of the cardiac valves, other than those of the aortic orifice.

Description of the specimen.—The aorta, where it surrounds the valves for about half an inch in extent, is a hard, unyielding substance of fibrous tissue, and calcified and ossified tissue-matter. The valves in several places are about one-fourth of an inch thick, and seem to have been almost entirely transformed into bone-like material. They are rigid and immovable, and have almost completely cut off all communication between the heart and aorta. One of the leaflets, about three-fourths of an inch in all directions with its vegetations, stretches across the aorta, lies against and is apparently adherent to the other segments of the valves, the latter being curled upon themselves. The central portion of the aorta is entirely occluded, and only two small openings through which the blood could have escaped from the left ventricle are seen between the valvular leaflets near their peripheral attachments. The larger of these holes admits a flattened probe three mm. wide by one thick; the smaller is about two-thirds as large. Three other smaller orifices have existed, but these were obliterated before death by a thin, fibrous, transparent membrane, which is still seen. The valves on the cardiac side are tolerably smooth, but on the aortic side they are very rough, one of the leaflets supporting a vegetation, 10 mm. long. One of the segments of the valves is adherent to the inner coat of the aorta for about half an inch in extent, the free end of the valve being folded upon itself, and pointing toward the nearly closed aortic orifice. After macerating the specimen in water for forty-eight hours, the diseased valves still remain inflexible. Drs. Formad, Dunn, Griffith and Edwards reported having similar, or nearly similar cases. Drs. Tyson and Nancrede called in question the correctness of calling the disease *ossification* of the valves, as it was in reality a *calcification*. Dr. Shakespeare concurred in this view, and thought that ossification rarely, if ever, occurred in this situation.

Dr. Eskridge said that Hayden (Diseases of the Heart and Aorta, vol. ii., p. 839), referred to bony deposits in the aorta and its valves, as follows: Sir Dominic Corrigan exhibited before the Pathological Society, of Dublin, (see Proceedings, vol. ii.

new series, Feb. 1864), the heart of a young woman, in which the root of the aorta had undergone complete osteoid transformation; it was likewise greatly dilated, and the aortic valves had been rendered thereby inadequate. During the patient's last illness, a systolic murmur of metallic quality, appropriately designated a "trumpet-bruit," was audible at the base, and in the ascending aorta and carotid arteries; there was likewise a soft diastolic murmur. He regards a "trumpet-bruit" as absolutely diagnostic of bony deposit in the aorta, either in the form of a "rim of bone," or a "projection or tongue of bone." In the same paragraph, Corrigan refers to Dr. Banks' specimen of "a tongue of bone" projecting into the aortic orifice.

Reports of the Committee on Morbid Growths.

"A microscopic examination of a section made from the growth removed from the uterus, and presented by Dr. Parish, December 28, 1882, shows it to be adenomatous in structure, consisting of small cavities or spaces lined with cells, which cavities are separated from one another by fibrillar connective tissue." "A section of the lymphatic gland presented by Dr. Parish, December 28, 1882, shows that its normal structure is metamorphosed into that of a carcinomatous nature, consisting of an alveolar fibrous stroma having the spaces filled with cells of an epitheliomatous type." "Report on Dr. Eskridge's specimen of brain, lung, liver, spleen, kidney, and bladder troubles, presented November 9, 1882. A section made from one of the nodules of the liver, presented by Dr. Eskridge, examined microscopically, shows it to be a new formation consisting of epithelial cells placed in alveolar spaces; the tissue forming the alveolar walls being fibrillar connective tissue. The cells in the spaces at the periphery of the groups, and lying next to the alveolar walls, have a columnar shape, and are quite regularly arranged, while those of the centre are flat or squamous epithelial cells. The neoplasms are cylindrical-celled epithelioma. The post-mortem changes undergone by the brain were such as to prevent any satisfactory histological examination being made.

A Tumor composed of Miliary Tubercles of Subcutaneous Adipose Tissue Connected with one of the Anterior Cutaneous Branches of the Lumbar Nerves.

Exhibited by Dr. Nancrede.

The patient from whom this truly unique tumor was removed was a young girl of 18 years of age, who for four years past had had occasional cough, with at times some bloody expectoration, but was able to attend to her occupation of housework. Her family history was not characteristic in any way. About one year since, she thought that she "strained herself," since when she has been subject to severe attacks of abdominal pain, which extend to various portions of her body. She was admitted to the female medical wards of the Episcopal Hospital last fall, where dullness on percussion and harsh respiration at the apex of one of the lungs was detected. During December, 1882, the pains increased and the right thigh became flexed upon the abdomen. A small, exquisitely sensitive nodulated tumor was now detected just to the outer side of the right rectus abdominis. Dr. Morris J. Lewis, by whose kindness I am enabled to present this specimen, then asked me to see the case with him. Under ether I found a nodulated mass, beneath, but attached to the skin, and freely movable upon the deeper parts. I then thought that the growth was one of the ordinary so-called neuromata, *i. e.*, usually fibrous growths in connection with some nerve, and that the pains were reflex, as was also the flexion of the thigh. February 20, 1883, I accordingly removed the growth, which to my surprise was markedly infiltrated, and only at one spot in any sense encapsulated, where it evidently had developed around a small cutaneous nerve and artery. The wound did badly, and has left an indolent ulcer, but *all the reflex pains and flexion of the thigh have disappeared*, while the lung is breaking down; yet the patient is gaining flesh, and looks and expresses herself as much better, and thoroughly satisfied with the results of the operaton. I have termed this growth "unique" because I believe that none such have been reported, *i. e.*, subcutaneous masses of tubercle large enough to require the surgeon's knife, and liable to be mistaken for other neoplasms. The present growth was about an inch in its various diameters, as far as could be estimated. Microscopically, sections show fibrous and adenoid tissue, with giant cells according to the kind report of my friend, Prof. Simes, whose observations have been confirmed by Dr. Formad and other pathologists, as well as by myself.

Dr. G. G. Davis said that he had seen a somewhat similar case related in the clinic of Prof. König, of Gottingen. A young man had a subcutaneous tumor just above and to the outer side of the patella. It was about one inch and a quarter in diameter, and perfectly circumscribed. It and a portion of the joint-capsule, including the part to which it was attached, were excised antiseptically. On the synovial membrane were found a number of what appeared to be miliary tubercles. There were no other evidences of tubercular disease, and he recovered with a good movable joint. Prof. König regarded the case as one of true localized tuberculosis. He examined the excised portion microscopically. The tumor was hard, but had undergone cheesy degeneration.

Dr. Nancrede thought that this interesting case related by Dr. Davis still left his own unique, as Prof. König's case evidently had its origin from the synovial membrane, which was so closely related to the other serous membranes, which, as is well known, are so very prone to miliary tuberculosis.

A section of the growth presented by Dr. Nancrede for Dr. Seltzer, on microscopical examination shows it to consist of an external covering formed of the histological elements and arrangement as found in the skin; the papillæ were in places much atrophied and flattened, also in some parts elongated. There were no hair follicles, sweat or sebaceous glands in the section. Below the papillæ was seen fibrous tissue, at some points in an active state of proliferation, and numerous blood-vessels. The growth is a fibrous polypus.

—Injection of ice-cold water near the trochanter has cured several cases of obstinate sciatica. Ten drops may be used, repeated if necessary.

Editorial Department.

Periscope.

The Action of Rarefied Air.

From the *Med. Press*, February 14, 1883, we learn that Dr. A. Frankel, of Berlin, read recently an interesting paper on the above subject before the Medical Society of that city. For some time past he, in conjunction with Herr Geppert, has been making investigations into the subject, some of the results of which he made public in the paper above mentioned, and of which the following is a very brief account:

Rarefied air is mainly of moment through the diminished supply of oxygen that necessarily accompanies it. The important effects of such a diminished supply have been observed in cases in which the circulation has been greatly disturbed, in hemorrhages, and in the action of most active poisons, as at least the secondary effect of these is to lessen oxidation. It has long been known that when the supply of oxygen to the body is diminished, the organs become subject to a more or less pronounced degree of fatty degeneration. So long as this is limited to the non-use or storing up of such fat as was already in the system, or brought into the system in the food, the process is not difficult of comprehension. The question becomes a different one, however, when, under the influence of a diminished supply of oxygen, fat makes its appearance in localities in which it is not normally present. Such localities are the muscular structure of the heart, the glandular organs in excessive anæmia, in which, under certain circumstances, the muscular structure completely disappears. The author's efforts had been directed to the solution of this problem. He has found that in case of diminished supply of oxygen, brought about, it may be, in the most diverse ways—by suffocation, or by carbonic oxide (CO) poisoning—the urea, or urinary excretion of nitrogen, undergoes a considerable increase. From this it will appear that the diminished supply of oxygen causes an increased disintegration of structural albumen. The nitrogenous components of the albumen are discharged from the system in the urine, and the non-nitrogenous remain in the form of fat. Recent experiments permit this fact to be proved in a manner to which exception cannot be taken. Dogs were enclosed in a ventilated pneumatic chamber, the air of which was rendered gradually rarer by means of an air-pump. After a time, very characteristic phenomena were observed (already described by P. Bert). If the rarefication was brought about as slowly as possible, when the atmospheric pressure was reduced to one-third, the animals, without any dyspnœa worth naming, fall into a state of somnolence, in which they might remain for some seconds (*Sekundenlang*). In order to ascertain whether this contion, apparently due to the want of oxygen in the brain, might not be really dependent on the mechanical action of the rarefied air on the circulation, the blood pressure was examined. This showed plainly no deviation from the normal. Neither could there be question of any accumulation of carbonic acid in the blood. It remained, then, that the above-named condition of somnolence was simply the effect of deficiency of oxygen. If the animals, before placing them in the pneumatic chamber, had been fed so carefully that the daily excretion of urea was always the same in amount, it invariably increased considerably on putting them into the chamber and rarefying the air; thus indisputably proving, as Dr. Frankel claims, that the diminished supply of oxygen causes disintegration of structural albumen, with retention of the fatty constituents thereof within the system.

Analyses of Foods.

From the *Chemists' Journal* we take the following:

In a long and interesting article in the *Pharmaceutische Centralhalle* on the nourishing powers of various natural and artificial foods for infants and invalids, Dr. Stutzer, of Bonn, gives the following results as far as concerns their nitrogenous constituents:

FLESH FORMERS. Per cent.		FLESH FORMERS. Per cent.	
Caviar	25.81	Condensed milk	8.79
Revalenta	19.93	White bread	7.20
Smoked ham	18.92	Biscuit	6.71
Fresh beef	18.53	Oysters	5.78
Fowl (breast)	16.56	Cow's milk	4.00
White of egg	13.48	Extractum carnis	3.40
Yolk	13.01	Malt extract	0.28
Infant's food	9.90		

The above table gives rise to some curious reflections. The wonderful nourishing powers attributed to oysters are found to dwindle into insignificance when compared with other food; for instance, a single hen's egg contains as much nourishment, that is to say, as much flesh-forming material, as fourteen oysters, while one-quarter pound of lean rumpsteak is equal to about five dozen of these delicious, but delusive, molluscs.

With regard to condensed milk, it contains much less flesh-forming material than is generally supposed. Taking four per cent for cow's milk as a fair average, the directions on the can, if followed out, give unexpected results. For children's use, we are told to dilute the condensed milk with four or five parts of water. Taking the lowest figure, we should then have five parts of diluted condensed milk, which, according to Dr. Stutzer's figures, would only contain 1.76 per cent of flesh-formers, instead of four per cent, while the milk sugar would be increased from 4.5 to 10.85 per cent. We know that woman's milk contains more sugar than cow's, but still not in the above surprising proportions. Now that so much canned milk is used for infants brought up by hand, it becomes a question how far mothers who cannot suckle their children are responsible

for the health and even lives of their children, by giving them milk from the tin cow instead of that of the living animal.

Dr. Stutzer further exposes the often exposed superstition about the nourishing powers of beef tea. He extracted all the extractible matter from one hundred grams of beef with one hundred grams of water, and a good proportion of salt, at a gentle heat for four hours; but could only succeed in obtaining in solution one-twelfth of the nourishing matter of the beef, the remaining eleven-twelfths remaining behind in the *bouilli*. In other words, we should have to take half a gallon of beef tea made with a pound of beef to each pint of water, before we got as much nourishment as is contained in a quarter of a pound of steak. We might, it is true, evaporate our beef tea down to, say half a pint, but we doubt if it would be palatable to the least squeamish invalid. The high value of eggs, too, is well shown; in fact, roughly speaking, a couple of eggs weighing three and a half ounces are about equal to two ounces of good rump-steak.

Dr. Stutzer, in the course of this article, mentions three samples of cocoa warranted free from fat (*entölter Cacao*) from different houses, which contained respectively 33.48, 32.31, and 30.95 per cent. of fatty matter of some sort.

The highly nourishing powers of caviar will no doubt strike the "general" with amazement.

With the law of libel in its present condition, we have been obliged to omit names, but Dr. Stutzer either has not the fear of the law before his eyes, or they "order these things"—legally, at least—"better in Germany."

A Case of Neglected Presentation of the Shoulder, in which the Prolapsed Arm was Pretended to be Torn Away by the Lying-in Woman Herself.

The following case is taken from the *Edinburgh Medical Journal*, February, 1883:

(*Centralblatt für Gynäkologie*, No. 43, 1882).—This case is recorded by Dr. Wolezynski of Czernowitz. The patient was confined of her third child, her previous two labors having been normal in every way. She at first had no assistance, and as the pains continued upwards of twenty-four hours, and were very severe and almost unbearable, she states that during one of them she pulled upon the arm which had prolapsed, and tore it off. She then sent for an irregular, and finally for a skilled midwife. The latter, on examination, finding the case too difficult for her, advised to call in Dr. Römer. After prolonged and careful examination, Dr. Römer diagnosed a portion of the thorax presenting and wedged tightly into the pelvis. On the right of the swollen presenting thorax he reached a part where shreds of skin and muscle with portions of ribs could be felt, but no arm. He could also reach by the examining finger close to the neck, but could not get high enough up to decapitate. After closely examining the case he got the parturient woman to confess that the arm had been torn off. He now sent for Dr. Wolczynski to aid him in the management of the case. They agreed that evisceration was the best method to adopt in the circumstances, and succeeded in delivering in that way. The uterus was so tetanically contracted that they dared not think of turning. It ought to be noted that the labor began on Saturday, and it was not till Monday morning at 8 o'clock that Dr. Römer was called in. The child was a well-developed boy. The right upper extremity was completely wanting, the glenoid cavity of the scapula was laid bare, the skin on the breast and dorsal muscles was retracted, etc.. The discharge was very fœtid. Notwithstanding this and the fact that the author omitted washing out the interior of the uterus with carbolic solution on purpose, the patient made a good recovery. Dr. Wolczynski's reason for not washing out the interior of the *uterus* in such cases is somewhat peculiar, viz., that when the room, linen, and entire surroundings of the parturient woman are filthy, in spite of every effort in the direction of cleansing instruments, infection by air is probable. He advised the woman, however, in this case to wash out the *vagina* with a two per cent. solution of carbolic acid. The author comes to the conclusion that it was simply impossible for the lying-in woman to have torn off the arm of her child as she said, as she would have not only required to have pulled upon the prolapsed arm, but to have grasped it above the elbow and dragged it backwards, as there was no sign of injury to the anterior part of the vulva. He believes that the irregular midwife who was first called in had torn off the arm, and that the patient had incriminated herself to screen the other.

Abscess Discharging at the Umbilicus in an Infant.

In the *Boston Med and Surg. Jour.*, February 1, 1883, Dr. C. W. Stickney reports the following case:

When first called to the case, in April last, I found the child suffering evidently from gastro-intestinal derangement, manifested by vomiting of everything taken into the stomach, slight febrile disturbance, thirst, sleeplessness, and constipation. There was some tympanites, but at first no tenderness of the abdomen. The tongue was covered for the most part with a thick, soft, white fur. The child had been troubled more or less with constipation from birth, otherwise had been healthy. Suspecting intestinal obstruction, I administered castor oil, which, however, affected the bowels naturally, thus relieving anxiety in this direction. After two or three days I found on palpation a circular area of induration about three inches in diameter, having the umbilicus as its centre. The umbilicus seemed to rest in a cup-shaped depression in the surface of the tumor; the swelling and induration were accurately defined by an abrupt though somewhat rounded circumference. Very light percussion revealed dullness over the affected region; deep percussion was tympanitic, like the rest of the abdomen. Hop-bags and cloths wrung out of hot water were applied to relieve discomfort. Soon, however, the umbilicus began to push forward as a rounded red tumor, which soon showed distinct fluctuation. Suppuration being now certain, light poultices were applied, and on the sixth day the umbilical tumor ruptured, and discharged a small quantity of healthy pus. Some relief of symptoms followed, but the circular tumor remained in the same condition. Poultices were

continued in the hope of keeping up the discharge, so that eventually the abscess might thoroughly evacuate itself through the external opening, thus lessening the risk of rupture into the peritoneal cavity. Matters now progressed well; there was a constant, free discharge of pus, and the indurated mass was perceptibly softening. But on the morning of the ninth day, while straining to evacuate the bowels, the patient passed suddenly into a state of collapse, and never rallied. An autopsy was not permitted.

When asked for a diagnosis, I gave: Either abscess of the abdominal wall external to the peritonæum, or localized suppurative peritonitis circumscribed by adhesions—death in either case being caused by rupture into the peritoneal cavity.

Pelvic Peritonitis.

Dr. Andrew Semple reports the following case in the *Glasgow Med. Jour.*, February, 1883:

A. F., æt. 22, weaver, admitted 27th December, 1882.

On the 17th of November last, patient gave birth to a living female child; she made an excellent recovery, and in four weeks returned to her work, but after a week she was obliged to confine herself to the house on account of a pain which started in the left iliac region, and gradually extended across the hypogastric to the right iliac region; accompanying the pain were considerable thirst, anorexia, diarrhœa (attributed by patient to a mixture got from a doctor), nausea and vomiting, suppression of milk, and the formation of an abscess in the left breast, which subsequently burst and then healed up.

On admission, these symptoms were still present, with the exception that constipation had taken the place of diarrhœa. Pulse 108, small and wiry: respirations, 28: temperature, morning 100.2°, evening 103.2°; face flushed: tongue furred. The pain in the hypogastrium was relieved somewhat when the thighs were flexed on the abdomen, and aggravated by pressure, even of the bed-clothes. On palpation, in the hypogastric and iliac regions, numerous irregular indurations could be felt all over.

On 29th December twenty-four half-grain powders of *hydrarg. ē creta* were ordered, one every two hours during the day, and every four hours at night. In five or six days afterwards the indurated masses were found to have softened considerably, on the 10th January the powders were repeated as before, and on the 15th the indurations had entirely disappeared, and the patient was perfectly convalescent.

I beg to call the attention of medical men to the method of treatment (detailed above) of an affection whose stubborn resistance to the action of almost any remedial measures has already become proverbial. The exudation into the broad ligaments, etc., was of the usual fibrinous character, and gave the impression to the hand of almost stony hardness. I have found that gray powder in such minute doses is besides a powerful stimulant to the action of the kidneys, even during the nephritis following scarlatina, and, what is somewhat extraordinary, its use in such doses is not contra-indicated in the albuminuria which attends such cases.

Peripheral Vascular Tone.

The *Edinburgh Med. Jour.*, February, 1883, says:

It has been debated whether the vascular wall contains in itself the cause of its own rhythmic contractions, or whether the latter are to be regarded as dependent on a central innervation. Experiment has hitherto pointed to the latter hypothesis as the correct one; but more recently, Luchsinger, after considerable research on the bat's wing, has come to a different conclusion. The veins in the wing of a narcotized bat continued to pulsate powerfully after all the structures (except the afferent and efferent blood-vessels) connecting the wing with the animal's body, had had been divided. Any sympathetic nerve twigs running along the vessels were destroyed by painting the surface with strong ammonia. Further, when, ten minutes after death, defibrinated filtered ox-blood, of the temperature of the room, was passed through a canula into the aorta of an asphyxiated bat from a height of 40–50 cm., the veins filled out and commenced to pulsate, and continued to do so for twenty hours. Luchsinger considers that variations in pressure determine the contractions. If the pressure was zero, the pulsations ceased, although blood or salt solution was still flowing; but if the pressure was raised to 40–50 cm. (water), the veins soon commenced to expand, and the rhythmic play of the vascular wall to show itself. The contraction is due to the irritation caused by the dilatation of the contractile wall. Schiff, also, has recently made similar though independent experiments, and his results correspond with those of Luchsinger (B. Luchsinger, *Pflüger's Archiv.*, 1881, B. 26).—Auerbach, in *Centralb. f. Chirurg.*

The Effect of Salicylic Acid.

The *Am. Pract.* has the following translation from *Berlin klin. Woch.*:

Its ordinary effects are, difficulty in hearing, ringing in the ears, headache, vertigo, drowsiness, and delirium. During fever the temperature is considerably lowered; after a large dose, sometimes profuse sweats occur, then urticaria and erythema, nausea, vomiting, diarrhea, seldom albuminuria [blood from the kidneys.—*Translator*]. A few authors mention difficulty in breathing, either a simple dyspnea or hard inspiration, with or without slowness of the same. Dr. Quineke believes the impaired respiration the most common phenomenon of salicylic acid. Its continued use is always accompanied with very hard, but not slow breathing; the frequency never changed in his experiments; also the pulse was not changed. The doses causing such effects were different. Dr. Quineke reports a case having these symptoms, the patient dying from hyperemia of the brain due to the drug, although the dose had been only an ordinary one. The impaired respiration here is similar to that of diabetes, and judging that a certain substance (acetic ether) produced by diabetes be the cause of that phenomenon, and on the other hand that only a small quantity of the salicylic acid could be detected in the organs after death, Dr. Q. believes that a similar substance, and not the drug directly, might produce the impairment of respiration.

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SYPHILIS AND RACHITISM.

At a recent séance of the *Soc. de Chirurgie*, M. Parrot, at the request of M. Verneuil, laid before the society the results of his researches on the near connection binding together these two morbid conditions. Rachitism is the product of syphilis; but syphilis, before arriving at the period when the lesions of rachitism are found, has passed through many intermediary stages, or phases of transition. To determine the syphilitic origin of rachitic lesions is a very difficult matter; it is very rarely that any information can be demanded on so delicate a subject from the parents, and the criterion of diagnosis must be sought for in the traces of syphilitic disease found in the children themselves.

These signs may be ranged under several categories. First come the syphilides found on the skin of the buttocks, thighs, etc. Secondly, various lesions of the viscera are found at the autopsy. A third means of diagnosis, according to M. Parrot, exists in a species of desquamative syphilide of the tongue. Finally syphilis has a special action on the teeth in these children, inducing special lesions of the teeth during both primary and second dentition.

The varieties of these alterations are numerous, the capsular alteration (alteration en capsule) found on the anterior and posterior surface of the incisors; the transversal grooving and the cuspidian alteration of the molars; in another form the teeth are eroded at their bases. All these lesions are systematic, and are found in the same order; they may persist during the entire period of life, and are under the dependence of inherited syphilis.

Passing to a complete and thorough examination of the visceral lesions and those affecting the bones, M. Parrot gives a description of the bone lesions, which are always identical, polymorphous, and finally constitute the rachitic condition.

They may be found during the last months of the intra-uterine period, and up to the period of second dentition. Three principal types are observed:

The first is constituted by osteophytes; the

bones are deformed, and the extremities and diaphysis, though intact, are surrounded by hard and friable masses. The tibia and humerus are principally affected.

The second condition is constituted by a species of gelatiniform atrophy. The diaphysis is often found fractured, and there frequently exists what M. Parrot terms a "syphilitic pseudo-paralysis."

The third type is characterized by the appearance of spongoid tissue, or classic rachitism, the extremities of the long bones are affected, and bending and fractures of the bones are found.

These syphilitic lesions have a very near connection with those found daily at the autopsy of rachitic subjects, and it is impossible, in the presence of such evidence, not to conclude that the causes which induced the first alterations also produced those found in the last period. Authors who have studied rachitis have invoked the most diverse causes to explain its origin.

But these causes, alcoholism of parents, premature or imperfect nursing at breast, enteritis, bad hygienic conditions, etc., are not sufficient of themselves to produce rickets. The presence of a morbid germ, a constitutional defect, which finds in these special causes and the state of debility they induce a soil proper for its development, is necessary for the proper evolution of the rachitic disease. This germ, this constitutional defect, is congenital or hereditary syphilis.

PHYSICIANS' PRESCRIPTIONS IN THE OLD WORLD.

There has been so much said on the continent about the sale of medical diplomas in the United States, that it has been supposed there generally that American physicians were very ready to resort to any means to increase their profits. The physician is very often suspected of being in collusion with the druggist and of receiving a certain percentage, but it appears that we are yet as infants in this respect, compared with some of our continental confréres.

According to the feuilleton of one of the recent issues of the *Gazette Hebdomadaire*, some of the very respectable physicians of Paris, not satisfied with prescribing as large a quantity of a medicament as frail human nature is capable of bearing, are careful to place at the head of the prescription, "treatment for two, three, or four months," as the case may be. The patient will be informed at the druggist's that a certain time will be required to fill out the prescription, and that it will be sent to his residence.

The medicaments are received the next day in bottles, in boxes, in baskets; a large quantity, you will say, but, my dear friend, it comprises a four months' course of treatment, and if you are unable to continue it beyond the third day, it is not, most certainly, the fault of our genial friend the doctor, or his very efficient aid, the apothecary.

What can be said of a prescription of this kind ordered by a physician occupying a high official position in Paris in which a "hematogenous wine," figures up to 180 francs; a "ferruginous essence," 80 francs; a "mineral salt," 125 francs; a skin application, 60 francs; arsenical pills, 60 francs; the grand total for the prescription reaching the respectable sum of 700 francs, or 140 dollars.

EVOLUTION.

The doctrine of transformation, man descended from the monkey, the monkey from some inferior animal, and this last from some animal still lower in the scale of beings, descending thus to the original polyp, has been considered exclusively a modern doctrine, perhaps thought of originally by Diderot, but of course principally credited to Darwin.

However, there is nothing new under the sun, and M. Halevy, of the Academie des Inscriptions et Belles-lettres, has found among the works of an individual named Sanconiathon, who lived, according to the savants, precisely between the fourth and twentieth centuries, B. C., the following passage, which was reproduced from the original work by Philon of Byblos, and later by Eusebius: "(Then) there was [on the earth] living beings deprived of intelligence, from whom descended beings gifted with intelligence, who were called Zophasamin, contemplators of heaven."

SANITARY LEGISLATION.

For a wonder, a jobbing bill has been defeated before Councils.

For some time past, a number of prominent physicians have been actively engaged in securing legislation to regulate the plumbing and draining of dwellings.

After preparing a good bill, and resting content that it had been put in the proper channel to reach Councils, they waited; when, to their astonishment, they discovered that a *jobbing* bill had been prepared and presented to the Committee in its place. In many particulars the bills are identical, but in the essential point (the appointing power) which would make the legislation valuable or otherwise, they diverge widely, as the following comparison will show:

JOBBING BILL.	PHYSICIANS' BILL.
"*The Chief Engineer and Surveyor of the City*" (*a politician*) "*shall appoint eight inspectors*, whose duty, *under and subject to his direction*, shall be to examine all plumbing and house drainage work, and if the same be in accordance," etc. etc.	"Eight District Inspectors shall be appointed by a committee composed as follows: Three physicians, appointed by the County Medical Society; three architects, appointed by the Philadelphia Chapter of the American Institute of Architects; three plumbers, appointed by the Master Plumbers' Association; and three citizens, appointed by the Board of Health."

Comment is unnecessary—the *good* bill is obvious. Suffice it to say that the *jobbing* bill has been defeated, and that when Councils reconvene, the better element will be so strong, that we can reasonably hope for a speedy passage of the worthy ordinance.

NIEMEYER ON THE DEATH OF GAMBETTA.

It is announced that Prof. Niemeyer, in a lecture on the malady and death of Gambetta, affirmed that the illustrious patriot was, like Garfield, the victim of his physicians, and died, not of his wound, but from the effects of the treatment.

The patient, he affirms, had superabundant flesh, and was of a very sanguine temperament, in other words hot-blooded. He was allowed to eat and drink too much, was confined to his room, and deprived of water and air. A more frugal regimen, lighter food, plenty of air, and frequent baths, would have saved Gambetta.

Niemeyer made these assertions and strictures before the medical report appeared, simply from the statements made in the daily journals. It is simply another example of the discourtesy shown by the German physicians towards Garfield's surgeons, and towards Pasteur and his discoveries.

NOTES AND COMMENTS.

The Salicylates and Hæmorrhages in Enteric Fever.

Dr. James Fergusson writes as follows in the *British Medical Journal*, February 17, 1883:

At a time when salicylic acid and its compounds are receiving so much attention, may the following facts be regarded as at least worthy of statement? Last year, while resident in the infirmary here, I had an opportunity of testing the efficacy of certain drugs as anti-pyretics in enteric fever. These agents were used successively, each over a group of cases, and included the salicylate of soda. The latter had not been long in use when an increased frequency of hæmorrhages from the bowel raised the question, "Could the salicylate be favoring the production of that complication of the malady?" Whether it were or not, the suspicion aroused dictated the withdrawal of the salt from use in cases of typhoid. Shortly afterwards, I noticed that a foreign observer had reported the salicylate of bismuth, and, I think, also, salicylic acid (though of the latter I cannot be certain, as I am not able now to find the report in question), to cause intestinal and nasal hæmorrhages. The subject would not have been revived by me at present, but for the recent experience of my successor in the resident's office of the above-mentioned institution, Dr. H. McLean Wilson, who joins me in placing the facts before the readers of this journal. Dr. Wilson, in having recourse to the soda-salt in typhoid, found the same striking frequency of hæmorrhages to follow closely. His employment of the agent differed from mine, in that he administered small doses of ten to fifteen grains frequently over the twenty-four hours, while I gave half drachm or drachm doses at longer intervals apart. In the other respect, however, our experiences have been so similar as to warrant the facts being brought under notice, so that the important practical question involved may, if possible, be decided by the evidence of a number of observers. I hope you may favor such an inquiry.

Instructions to German Midwives.

The following is from the *Medical Press and Circular:*

1. Medical science has, for a number of years past, arrived at the fixed conviction that the great majority of cases of childbed fever depend for their origin upon the inoculation of recent wounds (produced more or less in every case of labor) by putrid (so-called septic) poisons.

2. These poisons readily cling—but in an imperceptible manner—to every kind of utensil that may come into contact with the woman in labor, unless they are kept scrupulously clean.

3. But it is the hands and instruments of the obstetrician that have become known to be especially dangerous bearers and disseminators of the poisons, as it is impossible to avoid bringing these into contact with dangerous putrefying material.

4. Simple, and even repeated, washings with soap and water, as observation has shown, will not remove the poisons that may be clinging to the hands and instruments. The slightest trace of such poison will, however, suffice to set up the gravest—yea, even fatal—childbed fever.

5. Wherefore it is the most sacred duty of every midwife, as of every physician, *in other ways* so thoroughly to cleanse the hands and instruments, and whatever other appliances may be brought into contact with the patient, that she may not be inoculated by any poisonous matter.

6. We are able, as we learn by observation, to destroy the poison, or, at least, render it powerless, by boiling water, and especially by the stronger solutions of carbolic acid (two to five per cent.).

7. The simple rinsing of the hands in carbolized solutions that are too weak, can afford no protection against childbed fever.

The Treatment of Hepatic Diseases.

Dr. J. Kingston Fowler (*Lancet*, January 20, 1883,) considers that the trocar is preferable to incision for evacuating hepatic abscesses, for the following reasons:

1. The risk from hemorrhage is much less; for when the liver is incised there is often a violent gush of blood. This, it is true, soon ceases; but these patients are usually not in a condition to bear a loss of blood which a distinguished surgeon, Mr. Lister, deecribes as "alarming."

2. There is less danger from septic absorption along the track of the wound, as the pus flows through a canula or drainage tube.

3. As a trocar of any diameter may be used, the opening into the sac may be of any size that is considered desirable. For an exploratory puncture I prefer one having a diameter of one-eighth of an inch; but if there is certain evidence of the presence of pus, it is very important to employ an instrument of at least three-eighths of an inch or half an inch in diameter. If a smaller one be used, it is liable to get blocked by the solid shreds of liver tissue which these abscesses so frequently contain.

The Origin of Respiratory Murmurs.

Chomiakoff and Kôtovshtchikoff having repeated the experiments of Aufrecht and Halbertsma, and completed a series of experimental researches of their own (*Dnevnik Kazan. Obst. Vrachei*, Nos. 13 and 14, 1881), sum up their results as follows:

1. Aufrecht's theory is incorrect; that is, the bronchial respiratory murmur does not in the least depend upon the movements of quiescent air-columns within the lung.

2. The bronchial murmur originates exclusively in the larynx; the friction of the air against the walls of the large bronchi does not give rise to these sounds.

3. The vesicular respiratory murmurs are of a compound nature. A large part of them have a laryngeal origin; that is, the bronchial murmur originated in the larynx, while passing through the normal tissues of the lungs, changes its characters, and is heard on the lung-surface as a vesicular murmur. The remaining part of the vesicular sounds originates on the periphery of the lung, but the authors are not as yet able to elucidate its mechanism.

Double Ovarian Dermoid Cysts.

At a recent meeting of the Academy of Medicine in Ireland (*Dublin Jour. Med. Sci.*, February, 1883), Dr. Poole showed, for Dr. Kidd, two dermoid ovarian cysts removed from an unmarried patient, aged thirty-eight. Growth of tumor noticed for three years. The larger tumor involved the left ovary, and weighed on removal about six pounds. It is composed of numerous loculi of various sizes, some containing glairy mucoid fluid, and others masses of sebaceous matter mixed with hairs. Hard centres of ossification were felt in portion of cyst walls: one of the larger cysts contained a matted mass of long dark hairs, on removing which a mass of bone was found jutting sharply into the cavity, and bearing on its apex two closely-united teeth. The smaller tumor belonged to the right ovary, and is seen to consist of

two cavities, one containing sebaceous matter with a few hairs, and in one part of its walls a mass of bone; the other containing a quantity of light-colored hair, and several teeth irregularly set in a bony wall.

An Account of Two Hundred and Eight Consecutive Cases of Abdominal Section Performed between March 1, and December 31, 1881.

The *Brit. Med. Jour.*, says that Mr. Lawson Tait, F. R. C. S., Eng., Surgeon to the Birmingham and Midland Hospital for Women, in a paper bearing this title, gives the following analysis of the series: Exploratory Incisions, 13 cases, with no deaths; Incomplete Operations, 8 cases, with four deaths. Operations for Cystoma: One Ovary, 36 cases; Both Ovaries, 28; Parovarian Cysts, 12; Hydrosalpinx, 16; Pyosalpinx, 20; or 112 cases, 3 deaths. Removal of Uterine Appendages: for myoma, 26 cases; for Chronic Ovaritis, 12; for Menstrual Epilepsy, 1; or 39 cases, 5 deaths. Hepatotomy for Hydatids, 2 cases; Hydatids of Peritoneum, 2; Cholecystotomy, for Gallstone, 2; Radical of Hernia, 1; Nephrotomy for Hydatids, 1; Nephrectomy, 1; Intestinal Obstruction, 1; Solid Tumors of Ovary, 3; Hysterectomy for Myoma, 10; Cysts of unknown origin, 1; Tumors of Omentum, 1; Pelvic Abscess opened and drained, 7; Chronic Peritonitis, 4; or 35 cases, 4 deaths. Total, 208 cases, with 16 deaths. These operations were not performed under carbolic spray.

Sustained Muscular Effort.

A remarkable instance of sustained muscular effort is given in the *Medical Press* as having occurred in an Australian mine. The drift from one shaft having unexpectedly broken into another, a rapid inundation took place, so that in a few minutes the lower levels were flooded, and the water stood thirty feet in the shaft. Twenty-seven men in one part of the workings were unable to ascend the shaft, being caught in a drift where the water soon rose so high that only by clinging to the timbers could they keep their chins above it. One by one during the terrible sixty hours that elapsed before help came did the men drop off exhausted; but five of them succeeded in holding on during the whole of that time and were brought out alive. The bodies of the other twenty-two were found scattered about on the floor of the drift. Great indeed are the strength and tenacity inspired by desperation, when they could enable five men to hang on by their hands with their bodies immersed in water for sixty hours.

Orchitis in Typhoid Fever.

In the *Lancet*, December, 1882, p. 994, an article appears noting the rarity of this complication in the older text-books. The orchitis comes on suddenly, does not involve the epididymis, and generally appears at the end of the pyrexial stage or some days after. It is seldom severe, and is never of a neuralgic character; the inflammation is always unilateral, and is more common on the left than on the right side. As a rule, the congestion ends in six to ten days; but sometimes it may go on to suppuration and complete destruction of the organ. Dr. Hamilton (at p. 1039) gives the notes of a case in which an attack of acute pain and swelling of the right testicle came on some days after convalescence commenced. In a short note at p. 1065, Mr. Manly gives his personal experience of an attack of orchitis with (?) phlebitis of both external saphenous veins, which came on during convalescence from a mild attack of typhoid fever.

Compound Fracture of the Femur, with Complications—Recovery.

Dr. Arthur E. Baker describes a case in the *Brit. Med. Jour.* at great length; the patient was a rivetter, aged 29, who fell from a roof and fractured his femur. The case illustrates, in the first place, what is, however, unfortunately rare in experience, namely, the possibility of recovery from pyæmia, even in a patient weakened by a most severe injury, prolonged suppuration, and an attack of erysipelas. Secondly, it illustrates the feasibility in some cases of amputating with the best results through the thigh for compound fracture, leaving a second compound fracture in the neighborhood of the hip-joint to be treated otherwise later on, when the first amputation wound is healed. Thirdly, it shows that, in such a case, it is possible to exarticulate the whole of the remaining bone up to the hip-joint, without re-amputation through the soft parts, but through a moderate opening in the outer side of the stump.

Iodine Blisters in Tabes Mesenterica.

The *Med. Press*, February 14, 1883, says:

In tabes mesenterica, Dr. Bouchut, of the Children's Hospital, recommends the application of blisters, or the tincture of iodine, upon the abdomen, and if ascites were present, tapping should be employed without hesitation. The *régime* to be followed should be very severe—beef-tea, eggs, raw milk, and claret. If diarrhœa be present, enemas of borax, one drachm each time, should be given, and three or four teaspoonfuls of

glycerine in the day, by the mouth. Bismuth, or phosphate of lime, would be very useful. Your correspondent tried this treatment in an apparently hopeless case, and a rapid recovery ensued. The disease was far advanced, and the child was abandoned by its ordinary medical attendant.

Fatal Tetanus Complicating Typhoid Fever.

Dr. Simoneau relates the following: A man, aged sixty-six, was attacked with typhoid fever of rather severe form, and a little irregular in its symptoms. The fever had begun to abate, and the patient was supposed to be entering upon convalescence, when he was suddenly seized with vomiting and pain in the epigastrium. On palpation, a rigidity of the muscles of the right side of the abdomen was noticed. A few days later the muscles of mastication became affected, and the patient developed all the symptoms of tetanus, and died in thirty-six hours. The hygienic surroundings of the patient were of the best, and no cause for the tetanus could be discovered. Dr. Simoneau could find no similar case reported of tetanus complicating typhoid fever.

Hydrotherapy in the Treatment of Syphilis.

The *Med. Record*, February 10, 1883, quoting from the *Jour. de. Med. de Paris*, No. 15, 1882, says that Dr. Pascal advocates the employment of cold water, conjoined with the internal administration of specific remedies, in the treatment of syphilis. He states that it is of great service in its early stages, by virtue of its tonic effects, in overcoming syphilitic anæmia. In the later stages, it is employed with advantage in the various cerebral accidents of specific origin. He condemns the thermal baths, however, as tending to cause the very cerebral complications for which the cure is sought. The cold bath alone is of little utility, but should always be regarded as an adjuvant to internal medication.

Chancre on the Chin.

In the *Jour. Cut. and Ven. Dis.*, February, 1883, Dr. Morrow relates the case of a man in whom there was an indurated crateriform typical chancre on the front of the chin, just below the free border of the lips, which had been there for three weeks. The patient ascribed it to a cut from a razor in a barber shop. He has now a general roseola (the chancre having healed), and on the dorsum of the penis, about one inch above the corona glandis, is a small circular non-indurated erosion, with a reddish-white base, covered with small granulations secreting a small quantity of thin fluid. This has been there three weeks.

Pruritus Vulvæ.

M. Vigier, in the *Gaz. Hebdomadaire*, January 26, gives the following preparations as the best in the treatment of this distressing affection:

1. *Gowland's Lotion*, which contains 15 centigrammes of sublimate to 100 grammes of milk of bitter almonds.

2. *Vidal's Lotion:* this contains 3 or 4 grammes of chloral hydrate to 100 grammes of rose-water. After each application the part to be dusted with starch-powder.

3. *Guéneau de Mussy's Pomade:* Glycéré of starch 20 grammes, subnitrate of bismuth and bromide of potassium āā 1 gramme, calomel 20 centigrammes, and extract of belladonna 25 centigrammes. To be applied every evening to the pruriginous region.

Dangerous Hemorrhage from External Genitals During Labor.

Dr. Peter Young calls attention, in the *Med. Press*, February 14, 1883, to a case in which there was persistent bleeding after the delivery of both child and placenta. Notwithstanding the vigorous application of the usual restoratives, the woman died in a few minutes, and before arrangements could be made to perform transfusion.

On post-mortem examination the source of bleeding was found to be a tear at the upper margin of the vulvar orifice, extending from the left side of the urethra up towards the clitoris. Numerous venous sinuses and two or three small arteries were lacerated.

The Value of the Carbolic Spray.

At a late meeting of the Medico-Chirurgical Society of Edinburgh (*Lancet*), Dr. John Duncan commucated the result of the very important series of experiments which he has been carrying on for the past year, and which seem clearly to show that the carbolic spray is useless as a means of preventing putrefaction in wounds. It is Dr. Duncan's intention to publish his results shortly.

Body Temperature in Different Situations.

Dr. Henry L. Taylor (*New York Med. Record*, Nov. 18, 1882), has found that the difference between the axillary and rectal or vaginal temperature in typhoid fever, while usually about a degree higher in the latter situation, may vary as much as 2° F. sometimes in favor of the axilla, sometimes of the rectum or vagina.

Special Report.

NO. XII.—OPHTHALMOLOGY.

BY CHAS. S. TURNBULL, M. D.

The Following, from the Progress of Ophthalmology During the First Quarter of the Year 1882, by H. Magnus, Breslau; C. Horstmann, Berlin; A. Neiden, Bochum, and others, are of Particular Interest.—Archiv. of Ophthal., vol. xi., No. 3.

(*Continued from page* 361.)

Teillais. *Tumors of the Orbital Region.* Ann. d'Ocul., January–February, 1882, p. 44. In a man of 32 a cyst developed from the frontal sinus, which dislocated the left eye downward. After its removal, the eye again resumed its normal position; nothing remained but a scar in the supra-orbital region. In a young man of 19 an ivory tumor sprang from the frontal sinus, which dislocated the eye downward. As the tumor had a broad base, it could only be partially removed.

Dor. *Congenital cyst of the orbit.* Microphthalmus, Colobome de l'Iris et de la Choroide. Rev. Génèr. d'Ophthalm., 1882, No. 2, p. 81. Dor describes a congenital cyst of the orbit, which was complicated with microphthalmus; the eye had a coloboma of the iris and choroid.

Eales. Birmingham Med. Rev., January 4, 1882, p. 46. *Pulsating exophthalmus*, with paralysis of 3d, 4th, 5th, 6th, and 7th nerves, and blindness from absolute glaucoma, following severe crush of the head. Probably fracture of petrous bone and rupture of internal carotid. (E. Mettleship.)

Lewkowitch. *Two cases of interstitial keratitis.* Zehender's Monatsbl., vol. xx., p. 12. In a case of gastritis, Lewkowitch observed the occurrence of interstitial keratitis, which grew better or worse according to the state of the former. Iodide of potash cured the whole affection. In another case, interstitial keratitis set in. Here a quotidian intermittent fever was followed by a chronic gastric catarrh.

Pflüger. *Specific parenchymatous keratitis.* Ophthalmic Clinic of Berne University. Rep. for 1880, Berne, 1882, p. 31. As soon as the most severe symptoms of irritation have disappeared, the author advises in specific parenchymatous keratitis the use of a vaseline salve (5%) of the yellow oxide of mercury, gradually increasing its strength to 3%.

Colsmann. *Case of recurrent affection of the cornea in gonorrhœic arthritis.* Berl. Klin. Wochenschr., No. 16. Colsmann observed in a gentleman who was troubled several times with affections of the joints after gonorrhœa, the appearance of recurrent keratitis.

Cheatham, W. *Inoculation for pannus*, with a case. Amer. Practitioner, February, 1882. The inoculation was made of pure gonorrhœal matter. Before treatment there was but little more than perception of light; after the inflammation had subsided V=$\frac{10}{200}$. (Burnett.)

Pflüger. *Traumatic herpes of the cornea.* Conf. f. c., p. 28. What Pflüger understands by traumatic herpes of the cornea is an eruption of vesicles upon the cornea of elderly people. It has the appearance of ordinary herpes vesicles. All the patients had previously been operated upon. Pflüger, therefore, thinks that the irritation due to the operation is a factor contributing to the development of the disease. The affection lasts from four to fourteen days.

Kroll. *Contributions to the knowledge of neuro-paralytic keratitis.* Centralbl. f. prakt. Augenheilk., 1882, p. 72. Kroll observed in a woman left-sided herpes zoster, conjunctivitis, and opacity of the cornea. The perception of heat and cold was preserved in the affected parts, but perception of pressure and pain lost. There were also paresis of the abducens and considerable dilatation of the pupil. An ulcer developed upon the cornea, making necrosis probable. Iodoform dusted into the eye, combined with a bandage, gradually brought about recovery.

Böckmann, E. *The nature and causes of the corneal affection accompanying anæsthesia of the trigeminus.* Bergen, 1882, 163 pages. The author subdivides his treatise into two sections, an experimental and a clinical one. After viewing the most important contributions of others on this subject, he reports the results which he arrived at after about 100 experiments upon cats.

In all essential points they agree with the investigations of Feuer, according to whom the corneal affection developing after intracranial division of the trigeminus must be explained as a xerosis of the cornea and a xerotic keratitis resulting from it. The author lays especial stress upon the importance of repeated and accurate tests of the sensibility of the eye and its adnexa, as in this way only it can be ascertained whether or not the trigeminus has been completely divided. In the clinical part Böckmann describes a xerosis of the cornea and xerotic keratitis which frequently occur among lepers. As these processes, according to the author, are synonymous with so-called neuro-paralytic keratitis, he believes, in opposition to Bull and Hansen, that the latter disease is not rare among lepers. (Bull.)

Blanch. "*Rheumatic periscleritis.*" Recd. Opth., 1882, Nos. 2 and 3. Blanch reports a case of rheumatic periscleritis. It was cured in 6 days by alternate instillations of atropine and eserine, and internal treatment with quinine. (Markwort.)

H. R. *Massage oculaire.* Annal. de la Soc. Med. Chir. de Liege, March, 1882. The author discusses massage of the eye according to Pagenstecher's method, and recommends this method of the treatment especially to mild cases of phlyctenular conjunctivitis, and in subconjunctival hemorrhage, which disappears more rapidly when thus treated; it is also useful in hypopyon and hyphæma.

Coomes, Martin F. *Osseous degeneration of the eye.* Med. Herald, March, 1882. The degeneration was the result of an inflammation of the uveal tract, occurring during childhood. The hyaloid and choroid were transformed into a bony shell, with an opening corresponding to the optic nerve entrance, with a diameter of one-twentieth of an inch. The anterior portion had points of chalk deposit. (Burnett.)

Goldzieher. *On disseminated choroiditis.* Wien. Med. Bl., No. 10, p. 302, and Pesth. Med. Chir. Presse. Meeting of March 4. The author thinks that the genetic and anatomical relation between disseminated choroiditis and retinitis pigmentosa is closer than has heretofore been supposed to be the case, the latter affection being nothing else than a form of chronic plastic choroiditis. The pigment in retinitis pigmentosa originates in the choroid.

V. Hasner. *Case of primary sarcoma of the iris.* Prag. Med. Wochenschr., No. 6, p. 58, 1882. The left eye, which was the affected one, had been injured 15 years ago, and after that slightly several times. The tumor had slowly developed in the upper-outer-quadraut of the iris; its base extended from the periphery of the iris to the edge of the pupil. V = ½. This reduction of the power of vision was probably due to secondary hyperæmia of the choroid and retina. Among 32 cases of sarcoma of the uveal tract, 2 cases only were confined to the iris.

Kipp, J. C. *Two cases of sarcoma of the choroid*, presenting unusual clinical features. Trans. Amer. Ophth. Soc., 1881. In both cases the tumor had grown to a considerable size without producing an increase of tension or total detachment of the retina. With the exception of these symptoms, both cases agree with the description of detachment of choroid given in the text-books.

Agnew, C. R., and Webster, D. Report of some cases of *glaucoma in which an iridectomy on one eye seemed to precipitate an attack of acute glaucoma of the other.* Med. News, vol. xi., No. 8, February 25, No. 476.

Heyl, Albert G. *Acute glaucoma caused by duboisia.* Amer. Journ. Med. Sci., April, 1882. The patient, a woman of 55 years, was already suffering from a simple glaucoma. A two-fifths per cent. solution of duboisia was instilled for dilatation of the pupil for ophthalmoscopic examination. Sub-acute inflammatory glaucoma developed in the course of a few hours, for which an iridectomy was done with a happy result.

Mauthner. *The excavations of the optic nerve.* Wien. Med. Bl., No. 10, p. 300. In this paper the author declares in favor of the theory that glaucoma is a form of serous choroiditis. It is this, and not the increased intra-ocular pressure, which destroys sight, those cases being known to be the worst in which T = n. Choroiditis is the primary affection, the increased pressure only a secondary symptom.

Rheindorf. *Case of glaucoma with acute opacity of the lens.* Zeh. Klin. Monatsbl., vol. xx., 1882, p. 15. In a man with incipient senile cataract, acute glaucoma of the left eye developed, which was followed at once by opacity of the lens. The author endeavors to assign the same cause to both affections. The more the zonula is stretched by the increased intra-ocular tension, the less permeable it becomes. Thus the nutrition of the lens suffers, the consequence of which must be the rapid development of cataract.

Wagner. *Statistics of glaucoma* (Min. of the meetings of the Med. Soc. of Odessa, 1881, No. 17) confirms the observations of Benedict, Rosa, Arlt, Ridel-Schmidt, and Kranhals, of the more frequent occurrence of glaucoma among the Jews, and seeks to explain it as a hereditary peculiarity of the race.

Critchett. *Practical remarks on cataract.* Ophth. Rev., vol. 1, No. 4, Feb., 1882, p. 73, continued from p. 26. As regards an operation, the author advises not to operate upon the one until there is a marked diminution of sight in the other. But if symptoms of general constitutional degeneration are observed, it is advisable not to postpone the operation if the cataract is ripe, even though sight in the other eye may be still good, so that the chances of success later may not become worse, and safety be insured to the patients.

Galezowski. *Del influences des iritis et des choroiditis sur le developpement des cataractes.* Rec'd. Ophth., Feb., 1882. The lens is nourished from the aqueous humor. If disease of the uveal tract affects the latter, the nutrition of the lens

suffers. Galezowski discusses the cataracts which result from this; he calls them "choroiditic cataracts," and sub-divides them into four classes.

Choroiditic cataracts, more strictly speaking glaucomatous cataracts; cataracts resulting from detachment of the retina; and cataracts from retinitis pigmentosa, as the latter disease is only due to choroidal changes.

Goldzieher. The relation between opacities of the vitreous and the choroidal affection. Pesth. Med. Chir. Presse, March 4, 1882. The vitreous body does not derive its nourishment from the chorio-capillaris, but from the ciliary body; more exactly, from the blood-vessels of the ciliary processes. Inflammations of the former membrane are therefore rarely attended by opacities of the vitreous; of the processes, almost always. In the serous form of choroiditis, which has its most characteristic exponent in specific choroiditis, dense and copious exudations into the vitreous are the rule. The blood-vessels nourishing the vitreous belong to the supra-choroid, and are surrounded by numerous nets of nerves and ganglion cells. The inflammatory process being conducted through these from the ciliary nerves, explains the rapid and extensive nutritive disturbance of the vitreous, as it is observed in sympathetic ophthalmia, when it manifests itself early in the form of dense opacities of the vitreous.

Angelucci. Contribuzione allo studio dell'embolia dell' arteria centrale della retina. Gaz. Med. di Roma, March, 1882. *Embolism of both temporal branches of the central retinal artery.* In the upper branch the embolus was situated at the first fork of the artery, close to the edge of the disc; in the lower, a little farther down and beyond the beginning of the nasal branch. The amaurosis had been sudden, and included the whole field of vision except a small triangle outward. Two months later the two arteries could scarcely be traced beyond the emboli. The return of large hemorrhoids and hypertrophy of the left ventricle are assigned as the cause. (Dantone.)

Atken, Chas. *Neuro-retinitis from blow on forehead.* Brit. Med. Journal, February 4, 1882, p. 157. Patient was thrown out of trap, fell on right side, and was insensible for six hours. Had vomiting, epistaxis, and severe headache. On fourth day found he could not see with O. D., and was brought to Liverpool Eye Infirmary. He could not read Jaeger 20. Central vision and inner field quite lost. Optic disc and retina extending to outer margin of macula, much swollen and of milk-white color, veins engorged, arteries partially hidden; macula blood-red, apparently enlarged and triangular in shape, apex inward. No hemorrhages, O. S. normal. Ophthalmoscopic examination made four months later showed the optic nerve white—"remains of pigmental displacement" (sic),—arteries small, veins irregularly narrowed. Region of macula presented "washed-out looking" patches on a deeper red ground. No perception of colors. Perception of light in outer field. No central vision. Muscles all acted normally. Pupil sluggish. Sensation normal. (Fitzgerald.)

Denissenko. *A remarkable case of hemorrhage in the eye.* Wien. Med. Presse, No. 1, p. 14. The globe had been squeezed by an impinging piece of wood, producing dislocation of the lens. A peculiar red spot was discovered with the ophthalmoscope at a retinal blood-vessel, which became perceptibly paler when pressure was exerted upon the globe; the blood-vessel, whether artery or vein could not be determined, seemed to enter this spot. Diagnosis: Aneurism or varix of this blood-vessel.

Hirchberg. *On amblyopia from iodoform intoxication,* Sitzungsber, d. Berl. Med. Ges., March 15, 1882. C. f. a., vol. vi, p. 93. In a young girl of 16, upon whom a resection of the hip-joint had been performed, and who had been treated for weeks with iodoform, a central scotoma was observed, the visual field being otherwise normal, and no ophthalmoscopic change visible. V= $\frac{1}{25}$. After removal of the bandage, V rose within eight days to one-half.

Del Monte. *Treatment of detachment of the Retina.* Atti dell' Ass. Ottalm. Ital., Sept., 1881. Ann d' Ottalm, vol. x, 6. Artificial leeching is useless in old cases—in recent ones even injurious. The effects of injections of pilocarpine should not be overrated. In favorable cases the effect becomes apparent after the first injection. (Dantone.)

Schöler. *Cases of hemianopic defects.* Annual Rep. of his Ophth. clinic for 1881. Peters, 1882, p. 30. ff. 1. Left sided homonymous hemianopia from syphilis; partial recovery. Diagnosis: gumma between the chiasm and beginning of the optic nerve. 2. Heteronymous temporal hemianopia in a person of 25 with normal field of vision; without any apparent cause, only heredity; no cerebral symptoms. After the use of iodide of potash, slight change in the boundary line of the visual field. Later, incipient atrophy of the optic nerve was observed. 3. Left-sided hemianopia in course of recovery; cause, syphilis. Rapid improvement under inunction.

Weinberg (Hirchberg's clinic) *on Diathetic retinitis.* C. f. A., vol. vi, p. 65. 1. Retinitis in glyco-

suria and albuminuria. In two cases there were very characteristic changes in the fundus. No choked disc, numerous groups of shining white patches, though they did not show any stellate arrangement. 2. Retinitis from chronic lead-poisoning; a, in a type-moulder. Amblyopia of the right eye. Fingers counted at 8. Normal field of vision in both eyes. The ophthalmoscope showed neuro-retinitis, numerous white punctiform spots in the retina, besides minute hemorrhages, perceptible thickening of the walls of the arteries. b, in a porcelain glazer. Diffuse retinitis with central scotoma. (Recovery).

Wood-White (Birmingham). *Embolism of arteria centralis.* Re-establishment of circulation witnessed with the ophthalmoscope. Ophth. Rev., vol. i., No. 3, January, 1882, p. 49. A young man, æt. 31, the morning of his visit to the hospital, perceived a cloud pass before his right eye, and in a few minutes the vision in this eye was totally lost. With the ophthalmoscope the fundus presented the characteristic appearances of embolism of the central artery.

There was not the slightest perception of light. W. made pressure with his finger on the globe for the purpose of ascertaining whether there was any pulsation of the vessels, but without results. On repeating the pressure, he was surprised to see the circulation suddenly re-established. The patient exclaimed that he could see. V=$\frac{2}{40}$. Field of vision slightly contracted in upper part. This continued. Two days later all œdema of retina had disappeared. V=$\frac{2}{20}$. No history of rheumatism, scarlatina, or syphilis. Cardiac examination showed marked impulse and slight systolic bruit at apex. W. thinks it was most probable that the embolus was lodged in the retinal artery at its point of bifurcation, and that not unlikely the pressure applied to the globe may have assisted in dislodging it, and that it passed forward to some peripheral portion of the retina.

Mandelstamm, E. *Injury of both eyes by a pistol-ball.* C. f. A., vol. 6, p. 9. It entered at the right temple, *i. e.*, eyebrow, and passed out at the left temple near the beginning of the hair. Right side, ptosis, diminution of mobility upward and outward. Amaurosis: the ophthalmoscope showed detachment of the retina and rupture of the choroid above. Left side, no paralysis, detachment of the retina, also a rent in the choroid, and a small one below. Fingers counted at 8. Total loss of the sense of smell.

Mayerhausen. *Cases of visual disturbance after injuries of the skull.* C. f. A., vol. 6, p. 44. Fall upon the left supra-orbital region; unconsciousness, profuse epistaxis. Four weeks later atrophy of optic nerve, arteries much contracted, veins about normal, amblyopia, scotoma upward and outward. Diagnosis: Fracture of the base of the skull, affecting also the roof of the orbit resp. the optic canal; compression of the inner lower fibres of the optic nerve.

Mengin (de Caen). "*Observations Cliniques.*" Rec. d'Ophth., January, 1882. Reports two clinical cases. 1. Detachment of the whole lower half of the retina, due to an injury, complicated with a rent in the cornea, paralysis of accommodation, as well as the sphincter and pupil, and retinal hemorrhage. Recovery in two months. The author advises iridectomy in detachment of the retina from choroiditis in myopia.' 2. Foreign body in the choroid—traumatic cataract; a reddish stone visible upon the choroid after extraction, and borne well; V=$\frac{3}{16}$; large scotoma corresponding to the foreign body.

Oeller. *A splinter of wood* (C. f. A., vol. vi., p. 18) *8 mm. long, in the eye for 17½ years without causing any reaction*, as it probably had lain parallel to the longitudinal axis of the globe, behind the upper edge of the external rectus: then in consequence of an inflammation it had placed itself at right-angles to its former position, had penetrated the globe, produced irido-choroiditis, and was found when extracted 8–9 mm. behind the outer edge of the cornea, at the upper edge of the external rectus, perpendicular to the longitudinal axis of the globe. Preservation of the globe and some vision.

Buzzard, J. *On ophthalmoplegia externa, in conjunction with tabes dorsalis, with remarks on gastric crises.* Brain. April, 1882, pp. 34–35, 1 F., 25, double ophthalmoplegia externa, with partial mydriasis (pupils 4–5 mm.), gastric crises, paroxysmal limb-pains, absence of knee reflex, etc. Syphilis at æt. 17, 2 m., 36. Pains for five years. Decided tabetic symptoms six months, followed by ophthalmoplegia externa, quite complete; deafness and dysphagia. No optic atrophy. Death after attacks of dyspnœa. Neither of the sixth nerves nor L. third nerve could be found; other cranial nerves normal. Atrophy of nerve elements with dilatation, plugging, and rupture of minute vessels, at nucleus of origin of 6th nerve. Advanced degenerative changes in posterior columns of cord. Nuclei of the bulbar nerves normal. (Histological examination by Dr. Brevan Lewis.) Comments on the cases.

Conti thinks he has observed a special form of *iritis from malaria* in himself and others. Atti dell. Assoc. Ottalm. Ital., September, 1881. Ann. d'Ottalm., vol. x, 6.

Ely, E. T. Illustrative cases of *disease of the eye*, arising *from affections of the teeth*. N. Y. Med. Record, March 11, 1882. E. relates the following cases in which he believes the ocular troubles to depend on diseased teeth. Case 1. Paresis of orbicularis muscle, irregular spasm of ciliary muscle, monocular diplopia. Case 2. Paresis of R. int. rect. and ciliary muscles. Case 3. Partial paralysis of 3d nerve. Case 4. Inflammation of conjunctiva and sclera. In all these cases, the eye troubles disappeared immediately on correction of the dental difficulty.

Possadsky. *Pathological changes in the retina in some constitutional diseases.* Diss., St. Petersburg, 1882, 27 pages. The author reviews his pathological investigations as follows: 1. In all forms of typhoid fever there is hyperæmia of the retina. blood-vessels, and granular opacity of the third, fifth, seventh, and ninth retinal layers (of different intensity in the different kinds of fever). 2. In chronic pneumonia: hyperæmia, hypertrophy of the connective tissue, granular opacity of the third, fifth, and seventh layers, and occasional pigmentation of the stroma and the ganglion cells. 3. In croupous pneumonia: serous infiltration of various parts. 4. In peritonitis: hyperæmia, infiltration of the tissue with white blood corpuscles, and opacity, and swelling of the third, fifth, and seventh layers. 5 and 6. Meningitis and pyæmia, hyperæmia with extravasation blood-corpuscles, infiltration of the tissue, opacity of third, fifth, and seventh layers (less marked in pyæmia). 7. In uræmia: hyperæmia with extravasation, cellular infiltration of the tissue, slight haziness of the nervous elements. When the ureters were ligated: serous infiltration of the retina. 8. In chronic alcoholism: hyperæmia with extravasation and cellular infiltration, hypertrophy of the connective tissue, coarse granular opacity of the third, and fine granular opacity of the fifth and seventh layers. 9. In jaundice from cirrhosis of the liver: hyperæmia, hypertrophy of the connective tissue, and fine granular opacity of third, fifth, seventh, and ninth layers. 10. In pleuritis with pericarditis: no changes in the retina.

Velardi and Rebozzi, who live and practice in malarious regions, have observed *ocular affections* which *could never be brought into direct connection with the miasm*. Atti dell' Assoc. Ottalm. Ital., Sep., 1881. Ann. d' Ottalm., vol. x., 6. (Dantone.)

—A quack castrated a man, and afterwards made amends by taking his wife and living with her in open adultery.

Correspondence.

Eds. Med. and Surg. Reporter:—

I find the following among my clippings from "Notes and Queries," 1857. It may be of interest to your readers.

Surgical Operations under Chloroform, &c.—Has the following passage been "noted" in your pages? If not, it would be curious to non-medical readers, like myself, to know whether opium, or what is supposed to have been made use of more than two hundred years ago by the "old surgeons," "who, ere they show their art, cast one asleep, then cut the diseas'd part," &c.; and whether the use of ether, and subsequently of chloroform, in surgical operations, is merely a revival in these enlightened days of some heretofore forgotten practice of the "dark ages," or whether it is really something new?

Women beware Women, tragedy, by Thos. Middleton, first printed 1657, Act IV., Sc. 1:

"*Hippolito.* Yes, my lord,
I make no doubt, as I shall take the course,
Which she shall never know till it be acted;
And, when she wakes to honour, then she'll thank me for't.
I'll imitate the pities of old surgeons
To this lost limb; *who, ere they show their art,*
Cast one asleep, then cut the diseas'd part;
So, out of love to her I pity most,
She shall not feel him going till he's lost;
Then she'll commend the cure."

S. H. H.

Charles McShaine, M. D.
Charleston, West Va.

News and Miscellany.

Philadelphia Polyclinic.

The Dispensary of the Philadelphia Polyclinic and College for Graduates in Medicine, has in two weeks past treated 397 patients, including nearly 100 surgical cases.

Philadelphia County Medical Society.

At a Clinical Conversational Meeting of the Society held on Wednesday, March 21, 1883, Dr. De F. Willard related a case of impaction of fæces, and showed the intestine. Dr. G. W. Vogler exhibited a specimen of aneurism of the arch of the aorta, and a specimen of renal abscess. Dr. R. G. Curtin narrated the particulars of an unusual case of hemorrhagic variola. Dr. E. T. Bruen spoke of a case of phthisis with great local thickening of the pleura, simulating circumscribed pleural effusion. Dr. J. C. Wilson showed strips of membraniform exudation removed from the chest of a child suffering from purulent pleural effusion.

The New York Code.

An association for the purpose of upholding the old code of medical ethics, and resisting any modification of this code that does not emanate from the body in which it originated, has been formed, and held its first regular meeting at the hall of the Academy of Medicine, New York City, on Friday evening, March 23. Among those interested in the movement are such leading men as

Austin Flint, Sr., Austin Flint, Jr., T. Gaillard Thomas, Alonzo Clark, Willard Parker, Thomas M. Markoe, Lewis A. Sayre, Frank H. Hamilton, Isaac E. Taylor, William T. Lusk, Samuel S. Purple, Abram Du Bois, J. W. S. Gouley, John H. Hinton, Stephen Smith, J. Lewis Smith, Jared Linsly, Nathan Bozeman, Henry D. Noyes, Richard H. Derby, F. D. Weisse, J. Williston Wright, Octavius A. White, John G. Adams, and William J. Morton.

University Post-Graduate Instruction.

The post-graduate medical instruction arranged by the medical faculty of the University of Pennsylvania will embrace four courses of eight weeks each. The first or spring course will begin on the 9th of April; the second or fall course will begin on October 1; the third course will begin on December 1; and the fourth course will begin on February 1, 1884.

The post-graduate instruction includes the following branches: Clinical medicine and physical diagnosis, by Professor Pepper and Dr. Bruen. Renal diseases, with practical examination, by Professor Tyson. Nervous diseases and electrotherapeutics, by Dr. S. Weir Mitchell and Dr. Sinkler, at the Orthopædic Hospital. Clinical surgery, by Professor Ashhurst and Dr. White. Ophthalmology, by Dr. S. D. Risley. Dermatology, by Professor Duhring. Otology, by Professor Strawbridge. Gynæcology, by Dr. F. B. Baer. Operative surgery, by Dr. White. Clinical and operative obstetrics, by Dr. E. Richardson. Laryngology, by Dr. Seiler. Diseases of children, by Dr. Keating and Dr. Starr. Microscopy and pathology, by Dr. Formad. In addition the classes are permitted to attend the general and special clinics of the University, and such didactic lectures as do not interfere with the post-graduate instruction.

Jefferson Medical College—Alumni Meeting.

The annual meeting of the Alumni Association of Jefferson Medical College took place on Saturday, March 31, when the following officers were elected for the ensuing year: Professor S. D. Gross, President; Drs. Ellwood Wilson, Addinell Hewson, R. J. Levis, and W. W. Keen, Vice-Presidents; Drs. T. H. Andrews and R. J. Dunglison, Secretaries; Dr. Nathan Hatfield, Treasurer; and Dr. Henry G. Landis, of Columbus, Ohio, Orator.

Dr. J. R. Weist, of Richmond, Ind., delivered the annual address, taking for his subject "The Evolution of a Doctor." At the banquet, a large number of well-known medical men were present. Dr. Weist, together with Professor S. D. Gross, Provost Pepper, of the University of Pennsylvania, and Dr. Nathan L. Hatfield, the oldest living graduate of Jefferson College, as the principal guests of the evening, occupied a small table, the other guests, over 100 in number, not being seated. Among the others present were Professors Henry O. Chapman, Da Costa, Brinton, Pancoast, Bartholow, and Thompson, and Drs. Addinell Hewson, Dunglison, Woodbury, Ellwood Wilson, Andrews, Barton, and A. M. Shaw, of the Middleton Insane Asylum.

A marble bust of the late Professor Joseph Pancoast, by Ewing, was presented to the Alumni by Professor William H. Pancoast, and was received on the part of the Association by Professor Gross.

Jefferson Medical College.

The annual commencement of the Jefferson Medical College took place in the Academy of Music on Monday, April 2. At 11:40 a. m., the Trustees, Faculty and graduating class marched in procession from the College to the Academy of Music. After prayer by the Right Rev. Cortlandt Whitehead, D. D., the Hon. James R. Ludlow conferred the degree of Doctor of Medicine upon 227 graduates. The following prizes were then awarded:

1. A prize of $100, by Henry C. Lea's Son & Co., for the best Thesis, to Charles Pottberg, of New Jersey; with honorable mention of the Thesis of Henry D. Fulton, of Pennsylvania; Henry B. Allen, of Kansas, and Charles L. Weed, of Pennsylvania.

2. The "Robley Dunglison Prize" of $50, by Dr. Richard J. Dunglison, for the best Essay on the Localization of Cerebral Functions, to Irvine Moore Flinn, of Delaware; with honorable mention of the Thesis of Edward M. Furey, of Pennsylvania.

3. A prize of a Gold Medal, by R. J. Levis, M. D., for the best report of his Surgical Clinics at the Pennsylvania Hospital, to Moses S. Simpson, of Ohio.

4. A prize of a Gold Medal, by Thomas G. Morton, M. D., for the best report of his Surgical Clinics at the Pennsylvania Hospital, to Emil Hertel, of Delaware; with honorable mention of the Thesis of Henry L. Uhler, of Ohio, and Henry Baldwin, jr., of Ohio.

5. A Case of Instruments, for the best Essay on a subject pertaining to Obstetrics, etc., to John L. Dickey, of West Virginia; with honorable mention of the Thesis of Charles H. Ott, of Pennsylvania.

6. A Gold Medal, for the best Essay on a subject pertaining to the Practice of Medicine, to Orville Horwitz, of Pennsylvania; with honorable mention of the Thesis of Henry W. Johnson and David R. Summy, of Pennsylvania, and Lester C. Pratt, of Ohio.

7. A Case of Instruments, for the best original research in the Chemical Laboratory, to Robert Morrison, of Pennsylvania; with honorable mention of the Essay of Nathan C. Wallace, of Pennsylvania.

8. A Case of Instruments, for the best original research in the Materia Medica Laboratory, to Robert E. Moss, of North Carolina; with honorable mention of the researches of Ripley C. Hoffman, of Iowa, and Randall N. Bartleson, of Pennsylvania.

9. A Case of Instruments, for the best Essay on a subject pertaining to Physiology, to William A. Westcott, of New Jersey.

10. A Case of Instruments, for the best Essay on a subject pertaining to Surgery, to George V. Hale, of Massachusetts; with honorable mention of the Thesis of Samuel Wimpleberg, of New York, and Richard B. Wetherill, of Pennsylvania.

Dr. Addinell Hewson, on behalf of the Alumni, presented to the Board of Trustees a marble bust

of the late Emeritus Professor of Anatomy, Dr. Joseph Pancoast.

The Valedictory address was delivered by Professor J. M. DaCosta.

Items.

—A School of Pharmacy for Women has been opened in Louisville, Ky.

—Dr. Hewson, of London, says that the sparrow may have small-pox and propagate the disease.

—A pharmaceutical association has been formed in the Black Hills, Dakota. The organization has its headquarters at Deadwood.

—A sensible bill has been introduced in the Minnesota Senate, providing for seats for all female employees in factories or stores.

—The leaves of euphorbia pilulifera, L., a plant growing in Queensland, are reported to be a sure remedy for asthma and other affections of the chest.

—Traube recommends sugar of milk as a mild and trustworthy laxative, in doses of two or three drachms, dissolved in half a tumbler of warm milk, taken before breakfast.

—A bill has been introduced in the Michigan legislature, providing that the bodies of unclaimed paupers shall not hereafter be sent to the Medical College at Ann Harbor for dissection.

—Dr. Meredith, in the *Birmingham Medical Review*, recommends oil of peppermint as an external application for allaying the neuralgic pain so often complained of in cases of herpes zoster (shingles).

—A busy doctor sent in a certificate of death the other day, and accidently signed his name in the space for "Cause of death." The registrar says he wishes the profession would be as accurate generally.

—For warts. Prof. Unna recommends the continuous application of mercurial ointment containing five per cent. of arsenic, or a plaster containing in each 0.2 square metre (eight square inches), ten grams (154 gr.) of arsenic, and five grams (77 gr.) of mercury.

OBITUARY NOTICES.

DR. ROBERT H. ARCHER.

Dr. Robert H. Archer died at his residence, in Darlington, Md., on Saturday, March 10, 1883, aged about sixty-nine years. Dr. Archer graduated in medicine from the University of Maryland in 1835, and after practicing in various places, finally settled in Darlington over two years ago, where he has been living and practicing his profession ever since.

Dr. Archer required no death-bed preparation for the ending of life. He lived daily in a constant state of preparation. He was a *good* man, in every sense of the word.

WILLIAM HOLME VAN BUREN, M. D., LL. D.

Professor William H. Van Buren died in New York City, on March 25, 1883. Born, April 5, 1819, of a line of medical ancestors, in a family of refinement and education but devoid of wealth, Dr. Van Buren reached a position in the profession of the highest distinction. He entered Yale with the class of '38, but did not graduate; yet the college, in recognition of his literary attainments and distinguished position, decorated him with the honorary degree A. M. in 1866, and later in 1878, conferred upon him the highest title in her gift, LL.D. The University of Pennsylvania, in 1840, graduated him in medicine after his return from a tour in the Paris hospitals. He then served in the army until 1845, in which year he came to New York to assist the late Valentine Mott in the work of his clinique in the medical department of the University of New York. His death was due, indirectly, to apoplexy, which occurred in the sping of 1882; directly, to degenarative changes about the injured cerebral focus, changes which set in with the beginning of the present year. He appreciated the approach of death, and wished for it.

QUERIES AND REPLIES.

MESSRS. EDS.—Was it a violation of the Code of Ethics for Dr. N. to propose to do the jail practice of a community for seventy-five dollars, after ascertaining that this sum was the average cost per annum? If it is, please designate the article or section, and reconcile it with your decision in the case of January 20, 1883. T. T.

Ans.—It was not a violation under such circumstances; it would have been contrary to the spirit of the Code to have *offered* to attend for a decidedly less sum than previously paid.—EDS. REPORTER.

MARRIAGES.

MONROE—McCUTCHEON.—March 8, by Rev. J. L. Leeper, at the residence of the bride's mother, George M. Monroe, M. D., of New Bristol, Ohio, and Miss Mollie McCutcheon, of Claysville, Pa.

PARKE—SIDEBOTHAM.—On Wednesday evening, March 7, 1883, by Rev. I. Newton Ritner, George T. Parke, M. D., and Mrs. Ella Sidebotham, both of this city.

KETCHAM—ODELL.—In this city, on Tuesday, March 27, at the residence of the bride's parents, by Rev. F. F. Ellenwood, D. D., Dr. T. V. Ketcham, of Stamford, Conn., to Ida B., only daughter of J. D. Odell.

McCOY—ELLISON.—At Summit Ridge, Del., March 14, by Rev. Irwin Lewis Caton, J. Cresap McCoy, M. D., of New York city, and Lizzie B. Ellison, daughter of Mr. Jonathan Ellison, (deceased).

DEATHS.

GOODRICH.—In Brooklyn, Wednesday, March 28, Charles, S. Goodrich, M. D.

HART.—At the residence of his father, in Old Saybrook, Conn., on Thursday, March 29, Dr. George Hart, late of New York city, aged 35 years.

HEADLEY.—In New York, Saturday, March 31, at his late residence, William S. Headley, M. D.

WILCOX.—Dr. M. A. Wilcox, of Halifax county, N. C., one of the oldest physicians in North Carolina, is dead.

KING.—In New-Brighton, S. I., on Sunday evening, March 18, C. Henry King, M. D., physician-in-chief of the Sailors' Snug Harbor, in the 40th year of his age, of pneumonia.

MARTIN.—At Omph-Ghent, Madison county, Ills., on Thursday, March 22, 1883, Dr. Wm. A. Martin, aged 58 years and 20 days.

ARCHER.—In Darlington, Md., Saturday, March 10, 1883, Dr. Robert H. Archer, aged 69 years.

THE

MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

EPIDEMIC DYSENTERY, AS IT OCCURRED IN NEW GARDEN, ETC., IN 1824.

BY E. MICHENER, M. D.,

Of Toughkenamon, Chester County, Pa.

The summer of 1824 was rendered memorable, in this portion of Chester county, by the sudden irruption of a violent epidemic dysentery, the history of which does not appear to have been written. After the lapse of sixty years, I find myself the only surviving medical witness of its fearful ravages. With the aid of a few brief notes, and a memory retentive of the more impressive events of long ago, I will endeavor to preserve a short history of the disease, as I witnessed it. My report must necessarily appear in the tawdry dress of an egotist.

I can not now recall the meteorological features of the season. But it may not be irrelevant to record the fact that there was a destructive tornado in the near vicinity, July 6, just about the time of its commencement. (See History of Chester County, p. 458.)

The epidemic of 1824 originally occupied a belt little over two miles wide, and ten to twelve miles in length, including the south-western part of Kennett, the southern parts of New Garden, Londongrove, and New London (now Franklin) townships. Indeed, traces of it were reported almost from the Delaware to the Susquehanna. As the season advanced, there were a few extra limital cases. But so well were its limits defined, that while numerous cases, and several deaths, occurred in the Toughkenamon Valley, there was only one solitary and very slight case of it north of the hill.

It is humiliating to acknowledge that the recent removal of the late Doctors John Ross, father and son, had brought forward several rival claimants for a pittance of their extensive practice, and whose jealousies had closed the way for friendly and professional intercourse among them.

Dr. Palmer Chamberlain was located at New Garden; Dr. B. I. Pennock at Londongrove; Dr. Robert Allison near Chatham; Dr. Josiah Ankrim at Jennerville, and the writer at Prestonville. Drs. Allison and Pennock were out of the district and saw only a few cases. Dr. Ankrim was the only one I met in consultation. We often visited each other's patients. More than this, little was known of each other's opinions and practice. The highest rate of mortality was certainly in New Garden; more especially in adults. It is due to Dr. Chamberlain to say that the disease began in his district, and, as I believe, was most general and most malignant there. In evidence of this, the records show that during the three months of its prevalence there were more than sixty of its victims buried in the New Garden grounds, three of whom were my patients.

I confess to the charge of being *radical* in the treatment of acute inflammatory diseases. It has been my life motto, "It is easier to crush the egg, than to kill the envenomed monster it would produce."

During a space of nearly three months, I visited about thirty patients daily, often several in the same family, and can conscientiously—not boastingly—declare that during this period I lost only two patients over *nine years* old, both of

whom were in bed when attacked with dysentery. The sequel will show a much higher mortality in children.

These notes will, I think, show the propriety of considering the disease as it appeared in *adults* and in *children* separately.

AS IT APPEARED IN ADULTS.

It is probable that sporadic cases of dysentery, which may occur at any season, generally in autumn, may often be a primary *colitis*, from incidental causes. But when it assumes an *epidemic* character, as in this instance, I apprehend that it has a broader and deeper origin.

The prominent symptoms of this epidemic, as I interpreted them, indicated a *primary congestion*, beginning, perhaps, in the liver, and speedily extending to the entire portal system, and if left to its course, rapidly ending in *acute inflammation* of the viscera involved. The truth of these general pathological views is best determined by the success of treatment based upon them.*

I will illustrate this by cases.

Case 1. 1824–8–28.—Was called at an early hour this morning to see M. S——, a young woman aged 18, of healthy parents, and possessing a vigorous constitution.

She had a heavy chill last evening, with its accompaniments of pain in the head and back, followed by fever, sense of fullness, weight, and a burning sensation rather than pain, especially in the hepatic and gastric regions. Later she had sick stomach and diarrhœa.

Twelve hours after the chill, I found her with the symptoms aggravated. High fever, skin hot, pulse full and frequent, throbbing pain in the head, distressing sickness of stomach without vomiting. The abdomen was generally tense and quite tender on pressure, especially in the right hypochondrium, with pain in the latter locality. She was now having frequent mucous stools, with tenesmus and streaks of blood—the work of twelve hours.

Was this an *ordinary form of dysentery?* Was it a *primary colitis?* I could not diagnose it so.

True to my convictions, I immediately bled her to ℥ xviij, in a sitting position, with great relief to her sufferings, even while the blood was flowing. This was immediately followed by hyd. submur., grs. xx., and sulph. magnes., a tablespoonful in an hour after, and repeated every hour until *copious stools have been obtained without tenesmus.* This was a *sine qua non.*

This practice was based upon many previous observations, as well as on theory. I had found that in well-developed cases relief was preceded and could only be obtained by a copious discharge of a dark pultaceous mass without tenesmus or griping pain. In a few instances, this occurred almost spontaneously. The first case I saw, an eight-year-old boy, I found on the porch, sitting over a pile of more than half a pint of such stool. He required very little medicine. Nature had nearly done the work.

29th. As I had anticipated, the medicine of yesterday had procured several copious and free evacuations, with almost entire relief of suffering through the day. After an hour's sleep, she awoke with some return of former symptoms, though in a much mitigated form. The blood drawn yesterday had formed a thick buff, which is contracted to the size of a half dollar; but this is now all figee.

The cause appearing not fully removed, I repeated the course. Took ℥ xij. of blood, with marked relief to the remaining suffering, with the calomel and salts, as directed yesterday.

30th. The medicine procured free evacuations, though less abundant, and afforded entire relief. She had slept well during the night, and now expresses herself quite comfortable. A Dover's powder at night, with rest and a careful diet, was all the attention she required. Convalescence was rapid and uninterrupted.

I give this as a typical case; others of similar character might be added. Owing to obvious causes, this heroic treatment could not be employed in all cases, mostly resulting in prolonged treatment and increased exhaustion.

Strange as it may seem, my patient lived to marry and raise a family of children, who could rise up and call her blessed.

Case 2. While the preceding case was still under notice, I was called to attend another, under somewhat less favorable conditions. Catharine, the wife of D. S——, and the mother of nine children, naturally of a good constitution, but much broken by early and rapid child-bearing, and the burdens incident to a large family, was attacked with the prevailing disease early in the

*Hunger is seldom counted a *morbid symptom.* Here it was, in some cases, the first sign noticed.

A. B——, a very delicate woman, felt unwell and yet inclined to take an ordinary breakfast. Two hours later I found her taking a lunch. She said that she felt so hungry she could not refrain. She was a sick woman long before night.

I met M. T—— one morning at a neighbor's and inquired for her three-year-old boy. She replied, "Right well. He ate a very hearty breakfast, and in an hour after, came in calling for something to eat." It was not a new story. I told her to go home and she would find him sick. She did so. In four days he was dead.

evening of the 1st of 9th month. I was sent for early in the morning, but being absent from home all day, did not see her until after nightfall—some twenty-eight hours after the attack. The symptoms were so similar to those already given that I need not repeat them. They were, however, more violent, and progressed more rapidly.

I found the entire abdomen tense, painful and intolerant of pressure. The tormina and tenesmus almost constant. The pulse was frequent, irregular, and feeble, with short and sighing respiration. She had severe pain in the head, with a hesitancy in answering questions, and sometimes incoherence. She had become despondent, and objected to anything but to die. Such a case I had not seen.

I gave my opinion frankly to the anxious husband that it was not probable that any means could save her. If anything was done, it must be *prompt and severe;* and if it failed, might even *hasten her death.* The immediate reply was, "Doctor, you know that I have entire confidence in you; do just what you think best." Who would betray such confidence? My mind was made up.

I ordered a hasty warm bath prepared, and in the interim, bled her to ℥ xviij, and immediately gave her hyd. submur. ℥ss., ipecac ℈j. M. ft. pulv.; then placed her in the bath. The bleeding had a very soothing effect, and when she got into the water, was comparatively easy. While still in the bath, the emetic produced two or three free operations. She was then placed between blankets, with warm covering and a hot brick wrapped in a wet cloth to her feet. I then left for the night, with directions to give her a mild anodyne and stimulant mixture after each operation of the calomel.

The morning found my patient weak and exhausted, but indeed less so than when I first saw her. After an hour or two of rest, the medicine had produced several very copious stools in quick succession, after which she remained free of pain and inclined to sleep. From this time forward mild opiates and tonics, with good nursing, soon restored her to health.

This bold and decisive practice, as in the former case, was directed to the alone object—to *unload* the congested viscera *before* active inflammation and disorganization should take place. As the fulfillment of a prophecy is evidence of its truthfulness, so the result in this case is proof of a correct diagnosis. The sequents of the congestion vanished, even in less time than was required to produce them.

When will our physicians learn the practical lesson, that a patient will recuperate from loss of blood before the assimilative functions have been seriously injured, much more readily and speedily than from anæmia where the whole organism has been exhausted by prolonged disease?

My patient recovered!! She did more!!! In due season she added four more sucklings to the flock, and completed the good old Irish dozen, and lived to a good old age.

In this disease, dysentery was *secondary*—the *sequence of congestion* in the superior viscera of the abdomen—and congestion only means an obstruction of the flow of blood and an accumulation in the obstructed vessels. The indications were plain. The demand for prompt relief was imperative before greater mischiefs should occur. Herein lies the secret of my success. How far other epidemics, or even sporadic cases of colitis, would be amenable to such treatment, I may not decide; but I have used it in the latter form of the disease with satisfaction.

In relation to large doses of calomel as a purgative, I wish to say that I have very frequently administered it in this epidemic, and in other acute diseases, in doses of xx to xxx grains, with most satisfactory results, and have not cause to regret it. It is scarce more annoying than a smaller quantity, while its power to calm morbid excitement and equalize the disturbed circulation is only second to that of the lancet.

Note.—Since this paper was written, Dr. T. has informed me that in conversation with Dr. Chamberlain some years ago about this dysentery, the doctor mentioned that I. M—— had been very bad, and despairing of the case, he gave him an unlimited dose of calomel (℥j., or more), and next day found that it had produced the happiest effects. His patient recovered.

THE INFANTILE FORM.

While no age or condition was exempt from the malady, its ratio of mortality was greatly increased by what I have termed the "Infantile Form,"—peradventure it was not a *superadded epidemic.* It usually occurred in children from three to four months to as many years—seldom later.

With the few and imperfect notes which I possess, I shall not attempt, at this late day, to give minute details. Usually from two or three to forty-eight hours from the first disturbance of the bowels symptoms simulating *cerebral inflammation* would suddenly appear. Sometimes at the first visit—skin hot, especially of the head; face flushed, eyes red and watery; child very fretful, sometimes with sudden starts and screams. Sooner or later, from two hours to as many days,

the excitement would abate, the skin become cool, the child would become listless and sink into stupor, coma, and death. So rapid were these changes in some cases that several children died on the second day, and without medical treatment. I believe it was always preceded by the bowel disturbance, yet they were often almost simultaneous.

It was under these appalling circumstances that I was called to treat this fatal *nondescript*, under a false garb; and I frankly acknowledge to having lost *fourteen out of the first seventeen* cases in quick succession. I could not learn that others were more successful.

Dr. Ankrim and I had frequently consulted, and often visited patients in company, and it was not without much serious thought and anxious inquiry; but it was one thing to feel that we were wrong, quite another to know and to do the right.

Like the dawn of morning, light comes slowly. Fortunately, an older boy (six or seven years) was passing nicely through a mild attack of dysentery, when he suddenly began to manifest the usual coolness and languor, without having shown the cerebral excitement. I invited Dr. Ankrim to see him with me the same evening. In answer to my inquiry, he replied, "He will die before to-morrow night, just as others have done." I then showed him a prescription which I had just prepared for the boy. His answer was, "If you give that, I will have to see your patient in the morning." It read—

℞.	Huxham's tincture,	℥ ss.
	Elixir paregoric,	ʒ ss.
	Spirit. nit. dulcis,	ʒ ij.

M.—Give a teaspoonful in sugar-water every hour, if awake.

On our morning visit, were rejoiced to learn that soon after the second dose he slept quietly for two hours, and woke up quite refreshed. The stupor had passed off, the skin had become more natural. He was, in fact, quite comfortable, and made a speedy recovery.

I had now *crossed the Rubicon*. I had done more: I had *anticipated*, by a dozen years, the the thrice-repeated discovery of Drs. Abercrombie, Hall, and Gooch, of *spurious hydrocephalus*. Of the value of my discovery I could not yet venture to judge. But I awaited, with much anxiety, the occurrence of another as *a test case*. It soon came. By the careful use of stimulants and tonics in conjunction with evacuants, my patient did well.

After the sad failures which I had experienced, it is with no little pleasure that I can state that I was now able to reverse the bill of mortality to *three deaths out of seventeen cases*.

In observing these cases, I had constantly noticed the *sunken condition* of the fontanelle. It now became significant to distinguish between the true and spurious cephalic affection. I had often referred Dr. B. I. Pennock and others to this distinctive sign many years previous to the announcement of Dr. Watson in 1843, eighteen years after I had noticed it. Dr. Pennock used to often pass his jokes on me for allowing others to reap the reward of my discoveries, by neglecting to publish them.

An incident of the season: Dr. Pennock, then a young practitioner living at Londongrove, only three miles north of the infected Toughkenamon Valley, had been wondering what was the matter down there. A little babe of C. S——'s was taken sick in the night, and Dr. Chamberlain sent for in the morning, but he, too, was sick, and Dr. Pennock saw it in the afternoon. Next morning I met the doctor on his way to see the child. I earnestly inquired his views in relation to the disease. He had none to give—he had only seen this child once, and had called on two of Chamberlain's sick in the evening. He had not noticed anything unusual. He did not think the child very ill. It is enough to say that he arrived at ten o'clock to learn that the child had been dead about an hour. This was too much for his sensitive nature. He did not want to see any more New Garden dysentery.

Now, kind readers, you have had the opportunity of knowing the extraordinary advance in the knowledge of pathology, diagnosis, and therapeutics within the past sixty years, may I claim your indulgence? May I remind you that where much is given, much will be required? And let me ask, can you show a better record than I have done, co-ordinate with the improved advantages which you enjoy?

The number of deaths cannot be ascertained. The interments at New Garden, West Grove, New London, and some scattering ones in other grounds, probably reached about one hundred and twenty.

SCIRRHUS CARCINOMA OF THE STOMACH.

BY DANIEL LONGAKER, M. D.,

Of Philadelphia.

[Presented before the Northern Medical Association, February 23, 1883.]

Mr. H., German, married, æt. 48, without hereditary tendencies, was a moderate drinker, never to excess, of such liquors as wines and beer; no venereal history. Was of stout build, weighing

two hundred and forty pounds. Until three and a half years ago, he was in the enjoyment of excellent health. At that time he began to suffer from dyspepsia, manifested by such symptoms as a variable appetite, ravenous at one time, then bad; eructations; flatulency; discomfort, but no pain after eating, or at any time. From this time on, during the following three years, he tried various physicians without relief.

Six months ago he came under the observation and care of Dr. Trautmann, by whose courtesy I am enabled to report the case. At that time there was no decided loss of flesh, or great failure of strength. His countenance was of a pale, yellowish, rather icteric hue. He suffered from nausea after eating, flatulency, and there was slight soreness in the epigastric region. Bowels were costive at times only. Under the use of subnit. bismuth, with aloes and alkaline carbonates, his condition soon became decidedly improved, so much so that he only remained under observation as an office patient for about a month, when, considering himself much better, he did not deem it necessary to seek farther advice. From the peculiar hue of the skin, resembling somewhat that of jaundice, with the presence of a hard, indistinct mass in the neighborhood of the gall-bladder, and the absence of such marked gastric symptoms as would be expected from serious organic disease, cholelithiasis was supposed to be present as a concomitant condition.

His condition of apparent improvement continued only for a few weeks, when, beginning to lose flesh and strength rapidly, he became unable to leave his house. Under the impression that he now had consumption, upon the advice of his friends, he persisted for a short time in the use of an animal oil (dog fat). His gastric symptoms were now aggravated to a marked degree, but with appropriate treatment were soon again controlled. Constipation, with slight diarrhœa, a little vomiting and flatulency were noticed, and now for the first time, about three months ago, he began to have distinct pain referred to the epigastrium. It was never severe or lancinating, and most of the time he was entirely free from suffering. The flatulent distention of the abdomen was more cause of annoyance than the pain. From the presence of a tumor in the region of the pylorus, with symptoms referable to interference with the digestive function and the cachexia, marked carcinoma of the stomach was diagnosed. This opinion was negatived by one of our eminent diagnosticians, who unhesitatingly referred the malignant growth to head of the pancreas.

A short time after this, I observed the following condition: A tumor, not as large as the hand, having a boggy feel, not tender to pressure, and occupying a position a little to the right of the median line. The ensiform cartilage was prominent, and displaced forwards. The tumor was not movable. There was slight tympanitic distension of the abdomen. He was emaciated and weak. His color presented that clayey appearance, characteristic of cancerous disease. He continued to take food in limited quantities, with no more suffering then has already been stated, until the termination of his life, three days ago. At no time was there vomiting of blood, or evacuation of melænae. Œdema of the feet and legs appeared about three weeks before death.

Autopsy, thirty-six hours after death: Rigor mortis distinct. The body is greatly emaciated, and almost entirely destitute of subcutaneous fat, The peritoneal cavity contains a small quantity of fluid. The small intestines are normal. The transverse colon is extensively adherent in its middle portion, nothing abnormal in the ascending and descending part of it. The liver is anæmic, pale and slightly diminished in size. Glissen's capsule is thickened and opaque. To the under surface of the liver is found adherent the transverse colon and the pyloric end of the stomach. The gall bladder contains the usual amount of bile. The stomach is not dilated; on the other hand, there is a distinct thickening of its coats. It contains a half pint of semi-fluid ingesta. At the greater curvature, and encroaching closely upon the pyloric orifice, is found a nodular mass, of a hard, tough consistence, larger than a hen's egg in size, but flattened, and showing a tendency to pass circularly around this portion; there is about one-fourth of the circumference which apparently is not yet invaded by the growth, being normal to the naked eye. In a few places, the mass shows signs of commencing ulceration. In limited portions of the mucous membrane the vessels are dilated, a few infarcta are noticed. The duodenum is stained with bile. The pancreas is normal. It is adherent to the pyloric end of the stomach. There is no obstruction of its duct. The kidneys and spleen are normal in size, and of macroscopic appearance. The capsules of the former are easily separated.

In the thoracic cavity a slight adhesion is found to exist between the pleura of the apex of the right lung and the costal investment of that membrane. There is here also a limited catarrhal pneumonia. With this exception, the lungs are normal. The heart is small, the valves are intact, it is filled with soft coagula.

The existence of the tumor in this case, with the marked cachexia, left no room for doubt as to its malignancy, but with the absence of the usual severe and decided gastric disturbance, the question of diagnosis with regard to its location was one of interest.

Flint, in his clinical medicine, referring to the recognition of diseases of the pancreas, carcinoma, among others, frankly states. "As a general statement, they defy diagnosis." "Happily for the diagnostician as well as patients, they are extremely rare in this situation." Even the absence of fatty diarrhœa does not exclude pancreatic disease, though its presence renders it probable.

How the fact of a disease being extremely rare can be a consolation to the diagnostician, I cannot appreciate, unless we practically ignore their existence. But the case under observation may be the rare example, and then, at least, it must be admitted, it is not a consolation when the scalpel reveals a different condition from that which was suspected. Because certain diseases are rare, we are necessarily not familiar with their clinical phenomena, and hence their difficulty of recognition; but the effort to do so is certainly a laudable one, and should even a mistaken opinion be advanced, no disgrace to one's reputation can attach to it. But in case of uncertainty, he who ignores the rare and assumes the existence of the common, will be at least likely to be foiled.

CASE OF OXALURIA.—TREATMENT.—RECOVERY.

BY JOSEPH L. BAUER, M. D.,
Of Saint Louis,
Surgeon to St. Mary's Hospital.

W. W., æt. 34, presented himself to me with the following history: Masturbation had been practiced in youth; had suffered from one attack of gonorrhœa; had always been fond of the opposite sex, and had freely indulged his sexual appetite. For the last two years, had suffered from irritability of the bladder, and frequent micturition; the latter disturbing him both day and night. At certain micturitions he suffered with pain along urethra, and at neck of bladder after urination. Occasionally, a muco-gelatinous discharge exuded from urethra; the urine presented flakes of mucus also. He suffered from hypochondria, indigestion, general pains, constipation, and partial impotency; of late, these symptoms have increased, and the patient, who has read a surfeit of marriage guides, believes he is losing his virility.

A personal examination elicited the following: Pouting and inflamed meatus urethræ; all efforts to pass instruments were resisted by the intense urethral hyperæsthesia; examination per rectum disclosed sensitiveness about neck of bladder and membranous urethra. The prostate gland was tender and slightly enlarged. Urine acid, but presented no pathological conditions. In order to place the urethra and bladder in a condition for examination, the following treatment was pursued:

℞.	Potass. acetatis,	℥ iiss.
	Ext. buchu fluidi,	℥ ss.
	Ext. hyoscyami,	gr. xij.
	Syr. gentianæ,	℥ j.
	Aquæ distil.,	q. s. ad. ℥ vj.

M. D. S.—A tablespoonful every 3 hours.

Besides this a suppository of (10) ten grains of iodoform and five (5) drops of ol. eucalyptol (Lauder), was placed in urethra daily until all sensitiveness disappeared. My opinion was that the constitutional disturbances and impotency were due to urethral hyperaesthesia, brought about by sexual excesses. Accordingly, I introduced a Leroy bulbous bougie, down to the neck of bladder. At the latter point some tenderness was still present. No other abnormalities were discovered. Upon its withdrawal the usual membranous fold was detected four and a half (4½) inches from meatus. Up to this time my patient was improving, and we continued the treatment first ordered. He made a trip to the country, and upon his return informed me that he had a severe attack of RENAL COLIC, resulting in the escape from the urethra of numerous calculous concretions, which had aggravated his bladder and urethral trouble. Enclosed in a paper, was a specimen of a larger calculus. My friend, Prof. W. B. Hazard, who was present, pronounced them *oxalate of lime*. (A later chemical examination verified this statement). The presence of these concretions directed my attention to his INDIGESTION—which I had ascribed to reflex nervous troubles—and I prescribed five (5) drops of nitro-muriatic acid dilute thrice daily, to be gradually increased to toleration. I also injected bladder with a solution of one and a half (1½) drops of nitric acid pur. to two (2) ounces of water. This treatment had the desired effect. My patient soon recovered entirely.

It was a fortunate coincidence that a *large number* of these concretions passed with his urine; for he acknowledged the frequent presence of a sandy sediment previously, but had neglected to inform me of the fact. The symptoms pointed to either deep urethral hyperæsthesia from sexual excesses, or to a vesical calculus. The former was verified, but the latter could not be discovered

by the free use of the sound. Then again, STRICTURE OF LARGE CALIBRE (?) might be responsible for the same mischief, or at least a contracted meatus. The latter indeed existed, but not being an enthusiastic believer in the former view, I placed little stress upon it.

My object in reporting this case is to call attention to the fact, namely, that the oxalate of lime diathesis is more frequent than is generally supposed, and that it is often mistaken for some other obscure difficulties. Thus a prominent gentleman of this city, who had been a sufferer for some years, consulted a REPUTED NEUROLOGIST of New York city, who immediately diagnosed some serious nerve trouble. The patient returned to St. Louis, was placed upon an acidulated carbonic acid and beer diet, and soon recovered his health. In fact, a free perusal of medical literature fails to discover any distinctive discussion of this disease. Walter Coulson, F. R. C. S., England, and Prof. Austin Flint, are the only ones in which references could be found. It would be well for some of our authorities on genito-urinary subjects to devote more space to the description of such affections, which are so liable to be mistaken for other pathological conditions. PERI-NEPHRITIS, for instance, is another one of those renal difficulties which have not received sufficient attention. If I am not in error, Dr. Gibney, of New York, is the first who has directed our attention to the great resemblance it bears at times to the morbus coxarius, and yet none of our great orthopedic surgeons make reference to it. And yet, the disease exists and does simulate hip-joint disease greatly. At some future time I shall be pleased to present the profession with a more exhaustive view of both subjects.

IODOFORM AS A LOCAL APPLICATION IN FISSURE OF THE ANUS.

BY THOMAS HAY, M. D.,
Of Philadelphia.

The value and efficacy of iodoform in fissure of the anus will bring this remedy into general use in the treatment of this painful and heretofore incurable lesion, without operation by the knife or forcible rupture of the sphincter ani muscle.

It is good surgical practice to cure surgical cases without surgical operation whenever it is safe and practicable; and while it is shorn of its brilliancy and eclat, the fact remains the same, and it is not questioned that conservatism in surgery has been steadily gaining ground, and that the boldest operators are those who weigh well the results before operating.

As in cases involving the greatest danger, so with fissure of the anus—if the trouble can be cured by simple means, without suffering to the patient, and in reasonably due time, the operation of cutting, or forcible rupture, is not justifiable, and both these means of radical cure must give way to the more simple, if such may exist. With the experience I have had in the use of the local application of iodoform in cases of fissure of the anus, I am encouraged to bring the value of this remedy to the notice of the profession in these cases. In their treatment with this remedy, the alvine evacuations should always be maintained in a soft condition; the bowels should never be allowed to become constipated or relaxed; the anus, and parts involved by the fissure, should be kept constantly clean and free from deposit and dry incrustations; and with one or two evacuations a day, the case may be speedily cured by the local use of iodoform. It may be dusted, in *very fine* powder, upon and into the fissured parts, or applied in the form of ointment or suppository. The application of the simple powders, if properly prepared, three or four times a day, after each evacuation, and in the intervals, is often sufficient. In some cases, however, the undiluted powder—although thoroughly powdered—causes some pain. In such, the iodoform may be mixed with powdered gum acacia, if a powder be preferred, or may be made into an ointment with vaseline, or suppository with the oil of theobroma. Balsam of Peru, carbolic acid, and oil of peppermint, will moderate the intensity of the iodoform odor; but this can hardly be requisite for application in this situation. The application of the remedy may be followed by a little smarting, but soon after its use the sensibility of the parts becomes benumbed, and even defecation may go on without consciousness, so far as concerns the development of pain during or after the process. That this remedy applied as above directed and indicated will cause complete unconsciousness of the act of defecation, I doubt—I have never witnessed such result in any case that has come under my notice, and still the benumbing influence of the remedy is decidedly potent. As in applications to the conjunctival surfaces of the eyelids, the first and most important factor in the successful and painless use of the remedy consists in the proper preparation of the powder. It should be made *very fine*, and not the smallest crystal be allowed to remain unpowdered. The neglect of this precaution when applied to the eye has caused the most painful inflammation of the ocular and palpebral conjunctiva; and applied thus imperfectly

powdered to the anus, would likewise cause intense suffering, and as in eye practice, would be abandoned, and declared to be dangerous and valueless, if intelligence did not bring relief.

Hospital Reports.

PHILADELPHIA HOSPITAL.—A CLINICAL CONFERENCE.

BY JOHN M. KEATING, M. D.

Reported by W. A. Edwards, M. D., Assistant to Professor Clinical Medical University of Pennsylvania.

The Rachitic Diathesis.

Gentlemen:—As has been my custom I propose to take up for your consideration to-day, one of the four diseases that are termed diathetic, those affecting the nutritive process, either from a constitutional, or an acquired taint, developing at times almost immediately after birth, because of the intensity of the inherited potent cause or again waiting for some future time when the infant shall be placed under circumstances adverse to its proper growth and development.

Rachitis or *Rickets* is a disease of the general nutritive process, attended with structural changes most conspicuous in the bones; this consists in an abnormal increase in the cartilaginous and embryonic substance of the osseous tissue.

As a rule rickets is noted no earlier than two or three months, and then its first manifestation is generally the nodules at the chondro-costal articulations, the so-called beaded ribs; after the age of two or three years the number of those affected with rickets become gradually less. Occasionally the disease is said to be congenital; such children die of atelectasis or of trismus. You have all heard of congenital *craniotabes*, and doubtless you have seen well marked examples of it at your clinics. This condition you know means an imperfect extension of the centres of ossification in the parietal and occipital bones, a want of the deposit of bony matter, as a result the cranial covering in places is like a mere membranous cap, jotted here and there only with islands of ossification. Of course a condition of this kind will not protect the delicate brain-centres from external pressure and trismus will result.

It has been a question much discussed whether or not this condition is an unmistakable or invariable evidence of congenital syphilis, as some authorities claim, but I think that our experience warrants the statement that inherited syphilis, being also a disease of the general nutritive process, can by simply retarding development be in itself a cause of this form of rickets, and that independent of it, the rickety diathesis alone, when acquired in utero will act as an equally potent cause. I might even go further and state that the tubercular and scrofulous diathesis of ante-natal acquisition would give us the same result.

I have seen babes born of syphilitic mothers with *craniotabes* and I have also seen *craniotabes* in new born children, where no specific history could be found; a marked example of this occurred during my term in this Hospital two years ago; one of a pair of colored twins died shortly after birth, of convulsions, and its skull presented the picture that I have just drawn for you. The other child lived and gave us an example of marked rickets, and if my memory serves me right, died of catarrhal pneumonia, a frequent complication of the rickety thorax. As to the *cause* of rickets independent of hereditary predisposition, the following present themselves as powerful determining influences; insufficient or improper food, faulty assimilation, residence in dark, damp, ill-ventilated places, exhausting diseases; all of these play their part, with the addition of that ever important state, the what is it of etiology, a tendency to the production of disease.

Various theories have been promulgated as to the production of rickets: one a deficiency of phosphates in the blood; the other an excess of acids, mainly lactic, which dissolve the phosphates, and thus allow them to be eliminated by the kidneys, instead of being deposited as alkaline lime salts in the bones; in other words, the osseous metamorphosis does not occur, the diploë of the flat bones enlarge, and the laminæ separate more or less from each other, forming interlammellæ, which finally fill up with gelatiniform fluid.

The consequence is that as the bone becomes curved, the periosteum relaxes on the concave side, and the deposit at that part becomes excessive.

There is increased vascularity of all the constituents of the bone; we find the periosteal, medullary, cortical, and cancellated structures congested, deeply reddened, and filled with this gelatinous transudation.

Gradually the laminæ become thinner and more yielding, the bone becomes greater in its porosity, and when the new material is washed out, the weight of the bone is found to be less. Rokitansky tells us that if we boil the rickety bones, the result is unlike the chondrin or other animal matter of sound bony tissue.

The diaphyses and epiphyses of the long bones are separated by an increased mass of uniting cartilage, the ligaments become lengthened and relaxed, presenting the appearance designated "articuli duplicati," or double jointed: the bones most in use are earliest deformed.

The rachitic skull is generally described as square; it is usually flattened in all directions; the sutures late in closing are usually depressed; the thorax develops a lateral depression between the third and ninth ribs, owing to the action of the scapular and humular muscles, together with the force of atmospheric pressure. The sternum is forced forward and becomes prominent at or below the ninth rib.

The pelvis may also be greatly deformed; its upper portion may be expanded and the lower contracted; thus, in after life, seriously affecting the mechanism of labor, as we frequently see in our lying-in wards.

The teeth of rickety children are retarded: in practice, if the child does not present a tooth at twelve months, we generally regard it as pointing to a rickety diathesis; you will also usually find the fontanelles patent, especially the anterior, which will remain so until the twentieth month,

or even later. There is liability to perspiration about the neck and head—Jenner tells us that this is diagnostic of the disease: the urine is increased in amount; the bowels are variable, alternating between a condition of constipation and one of diarrhœa; hyperæsthesia is sometimes a marked symptom. The lungs may be attacked by pneumonic, catarrhal or tubercular phthisis; the brain may be œdematous, or its ventricles may be filled with serum.

The bronchial and mesenteric glands are enlarged; the intestinal glands are also involved in the general dyscrasia: hence. we have as a prominent symptom. disordered nutrition, together with the consequent emaciation, wasting of the muscles, and loss of color.

The osteomalacia or malacosteon affecting women after child-birth, of which we see a number of examples in this house, bears a close relationship to the rickets of children; but the former is confined to adult life, while the latter is a disease peculiar to children. Malacosteon is also attended with severe pains.

Parents are always solicitous as to the *prognosis* of rickets. The result is the same as I have told you in all the diathetic diseases, if the inherited taint is not too overwhelming, our little patients will eventually practically recover, although the deformities of the disease still remain. This is especially so when the disease commences about the second year or later, and only affects two or three bones.

You must pay due regard to the condition of the gastro-intestinal tract as an important factor in making up your prognosis.

Unfortunately, in the major portion of your cases, you will not find the disease pursuing so favorable a course, and the little sufferer will perish either from exhaustion, bronchial or intestinal catarrh, or occasionally by an exanthemata as a complication.

In the *treatment* of these cases, your first thought should be as to their hygienic condition and surroundings; and see to it that these are as perfect as circumstances will permit.

Food next calls our attention. If the child is still nursing, experience will tell you that there is no food so well adapted to its use as the maternal milk, provided, of course, that the supply is sufficient and of proper quality, and that the mother is not a victim of any of the four diatheses about which I have told you so much during our visits to the wards. As the child grows older, its diet must still be uppermost in your plan of treatment.

We have no medicinal agent which acts as a specific in this disease (as you know iodine and mercury do in the syphilitic diatheses), but we must exhibit our drugs in order to meet special indications. Lime water meets the condition of the gastro-intestinal tract, and also supplies the bones with the needed material. A good plan is to give it with the milk. Cod-liver oil should be our sheet anchor to prevent emaciation. Give it either internally or by inunctions; the latter method you will find acts marvelously in these cases.

Iron, as the tinct. of the chloride, must also be supplied as an hæmatic, and for its restraining property on the bowels.

Salt sea baths, among the rich, are good adjuvants to your general treatment.

Let us devote the balance of our time this afternoon to a study of some of the diseases of early infancy and their treatment, using as our text the abundant material which you see the wards present.

We will begin by studying *ophthalmia* and its forms, the *blennorrhœal* and the *catarrhal*.

This disease is more prevalent in asylums, and a glance around the ward will convince you that our hospital is not an exception to the rule. Want of cleanliness or *dirt* is a factor in its production; it occurs at times with puerperal fever; leucorrhœa or gonorrhœa in the mother may produce ophthalmia in the child; when produced by the latter it is perhaps the worst form of inflammation of the eye that you will be called upon to treat.

This little patient, who is suffering from simple catarrhal ophthalmia, illustrates well the disease as you will usually meet it. Note the bloodshot appearance of the eyes with soreness and pain; you notice that it turns its head as much as possible from the light. In the right eye, which is the most affected, you will please notice this irregular injection of the conjunctiva, which, unfortunately for the patient, is becoming general and velvet-like, with here and there a raising of the mucous membrane in spots like water blisters; this we technically designate *chemosis*. There is a mucous discharge which agglutinates the edges of the eyelids; this is more noticeable at night or upon arising. This is about the extent to which the catarrhal variety reaches, but not so in the blenorrhœal or purulent form; here the course is rapid, twenty-four to thirty-six hours.

This little lad presents us a typical case: here we perceive much swelling, the conjunctiva has assumed a deep red hue; you also note numerous fine granulations, occasionally flakes of pseudo-membrane; abundant creamy pus, at times tinged with blood, is poured out.

This is a very critical period, the dangers lying in the fact of the possibility of rapidly destructive ulceration of the cornea causing blindness, although it is possible for a considerable ulcer of the cornea to heal in a child, even without leaving an opaque cicatrix.

The treatment must be prompt and vigorous; the pus must frequently be removed by injections of warm water, which may be carbolated, or Smith recommends a solution of corrosive sublimate. We may use alum, grs. iij. to ℥ j.; Von Graeff uses a strong solution of argenti nitras. As very much depends upon the vital energy of the child's system, pay especial care as to its nourishment, bathing, and the state of its bowels.

The catarrhal variety, of course, does not require such active treatment.

It is well to start out by the administration of a saline cathartic. Here you may use a mild wash of nitrate of silver, one or two grains to the ounce, or some of the other mild astringent washes. If the disease remains rebellious, leeches back of the ear, or a blister applied to the temple, will materially aid in the cure. It is just as important here as in the severer forms of the disease, to keep the eyes clean; and I may add that great care should always be exercised in washing the eyes of the

new-born. As the subjects of these diseases are generally more or less cachectic, you will find it advantageous to place them on a general tonic treatment. The 25% to 50% emulsions of cod-liver oil, containing a certain proportion of the phosphate of iron dissolved in them, say one to two grains to teaspoonful, are valuable.

Then again, you will find, as I have so often told you, hygiene and a well-regulated diet to be your sheet anchor.

NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAPER.

Reported by W. H. SEELYE, A. M., M. D.

Pleuro-Pneumonia.

The patient was a robust, strong-looking young man, with dark complexion. He was admitted to the hospital October 31. Age 24. Unmarried. A reporter. Drinks occasionally. Family history is negative. He gives no personal history. He has always been well until the 23d of October. He then felt sudden, sharp, darting pains in his right side, which extended to the lower part of the chest, and down toward the groin, and they were worse on coughing. He had not been unusually exposed to cold or wet before this, and knows no cause for it. He soon became feverish, and was obliged to take to his bed. He was treated by a physician outside of the hospital, and was relieved by the application of a fly blister. He has had no chill, and no urinary symptoms. Is suffering from anorexia. At the time of his admission his pulse was 120 per minute, respiration 40, temperature 104.8°, at twelve o'clock 103°; November 2, morning, temperature 102°, and evening 103°; November 3, morning, 103°, and now, at 4 p. m., it is 103.2°.

You observe, gentlemen, that the range of temperature has been pretty high since he came in and has been under observation, and it was probably high before and ever since the beginning. The high temperature at the time of his admission was probably due to disturbances caused by his removal to the hospital. It is a rule here to find a higher degree of temperature at the time of entrance than prevails on the following day; for the excitement of being moved, and the change, cause a temporary increase of the fever. So it was in the case of this man.

You notice that the expectoration is rusty in color, and this is due to the coloring matter of the blood; but it is not so viscid as we usually find it in pneumonia. It is more like what we get in bronchitis, but we usually have some bronchitis with pneumonia. I will now make the physical examination to see what more we can learn.

Auscultation.—On listening over the back of the chest, I find that he breathes with tolerable freedom, and the movement is almost symmetrical on both sides, or perhaps a little freer on the left. The vocal fremitus is more marked on the left than on the right.

Percussion.—When I percuss over the back of the chest from above downward, you observe that as I pass below the spine of the scapula on the right side, the percussion note becomes duller, and as I get a little lower it becomes absolutely dull. On the left side there is fair resonance, and percussion with the flat of the hand makes the difference on the two sides more evident than does mediate percussion. In front, on the right side, dullness begins at about the same level as behind; but the line of dullness is altered by change of position, showing that there is fluid in the pleural cavity. But this is not an uncommon complication with pneumonia.

On auscultating again below the line of dullness on the right side, I find an absence of the respiratory murmur, and even during the forcible inspirations produced by coughing no air is heard to enter the lungs below this line. When auscultating and the respiratory sounds seem to be absent, it is important to ask the patient to cough, especially if it be a very feeble person, as this is often the only way by which you can introduce air into an apparently impervious lung. Sometimes the breathing is so extremely shallow that full inspirations are not taken, and the air does not seem to enter certain parts of the lungs, but the act of coughing shows that it does enter. While the vocal resonance in the upper part of the chest on the right side is normal, as we approach the line of percussion dullness we here get the peculiar sound known as œgophony or a bleating bronchophony which indicates the presence of fluid.

Now, in this case, from the subjective symptoms and the objective examination, why would you suspect that there was something more here than simple pneumonia? It is because the fever chart shows that there has been no crisis, and the fever continues high although this is the twelfth day, while in pneumonia we get the crisis between the fifth and the eleventh day. One more important point remains to be determined here, and that is whether the fluid in the pleural cavity is serous or purulent. We can not infer positively that it is purulent because of the continued fever with its periodical exacerbations. But this question can be determined at once by introducing a needle and examining the fluid drawn off. This will be done here, and you will learn the result at the next meeting.

MEDICAL SOCIETIES.

PROCEEDINGS OF "THE COLLEGE OF PHYSICIANS OF PHILADELPHIA."

The History of a Case of Abdominal Cystic Tumor, where Seven Years after Removal of the Tumor by Laparotomy a Second Operation was Demanded: Tapping through the Vagina Resorted to, with Consequent Death of the Patient.

BY WALTER F. ATLEE, M. D.

[Read March 7, 1883.]

Bene facit qui ex erroribus suis exemplum aliis præbet.

In June, 1875, I removed, by laporotomy, in the St. Luke Hospital, Bethlehem, a multilocular cyst from Mrs. DeM——. The history of the case was given by Dr. Stout to the Board of Trustees, and published in their second Annual Report. The whole mass removed at the operation weighed seventy-eight and a half pounds. The lobes and

lobules composing it were made up of cysts containing fluids of different densities, colors, and other physical properties. The pedicle appeared to arise from the rectum; at all events, the cyst wall was separated from everything else, except the front of that intestine, and the only ligature used was there applied. The whole vascular supply was derived from meso-rectal vessels. Of course, the clamp could not be used. As always, in sewing up the incision in the abdominal walls, I carefully included the peritoneum in the sutures, as in this way adhesions of intestine and omentum, with the consequent discomfort and constipation suffered by the patient, are never observed, and, moreover, in case a second ovariotomy should have to be performed, the operation could be performed with much more ease and safety.

This patient recovered from the operation, though somewhat slowly, owing to delay and difficulty in removing the ligature, which was left hanging out of the external wound, and not cut short and left inside the abdomen, as is now generally practiced. She remained in perfect health for seven years, but in the summer of 1882 came to my office complaining of considerable discomfort in the pelvis, where I detected, by the touch, the presence of a swelling, caused by a thick, viscid fluid; in other words, there was plainly a second tumor formed there. This continued to enlarge, and in the month of January the suffering it occasioned was so immediately threatening to the patient's life, that it was necessary to act. Great efforts were made to push the tumor out of the pelvis, but this was not to be accomplished. It remained to operate as before, and remove the mass by laparotomy, or to give relief by emptying the cyst by tapping through the vagina. The latter procedure was preferred, and about three pints of a very thick, dark-colored fluid were drawn off by a Thompson trocar. There was no difficulty about the operation, nor was it attended by any particular pain, nor was there any hemorrhage. The next day the patient felt herself completely relieved, but after that her pulse became quickened, and a general febrile condition, unpreceded by chill, succeeded. There was evident tenderness on pressure over the lower part of the abdomen, but no severe pain independent of this pressure. The stomach became so irritable as to reject everything swallowed. Death took place on the eighth day, under the marked symptoms of depression which accompany pyæmia. It was a death, most plainly, from cyst inflammation.

Notwithstanding the great number of cases of operation for ovarian disease reported nowadays in journals, more or less medical, this case is really one deserving of record, and one of true and special interest to the pathologist and to the surgeon.

In removing the large mass in the first operation, in this case, it was noticed that no pedicle was found. It was separable by the fingers everywhere except from the front of the rectum, where it was necessary to apply a ligature and divide the attachment by scissors. The ovaries, as we all know, are situated in the posterior fold of the broad ligaments, on the sides of the highest part of the uterus, behind the Fallopian tubes, and the round ligaments which separate them from the bladder, and in front of the rectum, from which they are commonly separated by the lowest circumvolutions of the ilium. By a rounded cord, the ligament of the ovary, they are attached internally to the womb, and externally by two folds of the peritoneum to the sides of the pelvis.

As the ovary, in its normal condition, is not pediculated, at first, of course, a diseased ovary has no true pedicle. As it becomes larger, this pedicle is formed from changes in its normal connections with the adjacent womb; it consists of the Fallopian tube often much elongated, the broad ligament often considerably thickened, the utero-ovarian ligament occasionally hypertrophied to a large fibroid stem, the round ligament, and enlarged blood-vessels. If the tumor rises out of the pelvis, the pedicle will be longer, and if bound down in the pelvis from early adhesions it will be shorter.

In some cases, however, and they are by no means rare ones, when cystic tumors are removed from the abdominal cavity, no such pedicle as the one just described is met with. In the case, whose history I have been relating, it was said that there was no distinct pedicle, and that the whole vascular supply came from the vessels of the meso-rectum. It may naturally be supposed that this was owing to the way in which the diseased mass may have been separated from its surroundings, and I therefore call attention to the fact that the same thing has occurred in the practice of an operator such as Spencer Wells. In his *Diseases of the Ovaries*, in relating Case CX., he says that he found no pedicle, and that the tumor derived its vascular supply from the omental and mesenteric vessels.

It seems to me most reasonable to look upon some of the abdominal tumors having these connections, not as enlarged and diseased ovaries, but as changed ovules, which have failed to enter the Fallopian tubes, have slipped into the interstices of the neighboring organs, become attached, received blood, and grown. In women, when the Fallopian tube has become adherent, in place of floating loosely, the ovule is not grasped as it leaves the ovary, and then it is not rare to see ten, fifteen, twenty, or even more small cysts, some as large as a pea, on the parts immediately in contact with the ovary. (See Sappey, vol. iii., p. 644.)

If one of these misplaced ovules was attached to a spot, where plenty of blood was supplied, a large cyst could be formed, having no distinct pedicle, as in the case before us. As is seen in cases of extra-uterine fœtation, a well-made child can be formed in this way from a fecundated ovule, and we may suppose that from an unfecundated one a monstrous polycystic growth should form.

Although out of the way, I wish to mention here that the only two cases in which I have been consulted on account of a return of abdominal cystic tumors, were where there was no pedicle, and where the chief vascular supply came from the vessels in front of the rectum. One case is the one now under consideration, and the other is the one published in the *American Journal of Medical Sciences* for January, 1883, on account of the bladder having been opened during the operation.

My reason for reporting this case, however, is not to advance any particular views in regard to

the pathology of certain polycystic tumors of the abdominal cavity, but in order to speak of the mistake made in the treatment. In the words of one who has done as much as any other to advance our knowledge of the treatment of abdominal tumors: "Mistakes teach most valuable lessons, and, when discovered, are not likely to be repeated. Hence, in medicine, they should be recorded for the benefit of science and of humanity." (*General and Differential Diagnosis of Ovarian Tumors*, by Washington L. Atlee, in Preface.) When this case presented itself, it was necessary to act; a speedy and most painful death was inevitable, unless relief were afforded. It remained to choose between the removal of the cyst and the emptying of its contents by tapping through the vagina, the only way practicable of introducing a trocar. On account of the operation previously performed, and the impossibility of moving the mass in the pelvis, its removal was not attempted. A previous operation is not necessarily an objection; Dr. Washington L. Atlee records two cases where a second operation was performed, and in both successfully. Spencer Wells, in his table, gives thirteen cases in which he removed an abdominal tumor from a patient who had previously undergone the operation, and eleven of them were successful. Here, however, the immovability of the tumor was such as to make me positively sure that the attachments were so great as to render its removal impossible.

Of tapping through the vagina I had no personal experience whatever, and what is recorded by others, although not, as a general rule, favorable to the plan, did not deter me from it. Scanzoni goes so far as to say that if puncture by the vagina was always possible, abdominal puncture would soon completely disappear from surgical practice. The sac, opened in its lowest part, can empty itself more completely. (Scanzoni, *Traita pratique des Maladies des Organes sexuels de lê Femme*, Paris, 1858.) Peaslee says that there are three considerations to deter us from it in all ordinary circumstances: 1. The vessels are larger and more numerous at the lowest part of the tumor. 2. If polycystic, the largest cysts are not at its lowest part. 3. There is greater risk of wounding other organs. (Peaslee, *Ovarian Tumors, their Pathology, Diagnosis, and Treatment, especially by Ovariotomy*, 1872.)

Emmet writes that he has punctured several cysts with a trocar from the vagina, and in every instance more or less cellulitis has resulted. This might, however, destroy the cysts, but he is not able to determine that, for all the cases passed from under his observation. (Emmet, *Principles and Practice of Gynecology*, 1880.)

Thomas says that by this method two of the dangers of tapping, secondary escape of fluid into the peritoneum, and consequent peritonitis, are unquestionably avoided, but others are as surely increased, namely, those of injury to portions of the intestine and entrance of air into the sac, with consequent decomposition of the contents, septicæmia, and inflammation of the sac walls. His experience with the method is not large, but it leads him to agree with Spencer Wells. (Thomas, *Diseases of Women*, 1872.)

Spencer Wells says that tapping through the vagina is more liable to be followed by inflammation of the cyst than tapping through the abdominal wall, because it is not easy to prevent the entrance of air. The operation of tapping through the vagina is selected, not so much with the intention of simply emptying the cyst, as for the chance that should the fluid escape by the opening, as fast as it is secreted, the cyst may gradually contract, and the puncture close. This favorable result, however, is seldom secured. As a rule, air enters the cyst, the opening fills up, the fluid remaining in the cyst, or that newly secreted putrifies. Suppurative inflammation of the lining membrane of the cyst comes on, and is accompanied by a low form of septic fever or pyæmia, which can only be relieved by making and maintaining a free outlet for the discharge. The frequency of these consequences should make tapping by the vagina an exceptionable practice, but it may be adopted in cases where an ovarian cyst is bound down in the pelvis by adhesions, and it is necessary to relieve the distress caused by pressure on the bladder and rectum.

The canula or an elastic catheter may be left in the cyst, though it is safer practice either to introduce a wire seton or a drainage tube, so as to prevent the opening from closing, and make sure of the free and immediate escape of any fluid that may be secreted. Even with every care, however, Mr. Wells concludes, from his experience, that patients are so apt to suffer from some of the ill effects of long-continued suppurative processes, that it is better, even at considerable risk, to remove a cyst, if at all possible, than to trust to any mode of drainage. (Spencer Wells, *On Ovarian and Uterine Tumors, their Diagnosis and Treatment*, 1882.)

Dr. Charles West, whose opinions have for me, at least, extraordinary importance, greater indeed on such a point than those of any other man, says that there is no doubt but that inflammation attacking parts within the pelvic cavity is less apt to extend to the peritoneum than when it attacks an abdominal organ; of which rule pelvic cellulitis and inflammation of parts within the folds of the broad ligaments are apt illustrations. It is equally incontestable that pelvic pertionitis is less apt to become generalized than is similar mischief originating in the abdomen. Cyst inflammation is so dangerous, however, that it is doubtful if vaginal tapping may be employed, even when the cyst is simple. Its dangers are incalculable. The dangers of ovariotomy are far less. Except when a cyst is impacted in the pelvic cavity, he does not recommend tapping per vaginam. (West, *Lectures on Diseases of Women*, 1879.)

Our best authorities, therefore, teach us that the tapping of polycystic tumors at least must be avoided; that the removal of the cyst is to be practiced in preference; that when impacted in the pelvis, so that it interferes with the performance of functions absolutely necessary to life, tapping, to which we must have recourse, is particularly dangerous, owing to the frequency of cystic inflammation, and consequent death from septicæmia. In my case I thought to avoid this by taking precautions to hinder the entrace of air into the cyst, but it took place notwithstanding, and the death of the patient was occasioned by it in eight days.

If, unhappily, I should ever again be called upon to try to relieve a similar case, I should act differently, and, not relying upon any means to prevent the setting up of cystic inflammation, do more to establish a free outlet for the noxious products by which the system is poisoned, and do everything in my power to prevent their formation by topical applications to the secreting surfaces of the cyst.

Dr. Noeggerath (*Ovariocentesis Vaginalis, American Journal of Obstetrics*, May, 1869), by pursuing this course, had such good results as to declare himself confident that, where a simple or compound cyst could be attacked through the posterior vaginal cul-de-sac, this operation would take the place of laparotomy. The plan he prefers is to make first a transverse incision, about an inch long, behind the cervix uteri and through the roof of the vagina up to the cyst. This, coming into view, is then evacuated by a free incision, and, finally, the edges of the two incisions are stitched together by five or six silver sutures. The cyst thus left free and permanently open is daily washed out with antiseptic injections until it finally contracts, and ceases to afford any secretion. Although, at the present time, it is not likely that in ordinary cases any one would choose to perform this operation to that of the removal of the cyst, yet all experience shows that when the cyst is so firmly fixed in the pelvis as not to be removable, it diminishes in a marked degree the great danger necessarily incurred by tapping through the vagina—that of poisoning of the system by the absorption of the putrid products of cystic inflammation.

I feel certain myself that I made a sad mistake in not operating in this way, and report this case, as a warning to others—*Bene facit qui ex erroribus aliorum, sibi exemplum sumat.*

[After the reading of the preceding paper:—]

Dr. William Goodell said that he did not think the attachment of the tumor to the rectum was so unique as the return of the tumor. He had on several occasions removed tumors without being able to find the true pedicle, on account of the many adhesions. He could not agree with Dr. Atlee with regard to the origin of the cyst—he did not think it could have come from a wandering ovum, since, in that case, it would have been monocystic.

He regarded tapping per vaginam hazardous, for the reasons given by the late Dr. Peaslee, first, on account of the danger of wounding blood-vessels, and second, on account of the danger arising from the entrance of air into the cyst. He did not understand why the air could enter the cyst so readily after tapping per vaginam. When he performed tapping by this method he employed the aspirator. Returning to the question of the attachment apparently of the pedicle to the rectum, in the case reported, he said that it was quite common not to find a pedicle in some forms of intra-ligamentous cyst, because they had to be enucleated, and referred to the statements of Lawson Tait with regard to this difficulty of determining the origin of the tumor. He desired to call attention to the pathological characters of the recurrent growths, and stated that according to his observation they were always malignant, and that they recur in the stump of the pedicle, or, as he had seen, at the site of the adhesions. He alluded to a case which occurred in his own practice, and to one related to him by Dr. Bantock, of London, which confirmed the statements made.

He asked Dr. Atlee whether he could explain why the air entered so readily into cysts after tapping per vaginam.

Dr. Atlee, in reply, said that he had seen no reason given, but thought it was owing to the difficulty in closing the wound made in the tapping.

Dr. R. P. Harris remarked that perhaps he could throw some light upon the cause of this admission of air, from what he had observed in a case of removal of hæmorrhoids. Some years ago, soon after the introduction of the écraseur of Chassaignac, he called in the late Dr. Joseph Pancoast, who had obtained the instrument, to make use of it in removing a mass of hæmorrhoids from the rectum of a very anæmic man, rendered such by repeated hemorrhages after defecation. After the operation, to prevent, as he stated, the suction power of the diaphragm upon the rectum, endangering secondary hemorrhage, Dr. Pancoast introduced into the anus a small box-wood tube. The effect of this was soon demonstrated: a large drop of serous fluid descended the tube and stopped at its exit; when the diapraghm arose in expiration, the drop was drawn up the tube, and when it descended in inspiration, it came down again; thus showing the pumping effect of the diaphragm upon the pelvic contents. Let this open tube become an opened cyst with flaccid walls, and we have air pumped into the cyst, as it was into the rectum of our patient.

Dr. J. Ewing Mears asked Dr. Atlee whether a post-mortem examination had been made. He thought the observations of Dr. Goodell with regard to the difficulty of finding the true pedicle in tumors with many adhesions, and to the pathological characters of the recurring tumor in these cases, to be correct, as such had been his experience in instances of which he had had personal knowledge. With regard to the entrance of air into the cyst, when tapping is performed per vaginam, he thought the explanations of Drs. Atlee and Harris were correct. A cyst firmly impacted in the pelvic cavity is separated from the vaginal tube by a comparatively thin septum, differing greatly in its anatomical characters from the abdominal wall. The opening made by the trocar in this septum and in the cyst wall attached to it by adhesions, does not close perfectly, and the air drawn up into the vaginal tube passes readily into the collapsed cyst.

Dr. Atlee, in reply to Dr. Mears, stated that no post-mortem examination had been made.

Consumption of Tobacco.

According to *Les Mondes*, it appears that in Russia, France, and England, the consumption amounts to one pound per inhabitant. In Italy it is rather higher, one and a half pounds. Austria comes next with two and two-fifths pounds. In the United States and Germany the consumption amounts to three pounds, in Belgium to four and four-fifths pounds, while Holland has the privilege of heading the list with a consumption per inhabitant of more than five and a half pounds.

EDITORIAL DEPARTMENT.

PERISCOPE.

Certain Proof of the So-Called Uterine Milk in Man.

The *Edinburgh Medical Journal*, February, 1883, says: Under this title G. Von Hoffmann contributes an interesting article to the subject of placental physiology to the *Zeitschrift für Geburtshülfe und Gynäkologie*, Bd. viii. Heft 2, S. 258. The author supports the views of those who, like Ercolani, maintain that even in the human species the placental villi do not project freely into blood-spaces in the maternal part of the placenta, but are always covered with the milk-secreting organ, which is developed in the upper layers of the serotinal decidua during pregnancy. The sinus system, as it is called in the human subject, is, according to our author, made up of this milk-secreting organ. But in consequence of the dilatation of its walls in the course of development, some maternal capillaries become thinned and burst, so that permanent lacunæ are formed, through which maternal blood enters the sinus and mixes with the uterine milk secreted from its walls, which are, of course, made up of altered decidual surface. This maternal blood and uterine milk is absorbed by the fœtal villus for the nourishment of the fœtus. The method adopted by the author to prove his theme is not so much an anatomical as a physiological one. He provided himself with fine capillary lymph-tubes. Then, laying the fresh placenta flat, with the maternal aspect upwards, and wiping its surface very carefully with a sponge, he introduced these tubes, some obliquely, some perpendicularly, to a distance of from 1 to 1½ centimetre. The intention was that these tubes should penetrate the placental tissue so as to pass between the fœtal villi and pierce the intervillar spaces, extracting from the latter part of their contents by capillary attraction. In this way the author made observations on forty fresh placentæ obtained at the end of pregnancy, and on those obtained from many abortions at various months. He found the fluid thus obtained consisted of—1. Red blood-corpuscles of various sizes and forms. 2. Colorless blood-corpuscles, somewhat larger than usual, but not in large quantity, being only about 1 or 2 white in 100 or 200 red corpuscles. 3. Uterine milk-cells. These occupied by far the greatest amount of space, and his view of their nature he supports by comparison with the fluid found in the cow's placenta. 4. Free intercellular fluid, clear as water. Less constant constituents of this fluid were—5. Decidual cells, floating freely, with nuclei and nucleoli. 6. Small round bodies, probably derived from red blood-corpuscles. 7. Small particles, or detritus, often colored red. 8. High-colored pigment-cells. 9. Certain irregularly formed azure-blue bodies. The fluid obtained in this way, on being collected in quantity and allowed to stand in a small test-tube, separated constantly into two layers, the upper layer being invariably formed of the uterine milk mixed with blood-serum, the lower consisting essentially of red blood-corpuscles. The author compares the fluid thus obtained from the human placenta with that obtained from the cow's placenta, and finds that the elements he ascribes to the uterine milk are essentially the same in both, but that in the human placenta a considerable amount of blood is mixed with the milk, whereas in the cow scarcely any blood-cells are found. The author's results are finally formulated by him in the following propositions: 1. The destiny of the decidua in general in animals, as well as also specially in man, is that of affording to the fœtus, during its intra-uterine life, a portion of the nourishment necessary to its growth. For the fulfilment of this task the serotina or decidua placentalis is transformed into a special milk-secreting organ, which is thrown off after delivery along with the placenta as an integral portion thereof. 2. The secretion of this organ, the so-called uterine milk, is secreted into the gradually-formed spaces in which the placental villi are situated. Here the uterine milk is commingled with the cotemporaneously extravasated maternal blood, and, taken along with the latter, represents the fœtal nourishment which only now appears suited for being absorbed by the fœtal villi. 3. From the standpoint of comparative anatomy, the view of an essential difference between the placentæ of the higher orders of animals and man is no longer tenable in the sense hitherto accepted, according to which an entirely separate position has been assigned to the human placenta in the scale of development. The author postpones for a future work the consideration of how the absorption of the fœtal nourishment by the villi takes place, as well as other matters therewith connected.

Carbolic Acid Injections in Hydrocele, Ranula, and Cystic Tumors.

Dr. P. E. Sandidge thus write in the *American Practitioner*, February, 1883: The purpose of the present paper is to give an account of a few cases of hydrocele, ranula, and analogous tumors, which I have treated in the last dozen years by injections of carbolic acid.

In March, 1868, I saw Mr. W. with my late lamented friend, Dr. J. W. Beauchamp, sr. The case was one of double hydrocele. Being led to think of carbolic acid as a probable cure for hydrocele by reason of what I had witnessed of its effects, in the year or two preceding, in promoting the healing of wounds, I suggested its use as an injection in this case instead of the tincture of iodine, or port wine, etc.; but, Dr. B. objecting, I emptied the sacs and threw in the tincture of iodine after the usual manner. The patient did well, and the operation seemed to be a success.

Two years later the vaginal tunic again began to distend, and in April, 1871, I was called to operate a second time. The tunic of the right side was greatly distended with a dark-looking

fluid, which I drew off with an ordinary trocar and canula, and injected two or three drachms of a solution of Calvert's carbolic acid No. 5, one part of water to three of acid. I manipulated the walls of the sac in such a manner as to bring the solution in contact with their every part, and then slowly pressed it out. The contents of the left tunic were clear. Having withdrawn them through the canula, I threw in two drachms of tincture of iodine, kneaded the parts, and withdrew the injection as on the right side. Two hours later the patient suffered intense pain and heat, with retraction of the testicle of the right side. The scrotum was much swollen and red, and the penis became erect. Rigors soon followed, and these in turn were followed by fever. The left side underwent no change. A brisk purge or two, rest in bed, low diet, and cold lotions to the inflamed parts, straightened matters, and in ten days the case was dismissed. The right testicle remained for a time somewhat retracted, and the scrotum on that side considerably corrugated. There were no marks of trouble on the left side.

Nine months after (January, 1872), the left tunic had refilled. The right was cured. I emptied the sac, injected carbolic acid solution, and got a speedy cure. The patient, now alive, has never had the slightest return of his complaint.

Mr. H., a farmer, thirty-five years old, who had a hydrocele succeeding upon an attack of abscess of the epididymis, was cured by a single injection of carbolic acid. The patient died six years after with consumption, without having had a return of his hydrocele.

From April, 1871, I have treated a considerable number of cases of hydrocele by the simple method here mentioned, with uniform success. I have not had to use the injection more than once in a single case. It has also come in my way to relieve a number of subcutaneous cystic tumors by the same means. I have had equal success with carbolic-acid injections in the treatment of ranula. The following report of a case may be interesting:

In November, 1876, I saw, with a medical friend, a girl thirteen years old, otherwise in good health, having the largest ranula I had ever met with. It positively hung under her chin like the pouch of a pelican. It pressed the tongue up against the roof of the mouth, interfering with articulation, deglutition, and respiration. Here, as in the first case of hydrocele I mentioned, I yielded to the wishes of my medical friend, and operated in the usual way, using tincture of iodine as the irritant. The following April the sac was more distended than ever before. I at once withdrew the fluid through a canula introduced at the most dependent portion of the tumor, and injected six ounces of Calvert's solution of carbolic acid No. 7, and took care to bring it in contact with every part of the cyst before it was withdrawn. The parts quickly became red and intensely painful. Rest in bed was enjoined, cold applications with moderate pressure were made to the parts, and a saline purgative given. Nothing further untoward occurred, and the sac has never refilled.

I have treated two cases of ranula since that time by the same method, with like success.

Adherent Placenta, Retained for Years, Simulating Cancer.

Dr. George F. French, of Minneapolis, Minn., reports the following case in the *Northwestern Lancet*, March 15, 1883:

Mrs. A., æt. 42, mother of twelve children, has always had profuse menstruation. Four years ago had twins; the placenta was adherent, and had to be detached by force. The attending physician thinks he must have left a considerable portion of it. Since that time the menorrhagia has increased. Two years ago the patient was delivered of her last child, since which time there has been a more or less constant flow or dribble. For two months it has at times been alarming, and on several cases the attending physician found it necessary to tampon. The patient came under my care the 1st of December. I found her blanched from loss of blood, sallow, and very weak. She could not assume the upright position without fainting. Mingled with the blood which was escaping from the uterine cavity, there was much watery and foul-smelling purulent discharge.

Digito-vaginal examination threw no light on the case. No tumor was to be felt; the uterus was neither enlarged nor fixed, but the os so patulous that dilatation was unnecessary. I had hoped to find myself dealing with merely a granular degeneration of the mucous membrane, but the foulness of the discharge and the exhausted state of the patient made me apprehend grounds for the existence of some cancerous affection as the attending physician had intimated. On the other hand, the complete absence of pain, and the mobility of the uterus, as well as its small size, were grounds for hopefulness. On exploring the uterine cavity, I at once eliminated the possibility of any pedunculated tumor being present, and in order to arrest the hemorrhage, which was still unabated, and to throw greater light on the further diagnosis of the case, I scraped over the surface of the entire uterine cavity with a Sims' curette. The instrument did not meet with the usual resistance common to cases of granular polypoid degeneration (in such cases you can both feel and hear the resistance offered by the underlying muscular surface), but I brought away a pulpy substance, which, under the microscope, Dr. Hunter discovered to be *placental tissue*. The operation was followed by a severe chill, and the temperature on the next day was 104°. This disturbance of the system, however, was very brief, and in forty-eight hours had entirely disappeared. There has not been the slightest return of hemorrhage, and no pain attended or followed the operation. The patient eats and sleeps well, and there is no longer any doubt of a speedy and complete recovery.

Stenosis of the Trachea and Bronchial Tubes, with Amyloid Change in their Walls.

Dr. W. Balser* contributes an article with the above title. The case occurred in 1877. Nineteen years previously, the patient, then 45 years of age, consulted his physician, who found considerable consolidation in the upper lobe of the right lung, especially anteriorly. One year later

*Virchow's Archiv., Bd. xci., H. 1.

a severe bronchitis manifested itself, and five years later asthmatic trouble. In the latter years of life, the signs of bronchial stenosis appeared, which, in the last half year of life, reached their maximum, but never was there any abrupt change for the worse noted. The voice was not much affected except in the latter years, and complete hoarseness was never present. The chronic pneumonic process, together with an increase in the stenosis, accompanied by general emaciation and anæmia, progressed until death. At the post-mortem examination, the mitral and aortic valves were found diseased, and there were atheromatous changes in the aorta, but the chief interest attends the pulmonary organs. The larynx was strongly ossified, the trachea and bronchi formed stiff, scarcely flexible tubes, and their mucous membrane was greatly congested, and covered with gray-red mucus. Besides the extraordinary rigidity of the trachea and its ramifications, the trachea was compressed flat from side to side. The tracheal wall was very thick, and nowhere was the mucous membrane of it or the bronchi in a normal condition. In its superficial layers it was puffy, pitted, and granulated, in reality composed of several components, partly whitish or bluish cicatricial tissue, partly copious yellowish-red gelatinous masses, and some reddish, and in places dark-red colloid granulations. At the same time there appeared in the mucous membrane, especially in the lower parts of the bronchial tubes, numerous small bony rings. At the bifurcation of the trachea, the calibre of the bronchi was so narrowed as to scarcely permit the entrance of the tip of a little finger. The lungs were large and emphysematous. Numerous patches of induration were visible, and evidences of peribronchitis. A very thorough microscopic examination of parts of the trachea and bronchi revealed extensive amyloid changes, sections without previous hardening being possible on account of the extensive calcification of the walls. He believes that either with or after a chronic bronchitis with consolidation, an ecchondrosis trachealis multiplex developed, and upon the first the amyloid and other changes in the trachea were dependent.

Rare Sequelæ of Enteric Fever.

From the *Medical Times and Gazette*, January 27, 1883, we learn that in the *Wiener Med. Woch.*, No. 50, Max Weiss has put on record a case of abscess of the brain occurring in connection with typhoid fever; and further, since gross lesions of the cerebrum in this disease are very infrequent, Max Weiss has prefaced the description of his case with notes of the literature of the subject. Griesinger, out of 118 cases of enteric fever, met with four instances of effusion of blood between the arachnoid and dura mater (there was no pachymeningitis, which is one of the most frequent causes of hæmorrhage in this site); in two this happened in the third week of illness, in two in the marasmus after the disease had ceased. Buhl, out of 300 cases, met with two of softening with capillary hæmorrhage in the substance of the brain. Tommaso Galli has communicated an instance of aphasia occurring in the course of convalescence. Berger has recorded a case of left hemiplegia, which set in suddenly, with only transient disturbance of consciousness in the course of the disease. Duchek has contributed three examples which were observed in an epidemic characterized by little diarrhœa and abundant rash. In these individuals the symptoms were those of irritation and paralysis combined. Thus, spasm of the face, with lockjaw and stiffness of neck, back, and extremities, were mingled with ptosis, dilatation of pupil, and convergent squint (the third and sixth cranial nerves being paralyzed); one case showed cutaneous hyperæsthesia, and another aphasia. The above reports are interesting, but, in the matter of diagnosis of gross cerebral lesion, evidence other than that obtained at the post-mortem table is apt to be misleading, and cannot be trusted—*e. g.*, the symptoms of cerebral tumor are often observed in cases of renal disease. The case recorded by Max Weiss was that of a single woman, aged twenty-one years, who, six days before death, was suddenly seized with vertigo, after which the left side was found to be paralyzed. In the progress of the illness the left limbs were also the seat of clonic and tonic spasm. At the post-mortem examination there was discovered an abscess in the "motor" region of the right cerebral hemisphere; in the ileum, signs of a past enteric fever in the form of small, flat, shallow scars; and perimetritis, with catarrh of the uterus and Fallopian tubes.

Secondary Puerperal Hemorrhage.

Dr. Paul F. Mundé read a very valuable paper on this subject before the New York Academy of Medicine (*Med. Record*, January 27, 1883). He refers principally to the fact that alarming uterine hemorrhage may occur as late as several weeks after confinement, and concluded his paper by making reference to the means of preventing these hemorrhages, both primary and secondary. The following rules were given for the management of the third stage of labor and the early puerperal state:

1. Always keep the hand on the fundus uteri from the moment the head appears at the vulva until the placenta is expelled.

2. Do not hasten the expulsion of the placenta too much.

3. Always watch the uterus with the hand, using gentle friction occasionally, for at least one hour.

4. Always give ergot by the mouth immediately after the birth of the child. If chloroform has been given, or if the labor has been unusually tedious, give ergot hypodermically, injecting a syringeful of the fluid extract to the depth of one inch near the umbilicus.

5. If the uterus shows a reluctance to remain contracted, rub the fundus gently with a piece of ice, or insert a cone-shaped piece into the cavity.

6. Always make sure by palpation and percussion that the uterus contains no coaguli.

7. Apply the child to the breast early.

8. Apply an equally tight binder, and, if there be tendency to hemorrhage, a pad should be placed over the fundus to secure its steady compression.

9. If there be laceration of the cervix or vagina,

future oozing may be checked by mild astringent injections, or, if need be, by applications through the speculum. Immediate suture for laceration of the cervix appeared to him to be rarely feasible.

10. Do not allow the lying-in woman to leave her bed before the tenth day.

11. See that the bladder is empty, and is not interfering with uterine contraction.

12. See that the nozzle of the syringe is not introduced too far, and that too much force is not used in giving the customary cleansing injection.

The Cutaneous Manifestations of Paludism.

The *New York Med. Jour.*, March 17, 1883, says:

In a paper on this subject by Verneuil and Merklen (*Ann. de Dermat. et de Syphil.*, Nov., 1882), the following are the conclusions arrived at:

1. Herpes is one of the common manifestations of malarial disease.

2. It may either precede the paroxysm of intermittent, or occur during any one of the three stages of the paroxysm, or it may follow the stage of sweating. It may appear even after the paroxysms of the fever have been suppressed by means of sulphate of quinine. There is no etiological connection between the herpes and the fever, notwithstanding their frequent coincidence.

3. Paludic herpes does not present any peculiar features. Its most common locations are the face, the region about the lips and nostrils, the eyelids, the cornea, and such points as are most abundantly supplied with nerves. Though ordinarily discrete, in certain epidemics the eruption presents a remarkable tendency to confluence.

4. Black crusts, or, more especially, black vesicles attending the herpes, pertain to grave and pernicious forms of malarial fever.

5. Exceptionally, the herpes of malaria takes the form of zoster.

6. The ordinary forms of malarial herpes may be preceded by and accompanied with vaso-motor disturbances upon the surface of the skin, and disorders of sensibility.

It is believed, in consideration of the habitual locations of the eruption, of its concomitant disorders, of its possible appearance in the absence of a febrile attack, that the cause of the disease is referable to a nervous lesion, perhaps to a congestion of the cutaneous nerve-branches, resulting from the localization of the malarial poison in these nerves.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——In the April number of *Lippincott's Magazine* one of the most striking papers is on "The Climate Cure," by Frank D. Y. Carpenter, who writes in a decidedly cynical vein, and who seems occasionally to overstate the argument against the claims of our principal health resorts, but who dispels some common illusions, and depicts very forcibly and graphically their mischievous tendencies and results.

——The annual address before the New York Medico-Chirurgical Society by its President, Dr. E. P. Fowler, is very neat in typography and conservative and sensible in its contents. It discusses the meaning of such words as "disease," "cure," "recovery," etc., and has a few trenchant paragraphs on homeopathy.

——An odd and wild sort of a paper is one by Dr. Matthew Kempf, of Ferdinand, Ind., on the "Wandering Cainidæ," a supposed ancient nomadic race. It is a lecture delivered before the medical society of Dubois county, and is half prose and half quotations from a poem apparently unpublished.

——Dr. John G. Lee, of this city, has written an interesting essay on "Homicide and Suicide in Philadelphia from 1871 to 1881." It is a thoughtful presentation of the influences which lead to these two great crimes. Suicide is not on the increase in this city, and the author very properly draws the line between the act as deliberative and insane.

——Dr. John Homans, of Boston, furnishes 100 cases of antiseptic ovariotomy. The net result is 87 recoveries, 13 deaths. He adds: "This is about as well as I can do, unless I refuse the desperate cases." Well enough, too, we think, when we remember that only twenty years ago this operation was condemned by many leading physicians as wholly unjustifiable!

——"The Electric Light in Surgical Diagnosis," is the title of a valuable reprint by Dr. Roswell Park of Chicago. He believes that these various "scopes" are "capable of aiding us to a realistic knowledge of many diseased conditions to which we could not otherwise attain." The same writer has published an essay on "Secondary Batteries and the so-called Storage of Electricity," well worth reading by all who are studying this important topic.

BOOK NOTICES.

The Dispensatory of the United States of America. Fifteenth edition. Edited by H. C. Wood, M. D., Joseph P. Remington, Ph. G., and Samuel P. Sadtler, Ph. D., F. C. S., etc., Philadelphia. J. B. Lippincott & Co., 1883, pp. 1,928.

In the heavy task of revising and, in fact, largely rewriting the United States Dispensatory, its editors have been engaged closely for the last

three years. The changes they have introduced are numerous, some of them radical. All, however, are no doubt the result of careful consideration of the needs of the time.

Of these changes we may note as of major importance that Parts I. and II. of former editions are now united as Part I.; that a number of original illustrations, largely of microscopic work, have been inserted; that a complete list of the analyses of American mineral springs is added, and that the index has been largely increased. The mineral waters are indexed separately, but no index of diseases is made out, which is an omission to be regretted.

The most material alterations in which physicians are interested, are in the sections treating of the medical properties and uses of drugs, etc. These have been recast by Prof. H. C. Wood, in sympathy with his well-known theories, that therapeutics should be based on physiology, rather than on bedside observation. That such a pronounced advocate of what is, at least, a debatable theory, should have had the charge of a work of this general scope, may, perhaps, detract from its position as an unbiased authority, at least in those respects where it is most interesting to physicians.

The chemical portion has been under the charge of Prof. Sadtler, while Prof. Remington has given his attention more especially to the strictly pharmaceutical aspects of the revision.

The publishers have done their part with a great deal of judgment, and the volume, though bulky, is not inordinately so, and is well bound and neatly printed.

The Medical and Surgical History of the War of the Rebellion, Part III., Vol. II. Surgical History. Washington, 1883.

This magnificent volume is a worthy continuation of its predecessors. At no time previously has such a monument to the devotion of the surgical staff of an army been consecrated by the country which was aided by their endeavors. The text is 986 large quarto pages, the woodcuts are 510 in number, and there are 44 full-page, most admirably executed, chromo-lithograpic plates.

This volume closes the surgical series of the Medical and Surgical History of the War of the Rebellion. It embraces wounds and injuries of the lower extremity, miscellaneous injuries, the complications of wounds (hemorrhages, tetanus, erysipelas, pyæmia, etc.), anæsthetics, materia chirurgica, and the transportation of the wounded. Full indices close the volume.

It is a subject of national congratulation that the Government authorities have been willing to put forth these volumes. They will prove to the historian of the future one of the main landmarks in the development of military surgery; and the practical benefit of the extensive induction from carefully recorded facts they will confer, will long remain as a testimony to one of the collateral advantages which even war brings with it.

The Pathology and Treatment of Diseases of the Ovaries. By Lawson Tait, M. R. C. S., etc. Fourth Edition. New York: Wm. Wood & Co., 1883. Clo., 8vo., pp. 357.

Diagnosis of Ovarian Cysts by means of the Examination of their Contents. By Henry J. Garrigues, A. M., M. D., etc. New York: Wm. Wood & Co., 1882. Clo., 8vo., pp. 112.

Mr. Tait's book has grown in the ten years since its first appearance, from the size of a prize essay, as it then was, into a treatise of considerable bulk. This growth has been a normal one. The author's constantly enlarging experience, the remarkable improvements which have taken place in abdominal surgery of recent years, and the much closer means of diagnosis which a decade brings with it, all demanded a material enlargement of his earlier editions. He has accomplished this faithfully and successfully, so that really there is no point in the study of ovarian disease that is not discussed with fulness in this volume. It is no doubt the best monograph on the subject in our language.

Dr. Garrigues confines his attention to the elucidation of one single disputed question in ovarian surgery; that is, whether the fluid of an ovarian cyst offers a reliable means of diagnosing the character of that cyst. How much need there was and is for this discussion is evident from the opinions entertained by the two writers before us. Mr. Tait writes (p. 146): "Professor John Hughes Bennet, Dr. Drysdale, Mr. Thornton, and several others, have all fallen into the error of believing that any one form of cell can be made diagnostic of these growths." Dr. Garrigues draws the conclusion (p. 103) that "by studying the physical, chemical, and microscopical characters of the fluid, it is almost always possible to diagnosticate ovarian cysts, even without knowing anything about the patient." Dr. Garrigues, however, also rejects Drysdale's "granular ovarian cell," which, indeed, he says is not a cell at all, but a degenerated nucleus.

Both these books should be in the library of every working gynecologist.

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THE TREATMENT OF ACUTE RHEUMATISM.

While the chemical theory which refers the joint troubles and the cardiac complications to an acid circulating in the blood, (says Dr. Robert Bartholow, *Medical Record*, January 6, 1883,) receives support from clinical facts and from the results of experience, yet there is an influence behind those chemical processes, which is concerned in the secondary assimilation, to produce an excess of acid, and which, we have many reasons for believing, proceeds from the nervous system. It may be affirmed that joint affections closely related to rheumatism are caused by certain spinal and nerve lesions, and hence we may regard it as probable, if not proved, that in the treatment of acute rheumatism we have to deal with a neurotic affection. In spare persons of considerable bodily vigor, good muscular development, and having a distinct family history of neurotic or rheumatismal disorders, who are prone to indulge in a rich diet of animal food, sauces and wines, and to pursue sedentary occupations, salicylic acid or salicylate of soda renders incontestible service, no doubt due to its power to diminish the irritation of the trophic nervous system. They should be given in full doses and continued after the subsidence of the acute symptoms, and the cessation of the fever and pain, for the same number of days as the acute attack lasted. Thus, if the decline of fever and pain occurred on the fourth day, the remedy should be continued as many days thereafter, or for four days subsequent to the apparent cessation of the acute symptoms.

The second class of rheumatic subjects contains the obese or those of full habit, the rotund addicted to malt liquors and to good living, all of whom are apt to suffer from a form of acid indigestion. The cases of rheumatism occurring in such subjects are, as a rule, much benefited by the alkaline treatment.

"By the 'alkaline treatment,'" says Dr. Fuller, "I mean a plan of treatment in which alkalies play an important part, but which consists not only in the administration of alkalies, but in the careful regulation of the secretions, the strictest attention to diet, and the administration of

tonics, such as quinine and bark, as soon as the patient can bear them. * * * My practice is to give not less than an ounce and a half of the alkaline carbonates, either alone or in combination with a vegetable acid, during the first twenty-four hours of treatment. * * * More commonly two drachms are ordered to be taken in effervescence every three or four hours in combination with an ounce of lemon-juice, or with half a drachm of citric acid dissolved in four ounces of water. At the same time, if the bowels are torpid, ten grains of colocynth and calomel pill (British Pharm.) are prescribed at bed-time. As soon as the urine, when freshly voided, ceases to show an acid reaction—which is usually the case after twenty-four hours—the quantity of the alkali is diminished by one-half, six drachms only being administered during the succeeding twenty-four hours. At the expiration of that time, if the urine remains alkaline, three drachms only are given in the next twenty-four hours; and on the fourth day, if the urine still shows an alkaline reaction, the form of the medicine is altogether changed. The treatment ceases to be essentially alkaline; either a cinchona draught is ordered to be taken three times a day, containing a scruple or a half drachm of bicarbonate of potash—a little more or a little less, according to the condition of the urine, which should be kept nearly neutral—or three grains of quinine dissolved in lemon-juice is given three times a day in effervescence, with half a drachm of bicarbonate of potash or soda. * * * The diet is restricted to beef-tea or broth, with soda-water and milk, and barley-water as a drink, as the smallest quantity of solid food, given a day before the tongue has thoroughly cleaned, is apt to induce a recrudescence of the disease. Wine and spirits are strictly forbidden, though experience has convinced me that wine and spirits prove less hurtful than the smallest quantity of solid food.

"In my experience, the special peculiarity of acute rheumatism in these obese subjects is the tendency to assume a sub-acute character, and to be delayed in the progress toward recovery. They are also more liable to heart complications."

The alkaline treatment, carried out as above described, gives better results in respect to relief to suffering, to duration of the disease, and freedom from complications.

The third type of rheumatic cases and numerically the most important—probably, also, pathologically, the most serious—is the feeble and anæmic subject. A rheumatic of this kind is pale, rather thin, the muscles weak and wanting in firmness, the chest narrow and somewhat flat, the joints prominent and lax. In such persons an extension of the rheumatic inflammation from joint to joint, until almost all the joints of the body are involved, is to be feared, as it is of frequent occurrence. Cardiac complications are relatively frequent. It need hardly be observed that in such subjects the depressing effects of salicylic acid and the alkalies are to be dreaded. Here clinical experience is in entire accord with theory. We owe to Dr. Russell Reynolds, of London, the introduction of a remedy for acute rheumatism, which is especially suited to this group of cases. I refer to the *tincture of the chloride of iron*. To be effective, it must be given in full doses—from ʒss. ʒj. in sufficient water, every four to eight hours. It lessens the swelling and pain of the joints, lowers the fever, diminishes the tendency to heart complication, and, above all, sustains the vital powers in their struggle against the encroachments of the rheumatic disease.

A combination of the blister treatment with salicylic acid, with alkalies, or with the tincture of iron, may often be made with signal advantage.

It will sometimes produce strangury. Milk and animal broths should constitute the exclusive diet until the cessation of all joint troubles; and atropine (if efficient) is preferable to morphia as an anodyne.

PROTECTION FROM YELLOW FEVER.

It does seem difficult to impress upon our people the importance of sanitary precautions; but when once taught their significance by great calamities, there are many among us wise enough not to forget or neglect their dearly-bought experience.

There is still lingering in the minds of the majority a distrust of the results of investigation and of the preventive and protective power of hygiene; they preferring rather to give adherence to the barbarous, superstitious, and exploded view of the inevitability of disease and its visitation upon man as a punishment for wrong-doing.

That it is not inevitable, we, who read hygiene, full well know; that it is a divine visitation as a punishment, we also know; for could a people more thoroughly merit punishment than when they wilfully and deliberately neglect the warnings, the writings, and the words of those earnest philanthropists who study that they may learn how to prevent and control disease, and write, that they may impart this almost divine knowledge to their fellow-men?

We would ask whether, in the light of accepted sanitary dogmas, the city of Philadelphia does not eminently deserve the most serious punishment that the most severe epidemic could inflict upon her, when her people put into control men who outrage all sanitary laws, and who permit our streets, for months at a time, to remain in a condition in comparison with which the foulest pig-pen would be a model of cleanliness? When the rains of spring are succeeded by the heat of summer, who can foretell how terrible may be the ravages of epidemic diseases in our midst?

Poor fever-stricken Memphis has learnt its lesson, and we all remember at what a terrible price.

We learn that the authorities there, owing to the unsatisfactory condition of the laws governing quarantine at the mouth of the Mississippi, have decided on self-protection. The Legislature has been petitioned for an appropriation to defray the expenses of local quarantine in case of necessity. A thorough house-to-house inspection is being made, and every building, front and back yards, outhouses, stables, etc., will be thoroughly examined, with a view to having them put in the most complete sanitary condition.

The President of the Council backs up the proclamation with the warning that the owners of unsanitary premises will be punished to the fullest extent of the law for violations of the sanitary ordinance. This system of inspection will be continued throughout the summer, and until all possibility of danger is passed. The first intimation of yellow fever or other contagious diseases, at New Orleans or other points on the lower Mississippi, will be the signal for the establishment of a rigid quarantine against the places. The troubles of 1878 and 1879 have not been forgotten, and the authorities are determined that they shall not be repeated, if it is in the power of man to prevent them.

Notes and Comments.

Interstitial Tubo-Gestation.

In the *British Medical Journal*, Dr. Henry Habgood describes the case of a married woman, aged 35, who died with all the symptoms of internal hæmorrhage, in the eleventh week of pregnancy.

"At the necropsy, there were about five pints of clotted blood in the pelvic and abdominal cavities. On turning this out, the source of the hæmorrhage proved to be a sac, formed by the uterine portion of the left Fallopian tube and the wall of the uterus, which had grown outwardly to about the size of a walnut, and then ruptured anteriorly. Chorion villi were distinctly visible in the sac. The opening of the tube into the sac had become obliterated. There was evidence of a previous partial rupture, in the shape of a small hæmatocele, on the posterior aspect of the sac. The fœtus had escaped into the abdominal cavity, and was unfortunately lost. The left ovary was closely attached to the left side of the uterus by old bands of lymph, and contained several cysts. The right ovary was normal, and contained a corpus luteum. The uterus was enlarged, and its lining membrane was red and thickened, forming a distinct decidua, that could be easily detached. The bladder was healthy, but contained no urine. The abdominal organs were healthy, but very anæmic.

"With regard to the cause of the arrest of the ovum in that particular spot, I may remark that nothing existed in the Fallopian tube or uterus, in the shape of polypus or fibroid, to cause obstruction, but that there were plenty of adhesions on the left side, matting the uterus, Fallopian tube and ovary together, altering their relative positions, and, possibly, causing obstruction. Yet the presence of a corpus luteum in the right ovary,

coupled with the cystic condition of the left, would point to the theory of transmigration of the ovum as being the most probable explanation of the phenomenon."

The Electrical Treatment of Enlarged Glands.

In the *Med. Press and Cir.*, January 17, 1883, Dr. Hercules H. MacDonnell recommends the following modification of Mr. Golding Bird's procedure:

Having selected the gland or mass of glands you purpose treating, have the surface well cleaned and wiped over with a solution of salt. Apply the negative pole of a Leclanché battery, having two cells connected, over the most prominent part, and the positive about three inches apart; keep moving the positive reophore in a circle round the negative quite slowly, till the electrical stimulus has been sufficiently applied. Usually, five to six minutes is long enough. On the first occasion two cells are enough, as it accustoms the tissues to the action. On the succeeding applications, the effect of additional cells may be tried; but should there be the slightest appearance of inflammatory action, as evidenced by a bluish-white tint under the negative reophore, a couple of cells must be at once disconnected, or the application discontinued on that occasion. I have never used more than eighteen cells continued for three minutes, and have found that from eight to twelve cells give the most satisfactory and rapid results. The length of each application varies for different individuals. In some patients three or four minutes twice daily seemed to suffice; in others a longer application only once answered better. Even different glands or masses of glands in the same individual, progressed more rapidly under varying conditions of length, strength, and frequency of application.

Fair-skinned patients bear a more heroic line of treatment better than dark ones, and react more quickly to the electrical stimulus.

Naphthol in Itch.

The *Med. Times and Gaz.*, February 3, 1883, says:

Introduced by Prof. Kaposi, of Vienna, naphthol has been substituted by him for tar in some affections of the skin, as eczema, psoriasis, prurigo, and especially itch. It has scarcely any odor, and even after long exposure to air only becomes of a pinkish color, which does not permanently stain the linen. Prof. Hardy, it is stated in a *thèse* by Dr. Guérin, has substituted a very simple formula for the complicated one of Kaposi, consisting in vaseline 100 parts to 10 parts of naphthol. The pulverized naphthol is dissolved in half its weight of ether, and is then mixed with a portion of the vaseline, and heated to 30° to 40° Cent., until the ether is entirely evaporated. The rest of the vaseline is then added, and the mass carefully triturated. The homogeneous pomade which is produced is kept secluded from the air. It may be applied at all periods of itch, whether complicated or not; and it is applicable also to the eruptions which supervene in the course of itch, and for which sulphur ointment is unsuited. The furrows are by this ointment rapidly freed of their inhabitants, and other eruptions disappear. The treatment lasts from ten to fifteen days, which is very much longer than Prof. Hardy's rapid treatment by sulphur; but when we consider how long the itching persists often after the cure by sulphur—sometimes obstinately continuing for months—the treatment by naphthol is practically the shorter of the two. M. Guérin has never observed any ill-effects upon the kidneys result from naphthol.

Hysterectomy.

This being still a comparatively rare operation, the following case is worthy of record (*New York Medical Journal*, January 27, 1883): The patient first came to the Woman's Hospital five years ago, suffering from procidentia of the uterus, which was partially relieved by certain plastic operations on the vagina. Last spring Dr. Emmet performed Le Fort's operation, which proved successful; but some months afterward the patient gave way to a fit of anger, and the uterus, which contained a large fibroid tumor, was again crowded down toward the vulva. The patient was suffering greatly from pain, and desired to have the tumor removed. Dr. Emmet performed the operation, removing the body of the uterus with a portion of the cervix, the ovaries, and the tubes. The mass was composed of eight fibroids, mostly intra-mural. In order to avoid hæmorrhage, Dr. Emmet made use of a plan first introduced, he believed, by Olshausen, but since constantly practiced in England, viz., that of encircling the whole mass at its base by a long piece of Esmarchs' tubing prior to its amputation. This tubing, being put about the tumor at full tension, was grasped at the point of crossing of the two extremities by a strong forceps, and this was firmly held by an assistant. Prior to the removal of this constrictor, he secured the stump in the Kœberlé serrenœud, having previously transfixed it with two needles. The abdominal wound was then

closed, and the pedicle was thoroughly smeared with Monsel's salt. At the present time, the beginning of the fifth day, the patient was doing well.

A New Treatment of Dysentery.

Dr. F. Rawle recommends the following treatment in the *Brit. Med. Jour.*, January 27, 1883:

First, having placed the patient between warm blankets, I proceed to inject a pint and a half of warm water, at a temperature of 90° Fahr. This is seldom retained longer than a few minutes, but is pronounced very grateful to the patient. When the water has soothed the mucous membrane of the colon and rectum, and brought away any *effete* matter, I then proceed to administer a small injection of two ounces, by measure, with a gum-elastic bottle. The form I administer is the following:

℞.	Quiniæ disulphat.,	gr. x.
	Tinct. camphoræ comp.,	℥ iv.
	Decoctum amyli ad	℥ ij.

M., and when about milk-warm, inject.

It is generally retained, but if ejected, it may be repeated after an hour or two. This I have found of great service, and very grateful to the patient. I do not stop to inquire how it acts, but the effect is like magic. If griping pains be felt over the region of the epigastrium, I administer half-drachm doses of chlorodyne, in some aromatic water, mint, caraway, or aniseed. The diet, of course, should be of the most soothing kind: jellies, isinglass, linseed, toast and barley water, *ad libitum*. Ipecacuanha I have found of little service, and have discarded it from my treatment. If any of my medical brethren will try these measures, he will not often be disappointed. I have used with advantage warm turpentine stupes on warm flannels, over the hypogastrium.

Œsophagotomy.

On September 4, 1882 (*Med. Times and Gaz.* January 13th, 1883), external œsophagotomy was performed in the Kommune hospital at Copenhagen by Dr. Holmer. The patient, a man aged thirty, was a lunatic who had swallowed a stone with suicidal intention two days before. The foreign body became impacted in the gullet a little below the larynx, and could not be dislodged either upwards or downwards. The accident was further complicated by the "cradle" of Gräfe's coin-catcher having become detached during the attempts to extract the stone, and remaining in the gullet. Dr. Holmer then made an incision along the anterior border of the sterno-mastoid muscle, and opened the œsophagus over the site of the impacted substances. The little "cradle" was first removed, and, after a good deal of trouble, the stone was seized with a pair of forceps such as are used for lithotomy in children, and extracted. The stone was found to be five centimetres long, by five centrimetres wide at its broadest part. The wound was dressed with iodoform, and the patient made a rapid recovery. His voice, however, remained hoarse, owing to paralysis of the left vocal cord. This was possibly due to injury of the left recurrent nerve during the operation, but Dr. Holmer thinks it more probable that it was caused by the pressure of the stone, as the patient's voice was husky when he first came under observation.

Iodoform in Puerperal Fever.

The *Am. Jour. of Obstetrics*, February, 1883, says that Maggioli of Rome, in the *Gaz. Med. di Roma*, viii. 1, agrees with Spiegelberg in the necessity of applying antiseptic principles to the treatment of puerperal cases, but not entirely in what Spiegelberg calls secondary antiseptics. Iodoform internally is useful in puerperal cases for many reasons: it is readily absorbed and readily tolerated by the mucous membrane of the stomach and intestines: it is readily diffused, and the iodine is found (after the administration of iodoform) in the urine, saliva, tears, sweat, milk, nasal mucus, menstrual blood, and in the air expired from the lungs. The iodine reaction may be obtained from the urine as late as four days after the administration of the last dose. From two to three grammes may be given daily without harm. Nine-tenths of the weight of a given quantity of iodoform consist of iodine. The generally accepted beneficence of this substance as a topical application suggests its utility as a means of internal medication. The author's experience is limited to four cases of puerperal fever, in which the results were very favorable. Two additional cases were treated by Moleschott, the substance being used in the form of an unguent and rubbed into the skin.

A New Operation for Spina Bifida.

From the *Brit. Medical Jour.*, December 30, 1882, we note that Mr. Robson recently performed a new operation for spina bifida on a child six days old. After the redundant parts were removed, and after stitching up the arachnoid over the spinal canal, periosteum from a rabbit was inserted between the meninges and the skin, so as to cover the gap in the bones. The wound had perfectly healed; the skin over the lumbar region

was quite level; there seemed to be no tenderness on pressure; the child looked strong and healthy. The sac was found to be of the size and shape of half a swan's egg; the wall consisting of true skin and subcutaneous tissue lined by serous membrane. Mr. Robson drew attention to the following points:

1. The operation was performed with full antiseptic precautions, eucalyptus air being used instead of carbolic spray.

2. The meninges were closed by uniting the serous surfaces, as in peritoneal surgery.

3. The transplantation of living periosteum and its continued vitality; it had not yet, however, formed new bone, but already the covering of the canal had a greater than mere skin-firmness.

4. The entire absence of bad symptoms in the child, operated upon at so early an age, was noticed.

Results of Excision of the Pylorus.

The *Med. Times and Gaz.*, January 27th, 1883, says that Dr. Rydygier, in a recent number of *Volkmann's Sammlung*, thus sums up the results of the operations hitherto performed. Sixteen surgeons have operated upon twenty-three cases, all but two of which have been examples of cancer. Of these last two operations one was performed by Rydygier in a case of stenosis caused by round ulcer, which terminated successfully; and the other by Lauenstein in a case of supposed cancerous tumour, which at the autopsy proved to be one of gangrene of the tranverse colon. Of the twenty-three cases, nineteen proved fatal, viz., fifteen some hours after the operation, three on the seventh or eighth day, and one (Billroth's) four months after, from relapse. Of the four recoveries, one belongs to Billroth (no relapse having occurred in six months), one to Wölfler (the patient seeming well at the end of a year), one to Czerny (seven months without a relapse), and one to Rydygier.

Dr. Cattaneo's Treatment of Hydrocele.

From the *Jour. de Med. de Paris* we note the following treatment recommended by Dr. C.:

1. Puncture of the hydrocele with a capillary trocar of an aspirator, and evacuation of the fluid.

2. Injection of a solution of hydrate of chloral in quantity proportionate to the volume of the hydrocele and age of the patient: one to two grams of chloral for children, four grams for adults, and occasionally more in old men. The solution is made by dissolving equal parts of chloral in cold distilled water.

3. Cold applications, to overcome the pain produced by the injection.

4. The injection is repeated if the absorption occurs too slowly.

The patients are kept in bed, and wear a suspensory bandage for some time after the termination of treatment. Dr. Lampagnani says that the effusion has not returned in any one of the seventeen cases operated upon by this method.

Labor Complicated by Lipoma of Labium Majus.

In the *Centralbl. für Gyn.*, Bruntzel records the case of a primipara in which a tumor, the size of a hen's egg, had existed for four years, which had never given any trouble, save an occasional prolapse after severe efforts. After she had been in labor twenty-four hours, the tumor was drawn out and held to one side by means of a towel, and the child was delivered with the forceps without rupturing either the perineum or the tumor. The latter had seemed to develop on account of the pressure which had been brought to bear upon it during the labor, and afterward seemed harder and less movable. The latter facts caused a change in the diagnosis, which had originally been that of hernia labialis. Three months later the tumor was removed, as it had become a source of great annoyance to the patient.

Uraemic Seizures.

The *London Med. Record*, Feb. 15, 1883, says:

Dr. Rühle (*Trans. of German Med. Congress*, 1882,) states that in every case of death from uræmic convulsions, œdema of the brain is found to exist. But simple œdema of the brain does not cause convulsions, and some toxic agent must be added to the serous exudation to produce this condition. That chemical changes accompany the uræmic attacks, is shown by the fact that the gastric secretions become alkaline, and that the breath turns litmus-paper blue. So soon, therefore, as œdema of the brain comes on in the course of these, as yet, undefined blood-changes, it acts as a poison and gives rise to convulsions.

Nervous Cough.

Before a recent meeting of the Boston Society for Medical Improvement (*Boston M. and S. Jour.*, March 29, 1883), Dr. Bowditch reported a case of cough lasting sixteen months, apparently, except for the duration and violence, a case of typical whooping-cough. Laryngoscopic examination showed nothing. At the lowest part of the chest, outside the heart, was crepitation for a space of

one or two inches, but no dullness. He supposed the cough to be nervous.

Dr. Knight said that he had seen many cases of what he thought nervous cough, and which were usually benefited by nerve sedatives. One case had yielded to enormous doses of quinine, beginning with two grains, and gradually reaching fifteen or twenty at a dose.

Surgical Treatment of Intestinal Obstruction.

In acute intestinal obstruction that will not yield to massage, cathartics, and enemata, Dr. Krönlein (*Correspondenzblatt für Schweizer Aertze*, Nos. 15 and 16, 1882), recommends laparo-enterotomy. An incision is made in the right iliac region, and the portion of the gut which presents at the opening is seized and stitched to the abdominal wall. If the intestinal canal become permeable again, the artificial anus may be closed; but, in any event, he does not consider that life with an artificial anus is so unendurable as many are accustomed to suppose.

Electrical Treatment of Epigastric Pains in Hysteria.

The *Chicago Med. Jour.*, Feb., 1883, says: These pains, which are mostly accompanied by severe vomiting, have been successfully treated with the galvanic current by Dr. Apostoli. The positive pole is applied in the subclavicular region, and the negative pole over the seat of the pain. It is continued for 5 to 15 minutes, and it is said to have stopped the vomiting entirely. The gastralgia and epigastric pains have been stopped after ten to fifteen applications.

The Frequency of and Danger from Narrow Pelvis.

The *Medical Record*, January 6, 1883, says that Dr. W. Fishel read a paper before the German Medical Society of Prague, in which he stated that the usual estimates of the frequency of narrow pelves in Germany were too high. These estimates made the proportion vary between 14 and 20 per cent. Hecker, of Munich, found the per cent. to be only 1.5; Müller, in Berne, 16; Goenner, in Basel, 7; Winckel, in Dresden, 3; Fishel, in Prague, 15.6. In Breisky's clinic, at Prague, the mortality in these cases was only 1.5 per cent.

Spontaneous Separation of the Funis.

Dr. Burge reported the following case to the Rhode Island Medical Society (*Boston M. and S. Jour.*, March 29, 1883):

While the mother was attempting to rise from the bed, the child was born, and dropped to the floor, breaking the funis about five inches from the umbilicus. Dr. Burge arrived soon afterwards, and found the child alive and crying vigorously. He ligated the cord as a matter of routine, though there had been no hemorrhage.

Rupture of the Pulmonary Artery.

A man, apparently in perfect health, was suddenly attacked with severe pains in the chest and extreme anxiety and difficulty of respiration, which, after thirty hours, terminated in death. Dr. Arro, who reports the case in the *Rivesta de Ciencias Med.*, December 10th, 1882, found at the autopsy a rent in the pulmonary artery, from which a large amount of blood had escaped into the chest.

A New Protective.

Dr. Malinin (*Mediz. Obozr.*) recommends mixing, collodium ℔ j, castor oil ʒ j, almond oil ʒ ss, and carbolized oil ʒ iij–ʒ iv, and spreading it over a glass plate smeared with glycerine. The fluid rapidly dries, forming a transparent, thin, soft, and light sheet, which, when used, suffers no alterations from the contact with wound-discharges, and may be employed repeatedly (of course, each time after its washing in a carbolic solution).

CORRESPONDENCE.

Consulting Clairvoyants.

EDS. MED. AND SURG. REPORTER:—

Your reply to "Dr. T. W. E., of Ohio," relative to the absurdity of consulting clairvoyants by sending a lock of hair, reminds me of an incident occurring in my own practice several years since, that is too good to be lost. I had a patient with mitral regurgitation, and some of the officious old women who thought I might be mistaken in my diagnosis, advised the wife of my patient to send a lock of his hair without his knowledge to a notorious clairvoyant, which she did, but without stating the sex of the patient. In due course of time a reply came back from the clairvoyant, that after "going through the patient's system" she found the trouble to be *ulceration of the womb*, and that if the patient was placed under her special care, she would readily cure, etc. It is needless to state that she failed to convince Mrs. —— that her husband had any such physiological appendage, with its attendant diseases.

Stonington, Conn. GEO. W. STANTON, M. D.

Prof. Smith's Frequent Repetition.

EDS. MED. AND SURG. REPORTER:—

You quote from the *N. Y. Med. Jour.*, an article by Dr. A. A. Smith, Professor of Materia Medica in Bellevue, which you call "valuable," and which, if true, is not only valuable but a trifle startling.

Here we find it gravely stated that half a drop of Fowler's solution will cure the vomiting after a debauch.

That in *pseudo* croup a single teaspoonful at a dose of a solution of one one-hundredth of a grain of *atropine in a glass of water* will give prompt relief.

That drop doses of *chamomile* will quickly relieve many complaints of nervous babies.

That a single drop of wine of *ipecac* will often produce the most marked relief both from vomiting and diarrhœa.

That teaspoonful doses of a solution of *corrosive sublimate*, one grain to a quart of water, is curative in mucous passages from enteritis.

That another extraordinary statement, which at first seemed to me to be "fabulous," is, "put a grain of *tartar emetic* into one quart of water: teaspoonful doses every half-hour will relieve the wheezing and cough accompanying a slight bronchitis in children."

Further on: *cantharides* in insignificant doses is recommended in vesical catarrh; single drop doses of *digitalis* in heart affections; *castor oil* in diarrhœa; *pulsatilla* in orchitis and dysmenorrhœa; *ergot* in amenorrhœa; *aconite* in fever, with bounding pulse and hot, dry skin; and more of the same sort.

Now I confess I was set back by an article in your journal some five years ago, by Charles H. Hall, M. D., upon *corrosive sublimate* in dysentery, in which he claimed remarkable success with "small and frequently-repeated doses," frankly admitting that the principle and practice was homeopathic, and boldly charging Ringer, who recommends it, with plagiarism. Hall says, "Any one who is curious on the subject of his small doses, not only in this disease, but in almost every other one of his recommendations, has only to refer to homeopathic works, and find that he has plagiarized."*

But here is more of the same kind, and by a Professor of Materia Medica. Does it not strike you, Messrs. Editors, that Prof. Smith's recital of therapeutic wonders is overwhelmingly open to the same criticism? Upon what principle does he studiously ignore the source of his practice? It would certainly redound to the credit of the profession if a more frank and manly stand were taken in just such matters.

Pittsburgh, Pa. J. H. McClelland, M. D.

(Prof. Smith is a distinguished gentleman, and the journal from which we noted his remarks is reputable. If he derives his practice from the source our correspondent assumes, he is perfectly right, and Prof. Smith should openly state that such is the case—Eds. Reporter.)

News and Miscellany.

Medico-Chirurgical College.

The commencement exercises of the Medico-Chirurgical College took place in Association Hall on the evening of March 29.

After prayer by Rev. John B. Dales, the address to the graduates was delivered by the Dean of the Faculty, Prof. William S. Stewart, who concluded by conferring the degrees. The prizes were awarded as follows:

Faculty prize of a gold medal for the best thesis and examination, to Henry Fisher, with honorable mention of Frederick Loos, Jr.

Especial honorable mention of the thesis of Richard Vallancey Danne, for its elaborate character and unusual excellence.

Especial honorable mention of the examination of Mr. Frederick Loos, Jr., he having passed the best examination before the adjunct faculty.

Mitchell Chemistry prize of a Beck's Histological and Dissecting Microscope, awarded by the Professor of Chemistry for the best thesis upon a subject in medical chemistry showing original research, to Frederick Loos, Jr., with honorable mention of the theses of Henry Fisher and Emil M. Herwig.

Surgical prize of a gold medal, awarded by the Professor of Surgery for the best thesis and final examination upon surgery, to Bernard Marquis Goldberg, M. D., with honorable mention of the examination of Julian Frank Meade.

Prizes by the Adjunct Faculty.—A prize of a laryngoscope, awarded by the Professor of Diseases of the Throat and Upper Air Passages for the best examination in his branch to Frederick Loos, Jr.

Christine prize to John S. Stewart.

Rev. Dr. Richard Vallancey Danne, of Melbourne, Australia, delivered the valedictory.

The Charges against Drs. Beates and McDowell Withdrawn.

The charges of conspiracy preferred against these gentlemen have been withdrawn, as testified by the following letter:

Dear Sir: I am satisfied upon reflection that I was wholly mistaken in believing that any conspiracy had taken place between you and Dr. McDowell to obtain any part of the property of Catherine Potts, now deceased, or for any other purpose; no such conspiracy, or any conspiracy, I am now satisfied, ever existed on the part of either of you. I admit that anything that I may have testified in the above suit before Magistrate Robert R. Smith to that effect was incorrect, and that I was mistaken therein, and that I desire to withdraw all charges to that effect against either of you which I have made, as I am now satisfied of my error, and desire to make every reparation in my power to both of you. I regret extremely the publicity given to the matter, and authorize you to make any use of this letter you wish. For these reasons, and with the approval of both my counsel, I have requested that a *nolle pros.* may be entered in the above suit, and I learn that the same has been done with the approval of Magistrate Smith, of the District Attorney, and of Judge Yerkes. Hoping this may in some degree excuse what I formerly did, I remain yours respectfully, Joseph B. Naulty.

To Henry Beates, Jr., M. D.

Right-Handedness.

From the *Bost. Med. and Surg. Jour.*, March 29th, 1883, we learn that Dr. Goëtan Delaunay has communicated an interesting paper to the French Anthropological Society, in which he seeks to establish that right-handedness is not an acquired

* Medical and Surgical Reporter, March 30, 1878.

habit, but is a natural attribute characteristic of the superior races. Savage tribes, he states, and communities in an inferior state of civilization, show a much larger proportion of left-handedness than highly civilized peoples do. Idiots and epileptics offer a very large percentage of left-handed individuals, and there are more left-handed women than men. His general conclusion is that in the evolution of the species there has been a steady tendency to the development of the right side of the body at the expense of the other, and that the examples of left-handedness still to be met with in the superior races are mere "survivals."

Therapeutic Improvements.

American Lint.

Among recent surgical improvements should be named in the first line a form of lint brought forward by Messrs. Seabury & Johnson. They produce it directly from the best quality of cotton, and from a careful examination which we have recently made of it, we place it as easily equal to the first-class products of foreign makers.

Jensen's Beef Peptones.

These excellent preparations deserve the attentive consideration of the physician. They find their place in the nutrition of infants, convalescents, dyspeptics, the aged, and those of impaired assimilation generally. Dr. Jensen has studied most thoroughly the methods of obtaining these organic products in a pure and palatable form; and from some personal experience and observation with them, we can say that he has reached a most successful result.

Mortality Rates.

In some of the principal cities of the world the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follows: Calcutta, 34; Bombay, 25; Madras, 33; Paris, 26; Geneva, 18; Brussels, 23; Amsterdam, 26; Rotterdam, 29; the Hague, 26; Copenhagen, 21; Stockholm, 22; Christiana, 21; St. Petersburgh, 45; Berlin, 22; Hamburgh, 23; Dresden, 23; Breslau, 26; Munich, 28; Vienna, 24; Prague, 25; Buda-Pesth, 26; Trieste, 31; Rome, 23; Turin, 20; Venice, 26; New York, 21; Brooklyn, 21; Philadelphia, 19; and Baltimore, 27.

An Ingenious Device for Supporting a Hospital.

Mr. Arthur Keugh, of London, has hit upon an ingenious plan for getting funds for the Dental Hospital. He has started a "cigar thrift fund." He places boxes in cigar shops, clubs, smoking-rooms, etc., in which the ends of cigars can be placed. They are valuable enough, if the system is sufficiently widespread, to bring in a considerable sum of money annually. There is also a small cigar-cutter for the waistcoat pocket which preserves the tips, and these gentlemen themselves can save and forward.

Rhode Island Delegates to Am. Med. Association.

The following gentlemen have been elected delegates from the Rhode Island Medical Society to the American Medical Association: W. E. Anthony, D. H. Batchelder, W. S. Bowen, W. J. Burge, S. B. Church, S. W. Francis, G. D. Hersey, S. Hunt, J. Kenyon, G. H. Kenyon, C. B. Mathewson, H. G. Miller, C. W. Parsons, H. J. Pomroy, F. H. Rankin, A. A. Saunders, G. W. Stanley, O. C. Wiggin.

Pensions.

The Pension Bill was passed by Congress January 13th. The following are some of the items: For army pensions, $80,000,000; for navy pensions, $1,000,000. Fees and expenses for examining surgeons, $275,000. The allowance of from $12 to $35 per month is made for the loss of an eye, and $50 per month for both eyes, while the loss of hearing is estimated at $25 per month.

Items.

—An ophthalmic and aural book club has been started in this city, Dr. L. Webster Fox, secretary.

—A six-year-old's idea of the umbilicus. While studying his anatomy during the administration of a bath, this hopeful (son of a physician) remarked: "Mamma, I think the navel must be where I was *finished off*."

—Spirit of turpentine is now made from sawdust and refuse of the saw-mill. It is extracted by a sweating process, and yields 14 gallons of spirit, 3 to 4 gallons of resin, and a quantity of tar, per cord. The spirit produced has a different odor from that produced by distillation.

—A dealer in boots and shoes, to make his sign striking, had lettered upon it, "*mens conscia recti*." A rival in the vicinity, wishing to outdo his competitor, had his sign emblazoned with "*mens and womens conscia recti*." The latter was not in good Latin, but it drew the most customers.

—It is a Hebrew proverb, "When the sun rises the disease will abate." It originated from a tradition that Abraham wore a precious stone round his neck, which preserved him from disease, and which cured sickness when looked upon. When Abraham died, God placed this stone in the sun.

—A medical student at Bowdoin College once asked the late Prof. Parker Cleaveland if there were not some more recent works on anatomy than those in the college library. "Young man," said the professor, "there have been very few new bones added to the human body during the last ten years."

—It is stated that an employer of young men in Manchester, England, has decided that he would not allow salaries to any of his clerks who were injured in foot-ball matches, "as the game was too dangerous to be played with safety, and he did not feel it right that he should pay for absences caused in this manner."

—James T. Fields used to tell this story of Dr. Channing: "The reverend doctor and the medical doctor were both at a party in Boston one evening, and, some one being taken ill, the man of medicines, Dr. Walter Channing, was summoned. The servant entered the room where the brothers were seated, and said, 'Dr. Channing is wanted.' 'Which Dr. Channing?' said Walter the physician; 'the one who preaches, or the one who practices?'"

Notice the Wrappers!

As we now print the address of subscribers on the wrappers of the REPORTER, and add to it the date to which they have paid their subscriptions, we beg all readers to notice the date, and remit if they are in arrears. If this is promptly attended to, it will save the business management of the journal the annoying necessity of sending bills or "duns," which are always unpleasant to receive and to present.

OBITUARY NOTICES.

GENERAL JOSEPH K. BARNES.

General Joseph K. Barnes, ex-Surgeon-General U. S. Army, died of Bright's disease on the morning of April 5th.

He was born in Philadelphia, July 21st, 1817. Graduating from the University of Pennsylvania in 1838, he served a term in Blockley Hospital, was district physician for a while, and finally was appointed Assistant Surgeon in the army, June 15th, 1840.

In November of the same year he was sent to Florida, where he saw his first field service in Gen. Harney's famous expedition to the Everglades, in the war against the Seminole Indians. He remained with Gen. Harney's command in Florida two years, and in 1842 was transferred to Fort Jessup, an old-time military station in Louisiana, where he served until its abandonment, four years later. At the breaking out of the Mexican war in 1846, the young surgeon, then only twenty-nine years of age, was appointed chief medical officer of the cavalry brigade, and in that capacity he participated in every action of the war in either Gen. Taylor's or Gen. Scott's lines, excepting that at Buena Vista, and at the close of the hostilities was placed in charge of the general army hospital at Baton Rouge, La. For the next few years he rendered valuable service to the Government in organizing medical posts at various stations in Texas and throughout the West, acting for a short period as Medical Director of the Department of Oregon. He was assigned to duty at West Point again in 1854, and served there several years. In 1856 he received his commission as a Surgeon.

At the outbreak of the war of the Rebellion, Surgeon Barnes was stationed in Oregon, and was among the first officers to be called to Washington. In 1861 he was assigned to special duty in the office of the Surgeon-General at Washington, where his experience in field and hospital service was of great value to the Government. Two years later he was promoted to be a Medical Inspector, with the rank of Lieutenant-Colonel, and a few months afterwards he was appointed Medical Inspector-General, with the rank of Colonel. In September, 1863, he was made Acting Surgeon-General, and one year later, on the dismissal of Surgeon-General Hammond, was promoted to fill the vacancy, with the rank of Brigadier-General. He served during the war with great honor, and in 1865 received the brevet rank of Major-General. He was the first physician called to the bedside of President Lincoln when he was assassinated, April 15, 1865, and had charge of the case until its fatal termination. On July 2, 1881, when the late President Garfield was shot, he was among the first physicians to be summoned to the White House, and served on the consulting board of physicians until the death of the President, giving the case his closest attention. He was placed on the retired list last year by the operation of the compulsory retirement law, and has since then been living quietly at his residence in Washington.

The General had a fine, erect, military bearing. His complexion was rich and ruddy, and his hair iron gray. He was agreeable in his manners, and socially was a wonderfully entertaining conversationalist. In his profession he stood deservedly high, and was universally respected by all who knew him.

He was buried in Oak Hill Cemetery on Saturday, April 6, the following gentlemen acting as pall-bearers: Gens. W. T. Sherman, Edmund Schriver, D. H. Rucker, W. H. Emory, A. Baird, M. C. Meigs, R. C. Drum, R. MacFeely, N. W. Brown, C. H. Crane, C. M. Wilcox, and Joseph E. Johnstone.

M. P. BARKER, M. D.

Dr. M. P. Barker, of Newcastle, Pa., author of a series of articles on "Medical Missions in Heathen Lands," which recently appeared in the REPORTER, died March 31, 1883. He was born in Sandy Lake, Mercer county, March 27, 1829. Was a graduate of Cleveland Medical College, and of the University of Pennsylvania. He located in Newcastle in 1861, and soon built up a large and lucrative practice. He was a thoroughly conscientious and skillful physician, and his life record was written in deeds. He was thrown from his horse about three years ago and received injuries of a serious character, which finally culminated in his demise. He was a member of the Presbyterian Church, holding the office of elder since 1865. Three daughters (his wife having died a few years ago) are left to mourn the loss of an affectionate father, and the community in which he lived will feel the loss of a talented and kind-hearted citizen.

S. S., M. D.

MARRIAGES.

COLE—SMITH.—At Pelleville, N. J., Wednesday, April 4, by the Rev. William M. Sandford, Theodore Cole, M. D., of this city, and Miss May Smith, of Hatfield, Mass.

DEATHS.

BAILEY.—At Bailey Homestead, Kent Cliff, Putnam county, N. Y., Dr. Joseph H. Bailey, U. S. Army (retired), in his 80th year.

HEADLEY.—In New York, Saturday, March 31, at his late residence, William S. Headley, M. D.

SHACKELTON.—On Sunday, April 1, at his late residence, Mattawan, N. J., Judson G. Shackelton, M. D., in the 47th year of his age.

TUNSTALL.—On April 1, 1883, at his residence, Norfolk, Va., Dr. Robert B. Tunstall, in the 65th year of his age.

VAN BUREN.—In New York city, March 25, No. 1 Park Avenue, Dr. William H. Van Buren, in the 64th year of his age.

SUNDBERG.—On March 19, 1883, Cynthia, wife of Dr. John C. Sundberg, of Seattle, W. T.

Dr. John W. Ferguson, lately from Charleston, was found dead just beyond the city limits on April 1. He is supposed to have committed suicide by poison.

Dr. Nathaniel Low died at Dover, N. H., April 2, aged 90 years. He was graduated at Dartmouth in 1809, and held numerous offices of trust in New Hampshire and Maine.

THE

MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

NOTES ON THE TREATMENT OF WHOOPING-COUGH.

BY W. THORNTON PARKER,
Acting Assistant Surgeon U. S. Army.
Of Fort Elliott, Texas.

In the *American Journal of Medical Sciences* for January, 1883, is a quotation from the *Lancet* of October 21, 1882, as follows:

"At the meeting of the Medical Society of London, held October 16, Mr. Dolan read an abstract of his essay on Whooping-Cough, to which had been awarded the Fothergillian Medal of the Society. * * * Turning to the question of treatment, he pointed out the necessity for measures of *isolation* in preventing the spread of the disease, for the enforcement of which measures the co-operation of all classes of the community was needed; and although the course of the disease *could not be controlled by treatment*" (the italics are ours) "the patient could be placed in the most favorable circumstances towards recovery; certain painful and prominent sources of trouble could be relieved, and complications guarded against, so as to assist nature in her efforts to throw off the disease. There was no panacea or specific remedy, but if the dependence of whooping-cough upon a *specific virus* be the true explanation of its pathogeny, the lines on which its rational treatment and prophylaxis were to be pursued became clearer and more hopeful."

It is my intention only to criticise the statement that "*the disease could not be controlled by treatment.*"

The importance of the isolation of all cases, of course, should not be overlooked. I fear that it is only recently, however, that people in general are awakening to the fact that it is not desirable, *even in summer*, to have their children exposed to whooping-cough! I have repeatedly heard people say, and they passed for very sensible people too, that "it was well for a child to be exposed to a *light form* of whooping-cough in summer, if they were healthy," rather than to run the risks of catching the disease in winter, or of having it later in life, when it might go very hard with them.

Such a statement seems highly absurd if it were not in reality a very dangerous opinion for a large class to believe in. We are all dependent on each other, and it behooves all good citizens to aid in the suppression of disease for the sake of others, as well as for their own sakes, in the community in which they live. Stricter laws should undoubtedly be made and enforced against all diseases, especially so against diseases of a highly contagious nature, like whooping-cough. Admitting the fact that whooping-cough in itself is "rarely fatal," the complications are very numerous, and thereby death results frequently. There are other complications which very much injure and weaken the patient in after life.

When we consider the infinite number of remedies, many of which are considered by their exponents to possess well-nigh specific powers, we would hesitate to add one more to the list; but it is very seldom indeed that one sees in any of the medical journals or text-books any reference to that most valuable remedy in whooping-cough, sulphate of quinine. I have not at hand Dr.

Dawson's (New York) reprint of an article, published, I believe, about five years ago on the "Treatment of Whooping-Cough by Small and Repeated Doses of Sulphate of Quinine;" neither can I remember the name of the journal in which it appeared. At this distance from "medical centres," it would take considerable time to find out. Dr. Dawson introduced this treatment from Germany, and first used it in the wards of the Hospital for Children in New York City, then under his care. He met with great success. I was fortunate enough to receive a copy of the article referred to, and employed this treatment with marked succes in many cases in private practice. I was so much pleased with its workings and the almost *immediate relief afforded* to my *little sufferers*, and rapid destruction of the fungi which I believe to be peculiar to this disease, that I have used it and recommended it ever since. The treatment which I follow is to expose the patient as much as possible to the open air, and, if practicable, at our mountain or ocean resorts, and paying particular attention to food and clothing and general hygienic conditions is desirable. Every two hours I give a teaspoonful of a solution of sulphate of quinine four, six, eight, or even ten grains to the ounce. This remedy does not disappoint in many cases in *controlling the disease*, and if properly used, and with perseverance, in actually curing it, or at least shortening its course very decidedly. It seems to act as a destroyer of the fungi. It also nauseates and looseus the mucus in which they exist, and has also the valuable properties of a tonic. Unlike many of the other remedies which are so unsuccessfully exhibited in this disease, it has absolutely no injurious effects. The little patients begin to improve very shortly after the first two or three doses. I am fully convinced that a trial should always be made of the solution of sulphate of quinine in the strength and in the doses indicated, according to the age of the patient and the severity of the case; and after a few faithful experiments in this direction, no one will be able to say with truth that "the course of the disease could not be controlled by treatment."

THE KIND OF ELECTRICITY INDICATED.

BY W. O. STILLMAN, A. M., M. D.,
Of Saratoga Springs, N. Y.

The choice between the different kinds of electricity in individual cases is one which must have puzzled every practitioner in the beginning of his electrical practice. Doubtless electricians of wide experience have hesitated or pondered in their own minds over many a case neither rare nor difficult.

The outlines of differential electrical therapeutics are becoming well recognized, and it is principally on minor points that differences exist in the theory and practice of electricians. For instance, I think it is generally admitted that in hemiplegia, "where there exists an exalted electro-muscular contractility, electricity, if used at all, should be used in the form of faradization, and with an exceedingly mild and rapidly interrupted current." When the reverse condition exists, and there is a marked diminution of the electro-muscular contractility, it is, perhaps, unanimously conceded that the galvanic current is the one needed. The same current is, by general consent, allowed to be the best, par excellence, for the reduction of tumors, for application to the central nervous system, for hyperæsthesia, for skin diseases, and inflammatory conditions when electricity is indicated.

From the latter law is evolved the "rule of thumb" that neuralgia is to be treated by the galvanic current "when firm pressure over the affected nerve increases the pain," and by the faradic when it does not. It is, perhaps, as good a rule as any, as a rule; and yet one would scarcely be ready to affirm that because the pain was not aggravated by pressure the galvanic current might not be the more efficient form in a given case.

By many it is claimed that the faradic current is the one indicated in the condition known as general debility or neurasthenia. This is the rule rather broadly laid down by Dr. A. D. Rockwell, in the New York *Medical Journal*, February 3, 1883. My experience has been that in many cases of this type the faradic current is contra-indicated. In a great many there is a nervous irritability associated with the exhaustion, which is increased and aggravated by the interrupted current. In many cases of neurasthenia there is hyperæsthesia of some cutaneous parts, or abnormalities of sensation. In almost all insomnia is conspicuous among the most annoying of the symptoms, while a large proportion suffer from a neurotic dyspepsia connected with a feeble stomach. These special symptoms, together with the muscular tremor and mental or volitional irregularities, have, in my experience, extending over some six thousand applications of electricity, (at Drs. Strong's, Saratoga Springs,) been more relieved and benefited by the galvanic current than by the faradic. While the latter current is almost magical in its alleviatory effects in a great number of cases, it should not be forgotten that there

is a large minority which are more benefited by the former, and that in some cases of general debility the faradic current may be positively contra-indicated. Routine practice, by "rule of thumb," may sometimes lead to distrust and disgust with the results obtained by means of electricity, as with other agents when following such dogmatic laws.

Another feature in connection with the use of galvanic electricity is its tonic virtues. These are too often lost sight of by practitioners, it would sometimes seem. This current appears to possess a power of harmlessly evolving nervous force, and then of seconding its action on the body. Many times the electrician seems to defeat his object by using too strong a current; and many of the best results which I have observed, in nearly all classes of cases, have come from decidedly weak currents.

ANOTHER EXPERIENCE IN THE REMOVAL OF TAPE WORM.

BY C. T. MELSHEIMER, M. D.
Of Bluffton, Ind.

In No 11 of the current volume of the REPORTER I noticed the article "An experience in the removal of tape worms," by Doctor Ward, which harmonized so much with my own that I adopted his advice in the treatment of these parasites. At the time, I had a case on hand which proved very refractory, and withal unsatisfactory in regard to the various noted remedies for its expulsion. The patient had been passing a segment or two of the worm almost daily, for several weeks, without any other annoyance than a pruritus ani whenever a link passed into the rectum, which ceased immediately on its expulsion. These segments were endowed with a high degree of vitality, so much so that life continued for ten or twelve hours after their expulsion. The separation appeared to depend more upon the act of spontaneity than from the action of medicine or any disturbed condition of the bowels; at least there was no more increase after the use of anthelmintics than passed with normal evacuations. I had made use of pretty much all of the vermicides, with the exception of turpentine, and while debating the propriety of giving it, I received the REPORTER and concluded to give Dr. Ward's recommendation a trial, inasmuch as the patient manifested a perfect abhorrence to the use of turpentine. I had considerable difficulty in procuring Dundas Dick & Co.'s capsules of extract male fern and kameela, and it was only after searching all the drug stores here, and most of those at Fort Wayne, that the article was found. He was directed to abstain from food the evening before, and take a dose of castor oil. In the morning, as a poor substitute for breakfast, he was ordered seven or eight of the capsules, and a few hours afterwards some five or six more, to be followed by another dose of castor oil. The result of this treatment, which did not cover a period of more than twelve hours, was the entire expulsion of the remainder, representing a section twenty-two feet in length, and that, too, with very little constitutional disturbance. In this instance it proved to be tæniacide; the worm was expelled dead, softened and covered with a milky fluid (excretions no doubt), that contained thousands of ova. Tænia soleum is extremely rare in this section, but Tænia mediocanellata of Kuckenmeister is becoming more frequent, and the only reason that I can assign for this frequency is in the universal use of imperfectly cooked beef. I had under observation six cases during the last two years, and all of them occurred in subjects that were in the habit of using beef cooked extremely rare. In view of the host of testimony favoring this view of the origin of these disgusting parasities, it becomes a matter of great importance to all to have their animal food cooked to the extent of destroying all parasitic germs, and thus save the necessity of taking large quantities of drugs for their removal. In conclusion, I will add, but one out of the six presented symptoms of tape worm—the others were wholly unconscious of their existence until segments were passed with the fæces.

HOSPITAL REPORTS.

FACIAL NEURALGIA; THE BEST METHOD OF REACHING AND EXCISING THE INFRA-ORBITAL NERVE.—COXALGIA.—HYDROCELE; ITS RADICAL TREATMENT BY THE INJECTION OF TINCTURE OF IODINE.

A CLINICAL LECTURE DELIVERED AT THE PENNSYLVANIA HOSPITAL, JANUARY 6, 1883.

BY THOMAS G. MORTON, M. D.,
One of the attending surgeons to the Pennsylvania Hospital.

Reported by WILLIAM H. MORRISON, M. D.

GENTLEMEN: You have probably seen during the winter a number of cases of facial pain, or, as it is often termed, *tic douleureux*, a severe neuralgia involving the distribution of the infra-orbital branch of the fifth pair of nerves. The patient before you, a male, 32 years of age, came to the hospital six weeks ago suffering from this malady involving the left side of the face, which, on careful examination, was found to have its greatest intensity at the point of emergence on the face

of the infra-orbital nerve. Pressure over the region of the infra-orbital opening caused the most intense suffering. Tracing the area of pain from this point, it seemed to be entirely limited to the distribution of this nerve. The patient had occasionally, however, experienced shooting pains through the supra-orbital, and also through the inferior dental branches. This man, after five years of suffering, entered the hospital with the hope that some operation could be done for his relief.

The neuralgia originated, without assignable cause, five years ago. He had tried every form of treatment. When these cases come to the surgeon, it is usually found, as you see in this instance, that all of the teeth have been extracted on the affected side; for it is rather a common belief that these painful affections of the face are due to some irritation of the dental nerves.

After a neuralgia of this kind has lasted for so long a time, it is more difficult to control than if it had been seen at an earlier period; the associated nerves become more or less involved in the irritation, so that, after we have divided one branch of this complex nerve, we find the neuralgic condition has involved the other branches of the main trunk. It is also sometimes a matter of great difficulty to determine whether a neuralgia is induced by a central or peripheral lesion. The neuralgias are often induced or augmented by atmospheric influences; they are sometimes rheumatic or gouty in character, and sometimes they are unquestionably caused by malaria, and now and then due to syphilis; frequently the neuralgia is due to bony pressure upon the nerve trunk. This is more often the case when the neuralgia involves the inferior dental nerve, which, as you know, runs through the dental canal in the inferior maxillary bone, and is likely to be involved in the changes incident to advancing years, as atrophy and solidification of the bone, which often causes the nerve to be pressed upon. These changes in the bony canals are most apt to occur after the age of fifty or sixty; but as this patient is but thirty years old, there appears to be no reason why he should have such a condition in the course of the infra-orbital nerve.

The remedies employed in these instances of facial neuralgia are legion. Almost every form of drug has been used and lauded in particular cases. Electricity has been advocated, and in acute attacks, I believe that in such cases it is often of service. Local applications, as iodine, blisters, and the actual cautery, injections of morphia, etc., have been more or less of benefit in the treatment of these maladies. Frequently patients, after all the various forms of treatment have been tried, return with increased suffering. After other plans of treatment, which should be faithfully tried, have been exhausted, comes the time for considering the question of resection of the nerve. In the present case, the patient had, for five years, been treated by drugs, and his sufferings were so great that I did not think it worth while to adopt any internal medication, but advised an excision of the nerve, which I performed six weeks since.

I have brought the man before you to-day to show you two points—(1) the line of incision to reach the infra-orbital nerve, and (2) the method of exposing the nerve to the greatest extent with the least disturbance of the osseous tissues.

The nerve emerges just below the infra-orbital edge. The root of the nerve passes underneath the eye, only separated from the eye-ball by the roof of the canal in which it lies. In excising the nerve, it is not sufficient to divide it at the point of emergence, for the disease is often located in or at the outlet of the canal, and I am never satisfied unless I cut the nerve at the posterior part of the orbit.

In order to reach the nerve without any needless destruction of bone (which is sometimes followed by necrosis), I make a curvilinear incision, from and half an inch below the external canthus, to the internal canthus, and then continue the incision to within a half-inch of the angle of the mouth. This flap can be readily thrown over, and there is then the greatest exposure of the infra-orbital opening. There may be some hemorrhage, but this is readily checked by pressure. The diverging filaments of the nerve are then to be looked for, and when gathered together readily demonstrate the location of the trunk of the nerve. This can be effected by using a blunt probe, or by a strabismus hook. The nerve filaments are put on the stretch, when the operator can see whether or not all the filaments have been included. The handle of the knife is then used to separate the tissue above the line of incision, and the bony edge of the orbit is brought into view; the roof of the orbital canal is then easily broken with a probe as far back as possible in the posterior portion of the orbit. The instrument which I devised for this purpose consists of a little hook placed at right-angle to the shaft of a probe, which after being carried under the nerve as it lies in the canal, can by a little effort thoroughly break up the thin bone roof, and so expose the nerve. After the nerve has thus been well elevated, a pair of blunt curved scissors are carried well back and the nerve is cut, traction is made on the filaments first exposed, the nerve being drawn out from the canal is again divided, so that at least an inch or more is excised.

The advantage of this operation is that the infra-orbital ridge is not injured, and deformity is thereby avoided. The only bony structure involved is the roof of the canal through which the nerve passes. This never gives rise to the slightest trouble. After the nerve has been excised, the tissues are replaced and secured by a few interrupted sutures.

The method commonly adopted to reach this nerve is by trephining the antrum of Highmore, breaking the floor of the canal, and removing the nerve in a manner similar to that which I have described.

Following section of a branch of the trifacial nerve, there is total anæsthesia extending over a certain area. After section of the infra-orbital, the anæsthesia involves almost a right-angled space. In this space the anæsthesia is absolute. If it is not so, doubtless some filament of the nerve has not been divided. The anæsthetized space extends over a region bounded by a line drawn from the external canthus to the angle of the mouth, thence to the middle line of the lip, along the median line of the nose to the internal canthus. In describing the absence of sensation

patients often say that the parts have "a wooden feeling." The mucous surface of the mouth and all the tissues supplied by this nerve are in the same insensitive condition. This want of sensitiveness may continue for an indefinite period, often several years; then a certain amount of return of sensibility may occur, from the inosculation or union of the divided trunk which sometimes takes place.

It has been said that after division of the infra- and supra-orbital nerves, changes are likely to occur in and about the eye, as conjunctivitis, ulcers of the cornea, eczema, herpes, and other troubles. I think that these occurrences are very exceptional, for I have divided these nerves a great many times, and have never seen any of these results.

Six weeks have elapsed since the operation. Previous to this, efforts at talking, swallowing, mental excitement, a draught of air, or the touch of a finger, would produce severe pain, with marked spasm of the muscles of the face, compelling him to close his eye, and contorting the face. The muscles of the brow and neck were also involved. The patient has taken no opium or anodyne for four weeks. He sleeps well, and is able to swallow, can talk and chew without any trouble. (The patient was now removed.)

I hope that the operation will prove a permanent success. I have seen many instances in which division of the nerve has been permanent; in others, it has relieved the pain for many months, and sometimes years; twinges of pain in some of the cases occasionally recurred, and gradually the old enemy returned, sometimes in a more frightful form than before.

Should the pain return, the patient has at least been relieved of terrible suffering for perhaps months or years, which is sufficient to compensate him for having undergone an operation, which can even be repeated.

Coxalgia.

There is a patient here I have not seen, but the resident tells me that he has some deformity of the hip. This boy I now present to you is 13 years of age. For eleven months he has had some trouble with his hip. I shall rapidly go over the case with you, and see what the trouble is. The patient attributes the commencement of the disease to being pushed down stairs. After the injury, he continued to run about for three months. He was then taken to a hospital, and kept in bed for three months. Since then he has been about on crutches.

This case gives me an opportunity of showing a condition to which I alluded at a previous lecture, when I stated that in inflammation of the hip-joint (a scrofulous disease, for all cases of hip-disease are of strumous origin), the nerve filaments surrounding and supplying the joint are more or less involved in the inflammation, and that the inflammation extends along the smaller nerves to the nerve trunk, which may be involved as far as the spinal cord. As a result we have sclerosis to a certain extent, and impairment of function. A certain amount of atrophy results. Here is an instance which will at once show you that this atrophy in a case of hip-joint disease has affected not only the muscles of the thigh and calf, but that it has also extended to the bones. Variations in the length of the limb in hip disease are incident to other causes. Shortening may be due to changes which have taken place in the joint, head of the femur and acetabulum, as softening and absorption. There are changes here in the circumference of the limb, as well as in its length. The foot on the diseased side shows less development than the one of the sound side.

Inflammation of the hip joint comes on essentially as a synovitis of a strumous character. If the inflammation is very violent, abscess may rapidly form, the capsule be destroyed, and the pus passing into the muscular space cause violent irritation and inflammation; and the pus reaches the surface often by numerous tracts. These sinuses are often tortuous, extending far from the joint. As a result of the destructive inflammation and impaired circulation, there is often caries of the head of the femur; and if the diseased portions are not absorbed, they may separate as mortified or necrosed bone, and the fragments escape, enter the fistulous openings, or require to be removed by operation. In the earliest stages of hip disease, we find pain, swelling, and lameness. The effusion sometimes causes great distension, and if the fluid is not removed by the aspirator, the capsule may be ruptured, and the serum so thrown out into the cellular tissue cause cellulitis and abscess.

One of the earliest symptoms of this disease is rotundity of the hip. When we look for certain landmarks, we do not find them; in this case the ilio-femoral groove is entirely obliterated. There has probably occurred in this case destruction of the synovial membrane, ulceration has taken place, the head of the bone and the acetabulum have come in contact, and have united by adhesive inflammation. Almost every case of hip disease ends in more or less anchylosis. The treatment consists in absolute rest for the joint until all symptoms have disappeared, and frequently the child is put to bed and allowed to place the limb in the most comfortable position, which is that of flexion. He is allowed to lie in this way perhaps for months, until anchylosis has taken place, and the limb is immovably fixed in an angular position. The patient in walking is compelled to assume a bent posture, and eventually secondary curvature of the spine develops. This boy has been judiciously treated on the supposition that anchylosis would occur, the limb being kept in such a position as to be of the greatest service in walking, being anchylosed at a very slight angle.

I now get the boy to lie flat on the bed; if the anchylosis has taken place exactly on a line with the body, you will see that there will be no movement of the spine when I press both thighs firmly down; while if the diseased limb has anchylosed at an angle, however slight that angle may be, a curvature of the spine will occur on straightening the limb like the sound one, which is called an accommodative curve. As the boy lies on the table, with both limbs flexed or drawn up, the spine, you see, is in contact with the table, and I cannot carry my hand under the back. I now straighten the sound limb, and no amount of movement, flexion or extension that I make with the limb causes the least elevation or curve of the

spine. So soon, however, as I attempt to straighten the right leg, the spine raises, and to such an extent that I am able to carry my entire hand directly under the spine, which demonstrates the union between the femur and the pelvis at an angle. The exact angle of anchylosis can easily be determined by measuring the angle of the limb when the spine begins to leave the table.

After the subsidence of the active symptoms in hip-joint disease, which is treated by extension, the patient should be gotten out of bed, for confinement is always injurious to children. A certain amount of the head of the bone has been absorbed, and there is shortening. This should be compensated for by the use of a shoe with a high heel and sole, and an apparatus consisting of a steel bar passing along the outer side of the leg, having joints at the ankle and knee, but none at the hip, and secured to the body by means of a corset, and to the limb by straps. The patient can then go about securely. We cannot expect to remove the deformity which is incident to the disease. The diminished length and the lessened circumference cannot be overcome, but the limb may be made a useful one.

Suppose a patient had been allowed to lie in bed with the leg flexed, causing a right-angular deformity, which could not be overcome; the patient is etherized, and still with force the deformity cannot be removed (and the force should not be very great, for fear of fracturing the pelvis or femur). Subcutaneous osteotomy should be performed; this can best be done with Adams' saw. In order to reach the neck of the bone, the finger should be placed on the great trochanter, and directly beyond this is the neck of the bone. A puncture is then made with a narrow knife, which is carried on to the neck of the bone, and the capsule, if any exists, is divided, through which the saw is brought in contact with the neck of the bone. After the section if the limb is straightened and treated by extension with adhesive strips, like a case of fracture of the femur, union will quickly take place between the divided portions.

Hydrocele—Its Radical Treatment by the Injection of Tincture of Iodine.

Tumors of the scrotum are frequently met with. They may or may not involve the testicle. They may be connected with the abdomen. There may be a hernia descending into the scrotum, which may be forced into the abdominal cavity. Tumors affecting the scrotum may be syphilitic, tubercular, medullary.

One of the most common tumors of the scrotum is hydrocele—an accumulation of fluid in the tunica vag. testis. This can be diagnosed by the tenseness of the swelling, its pear shape, and especially by the readiness with which light is transmitted through it. This may be determined by examining the tumor in a dark room, or by holding a light to one side of the scrotum while it is looked at from the other side through the tube of a stethoscope. Hydrocele may be congenital or acquired. Where it is congenital, there is an accumulation of fluid from the abdominal cavity which has passed through the unclosed ring. By taking hold of the scrotum and making pressure, the fluid can often be forced out of it. The opening communicating with the abdominal cavity is usually obliterated and the tunica vaginalis testis is formed. The effusion is the result of irritation of the membrane, which may be induced by strain, bruises, riding on horseback, stricture of the urethra, and other causes. The pressure of this large amount of fluid sometimes causes interference with the discharge or passage of urine. This man describes it as "a choking back of the water." The effusion may be enormous. I have removed two quarts. The largest amount on record is, I believe, some five or six quarts. This disease occurs generally before the age of two or three years, and more often after thirty-five or forty. It is especially common in old people. There are various forms of hydrocele, as hydrocele of the cord, encysted hydrocele, and double hydrocele.

To get rid of the effusion is the question: the hydrocele can be tapped and the liquid removed, but it will almost certainly re-accumulate. This is therefore called the palliative treatment. The radical treatment consists in exciting inflammation in the tunica vaginalis testis, the two surfaces of which come in contact after tapping. The inflammation is followed by adhesion of the two serous surfaces, and obliteration of the cavity. Whether a seton is used, or the scrotum slit open and packed, or carbolic acid or iodine injected—no matter what method is adopted, the object is to produce adhesive inflammation. The injection of iodine has long been a favorite method. I believe that the cause of failure which sometimes follows the iodine treatment may be attributed to the insufficient quantity of the remedy, or else to the fact that it is too dilute. At least ℥ ijss. of the officinal tincture should be thrown into the sac and allowed to remain. This produces sufficient irritation and swelling of the scrotum, which we do not wish to control. A seton may be used for the same purpose, the only difficulty being that if it is left too long, it will produce suppurative inflammation, which is not desirable.

I shall now withdraw the fluid with a trocar. It is a good plan to attach to this form of canula a piece of rubber tubing. This enables you to remove the fluid without soiling the patient. It is hardly necessary to say that in introducing the trocar any large veins should be avoided. The fluid is now escaping. As you see, it is of a clear amber color, looking very like urine.

I find here a curious condition of affairs. The testicle on the left, or the hydrocele side, is of normal size, but the right testicle is only about the size of a lima bean, and is situated high up at the external ring. Considering the abnormal positions of the testicles, of which this is an example, reminds me of a case which I saw some time ago. A young man of about twenty came to me, stating that he had only one testicle. An examination showed but one testicle in the scrotum; the other was found about half an inch in front of the anus, was small in size, but could be moved only for a space of two inches in the perineal line.

It is always well, before using the iodine, after tapping a hydrocele, to get the patient to cough, in order to see if there is any evidence of hernia. There is nothing of the kind here. I therefore throw in two and a half drachms of tincture of iodine. The patient will now be put to bed, the scrotum to be well supported by a towel or bandage.

Medical Societies.

PROCEEDINGS OF "THE COLLEGE OF PHYSICIANS OF PHILADELPHIA."

Sewer Gas, and its Alleged Causation of Typhoid Fever.

BY GEORGE HAMILTON, M. D.

[Read March 7, 1883.]

The subject of the paper now to be presented, is essentially similar to one read by the writer before the College in 1879, and reference to that paper will, from time to time, be made in regard to certain facts and statements therein contained. The opinion that sewer gas was, and continues to be, the principal cause of typhoid fever, and that all other causes combined are unequal to this single agent in the production of this disease, was opposed in that paper, as it will be in this. The views presented by Prof. Frank Hastings Hamilton, of New York, in a paper on "Sewer Gas," published in the *Popular Science Monthly* for November, 1882, are, essentially, those accepted by an immense majority, either in or out of the profession; and, on the other hand, they are either rejected, or not accepted, as a rule, by practitioners and writers who have had the most frequent and abundant opportunities for observing the origin, development, and progress of the disease. The important question, then, involved in this subject cannot be determined by mere numbers, but by an appeal to facts, not conjectural, because theoretical, but to such as are unrefuted, because insusceptible of refutation. The great and increasing importance, in a sanitary point of view, of several questions connected with this subject, may be regarded sufficient to justify the expression of opinions in opposition to those entertained by one so deservedly eminent in the profession as the author of the paper on sewer gas.

In support of the sewer-gas theory, Prof. Hamilton declares, "that the experience of every medical man, and of almost every intelligent citizen, is in accord." From an assertion in regard to medical men so sweeping as this, the writer cheerfully appeals to the page of medical history on this point; and the citizen must surely enjoy a rare degree of intelligence if he be capable of solving a problem in medicine that still remains *sub judice*. That the people in general have adopted the sewer-gas theory is beyond question; and the reasons for this are obvious. The efforts to gain over the public mind to this view have been, and continue to be, incessant; and these efforts have, in great measure, been made by physicians of enthusiastic temperament, but who, unfortunately, have had but limited opportunities to obtain a personal, practical knowledge of this subject. But what is still more important, mankind are in general strongly disposed to accept as true that which promises pleasure, profit, and more especially health, exemption from disease, and longevity. The latter have been freely promised, provided that the sewers, and the house connections therewith, be properly constructed and kept in good condition; the filth in the streets, and every other place where it is apt to be found, be carefully removed, and disinfectants properly applied. In this way the stamping out of typhoid fever, scarlet fever, and diphtheria, was confidently predicted. Here, then, was the true balm of Gilead presented to view; and is it surprising that almost every one, even the incredulous, should banish the dread that had so long held them in doubt and apprehension, and turn with wistful and confiding looks towards, and gladly accept, the proffered boon?—when, too, all this was to be had by the mere expenditure of the requisite money for a certain amount of mechanical and other labor.

A most discouraging thing, in this connection, is found in the assertion by Prof. Hamilton and others, that even when no sewer gas or offensive odor can be perceived, the gas with its fatal germs may yet pervade the residence of an occupant, whilst he is ignorant of any method of finding out whether or not such germs infest his home. This asserted fact is perhaps the key-note to the proposition, that all the ordinary or extraordinary and costly appliances now in use, and generally regarded, when kept in order, as capable of excluding sewer gas from dwellings, should be thrown aside, and that other apparatus should be erected in a detached structure, outside of the mansion. This proposition, emanating from a few sanitary engineers, is well-nigh impracticable. The plan has been tried in only a few cases, but not long enough to establish its supposed superiority. Colonel Geo. B. Waring is quoted in the paper of Prof. Hamilton as saying, "that such plumbing work as is to be found in nine out of every ten houses, even in Fifth avenue, is unsafe;" what then must be the condition of ordinary houses, constituting the vast majority, in view of the limited pecuniary resources of their occupants? Sanitary Engineer C. F. Wingate is quoted to this effect, that the constant demand for the doctor's services in so many houses in their normal bad state, and the fact that his services are no longer demanded when they have been put in sanitary condition, tells its own lesson. A lesson to have value, the doctor forgets, must not be based upon assumed premises. From this quotation it does not appear that the apparatus was other than what is now in general use, but that it had "been put into sanitary condition," and in this he is in accord with a large majority of medical men and sanitarians. Dr. Barker, in his contribution to the paper on sewer gas seems to deplore the fact "that of two young men, who suffered from typhoid fever, one died, and upon examination it was found that there was not a trap in the whole building!" But if the opinion of sanitarian Waring, and others who coincide with him, be correct, the mere existence of such apparatus within the walls of a building serves, nine times out of ten, rather to increase than diminish the danger! The actual causation of disease, in general, is among the most obscure of medical problems; and in regard to the sickness of the Prince of Wales cited by Prof. Hamilton, and also that in the National Hotel at Washington, or that occurring during the Centennial Fair, medical opinions are not at all in accord. Prof. Hamilton says "that plumbers suffer frequently;" but it has never yet been proven that they suffer more than others, although they are exposed to the action of sewer gas in its most concentrated form; and the reason why they do not suffer more, he

informs us, is "that they are in most cases in the full vigor of adult life and health." The reason here assigned will, the writer is satisfied, surprise every physician who has had an extensive experience in typhoid fever, or who is familiar with the written history of this disease. From early manhood, or womanhood, until the thirty-fifth year, is the admitted period of by far the largest number of attacks; and this holds good in several other acute maladies, notably in bilious remittent fever. In regard to this disease the late Dr. Parish, eminent as a citizen and a most experienced and practical physician, said to his class of students, "that if any of them became country practitioners they would find bilious remittent very prevalent and fatal as compared with the city;" and, with emotion, referred to his numerous consultations with country physicians within a radius of seven miles from Philadelphia, on either side of the Delaware, where he often witnessed the robust farmer, or his stalwart sons, sinking away into death, despite the efforts of the physicians. Now that this form of disease is supplanted by the typhoid, a similar condition obtains, as may be seen when the writer states that four cases of intestinal perforation occurred to him in the space of twelve months, whilst practicing in the country, thirty miles from Philadelphia. But more upon this point hereafter. Prof. Hamilton also speaks of the "immunity which adults usually enjoy, and especially those who are most of the time away from home and in the open air."

On the contrary, in his country practice, the writer nearly always found that the young men who were away from their residence, at work in the fields, were more frequently attacked with typhoid fever than the females, who were generally engaged in domestic duties in or about the house; and if, as the sanitarians declare, "that there is in the country houses, or the surroundings, something equivalent to sewer gas," why is it that the reverse, as to sex, should not be the case? Diphtheria is also said to be caused in great measure by sewer gas: why is it, then, that the most violent and fatal attacks of this malady occur in the country, sweeping off at times four, five, or six children, in a single family, without a thought of sewer gas; whilst in cities, with sewer gas almost everywhere, the proportionate mortality is much less? Notwithstanding the testimony of Dr. Alfred Carpenter, of London, as quoted by the author of "Sewer Gas," to show the causation of scarlatina by this agent, here again such testimony is confronted by facts similar to those adduced in regard to diphtheria. It is only a few months since scarlet fever appeared in a town in Pennsylvania, noted for its cleanliness, and occasioned a proportionate degree of mortality unknown in Philadelphia. We now come to a singular and very important statement in the paper on "Sewer Gas," namely, "that in Asiatic cities, where modern improvements in plumbing are unknown, typhoid fever, diphtheria, and scarlet fever are seldom seen; whilst with us they have increased, as some declare, just in proportion to the extension of these improvements."

After this comes the admission of Dr. O. C. DeWolf, Commissioner of Health for Chicago, "that water-traps, as at present constructed, do not prevent the passage of disease-germs into our houses." Dr. Andrews is quoted by Prof. Hamilton essentially as follows: "Canton is a city of bad smells, it has no water-closets or connection with sewers, and its *unsanitary* condition is unquestionable; yet there is rarely any typhoid fever or diphtheria;" and he expresses his belief, "that water-closets tend to propagate these diseases, instead of preventing them." Prof. Hamilton declares "that the several classes of professional experts seem to have lost confidence in each other, and are heard constantly charging one another with incapacity." The chemists apparently are not agreed, the plumbers are charged with incompetency, and they, in turn, regard the physicians as their "most wrong-headed customers," possessing only a "dangerous smattering" of knowledge upon this subject. An architect has complained "that men of his calling have been blackguarded, lectured, and blamed by eminent doctors for their supposed ignorance of matters of this sort;" and a sanitary engineer has said publicly, "that there was probably only one architect in the city competent to execute the specifications for the plumbing of large houses;" while a distinguished member of the National Board of Health said publicly, "that he could count upon his five fingers all the sanitary engineers in this country in whom he could place any degree of confidence." If only the half of what has just been said be true, how embarrassing must be the condition of the public, and how greatly will be augmented the alarm, already so unnecessarily excited; and, in view of what has now been stated, may it not be thought that the motives thereto have not always been of a benevolent and purely unselfish character?

It is now time to confront the popular opinion that typhoid fever, diphtheria, and scarlet fever are caused by sewer gas, and that to a degree unequalled by all other alleged causes combined. In attempting to do this, such cases as the following will be completely ignored: Mr. A., on returning from his summer tour, perceived, distinctly, the smell of sewer gas in his house, and fell sick on the third day with typhoid fever. What can be said against sewer gas in this case, it may be asked? In answer, it may be said, that while, by a bare posssibility, the gas was the cause of the disease, the probabilities are all the other way. In the first place, the period of incubation is from eight to twelve days; in the second place, the writer's experience has convinced him that in not more than one house out of five has any smell or sign of sewer gas been detected, either before or during an attack of typhoid fever. And again, if the opinion lately advanced by a few of the most eminent authorities, that, as at present constructed and placed within the dwelling, the apparatus is incapable of excluding the gas, is correct, then, in such a city as Philadelphia or New York, many thousands more must be added to the tens of thousands of houses said long ago by the alarmists to be infected with sewer gas. In this connection, it may further be stated, that if the dwellings of this city and those of New York are infected to the extent asserted, then the conclusion is inevitable that the mortality would be absolutely frightful; and yet, in some weeks, in our city and in New York, with, taken

together, about three millions of people, the deaths have been down to two, three, or four; while diphtheria, caused, as sanitarians and inexperienced physicians say, by the same sewer gas, has at this identical time occasioned weekly, the death of about thirty or forty persons. In the third place, it is well known that many individuals on returning from the country to their homes in the city, in a very few days, before the period of incubation has expired, have had attacks of typhoid fever; and such cases may fairly be regarded as having had their origin in the country.

Another instance of typhoid fever is this: A complaint was made to the Board of Health that a stagnant pond upon the outskirts of the city had already caused two persons to fall sick with fever. The pond was, by order, filled up; the patients recovered, and no others were attacked! Could anything, many would ask, be clearer than the exciting cause of these attacks? That a vast majority would regard the cause assigned as the true one need not be doubted; but it is not to be forgotten, that a large majority of people are by nature credulous, and, as a rule, the credulous are not logical, and the faith of such persons, as Goethe and Richter have said, is a matter of feeling, affection, aversion, rather than of reason, as the following example in relation to that just quoted, may serve to illustrate. Into the family of a wealthy farmer, a few miles distant from the ill-conditioned pond alluded to, typhoid fever entered at about the same time as in the former case; several of the members were attacked, and, as in the former instance, all recovered. There was no stagnant pond here to complain of; on the contrary, the farm lay in a beautiful elevated section of the country, was in all respects a model farm, the agriculture, domestic, and general economy exceptionally good; yet all this, as the writer had often seen in his rural practice, occurred without the agency of sewer gas or (apparently) any other one of the agents so commonly held responsible for these attacks.

The writer is well aware that the points maintained in opposition to the current views as to the origin of typhoid fever are not accepted by a very large proportion of medical men and sanitarians; but it should be remembered, that by the reports of the Board of Health of Philadelphia, there have been on an average weekly, for the last ten or twelve years, but seven to eight deaths; hence, it is evident that, with all the alarm in regard to typhoid fever, there has not been opportunity for one-half of the regular physicians of this city to become fully acquainted with the disease, in its various forms and aspects. In every instance, however, when the writer has inquired of any one who had practiced extensively, both in town and country, the answer has been nearly always, that the disease, when it appears in the country, is infinitely more prevalent and fatal than in the city, and that, as a rule, it was impossible to discover whence it originated. But, on this point, let us turn to an eminent authority—Trousseau, that great medical light of the nineteenth century. After speaking of the great difficulty of discovering the intimate causation of disease in general, and of the great advantages of the practitioner in rural districts in regard to this point, he declares, "that the ordinary causes given in explanation of the origin of typhoid fever are trivial (*banal*), and deserve no serious consideration."

(*To be continued.*)

THE KENTUCKY STATE MEDICAL SOCIETY.

The Society convened in regular session at 12 m., Wednesday, April 4, at Masonic Temple, in Louisville.

The regular order of business having been disposed of, Dr. T. B. Greenley, of Jefferson county, made the report on the progress of therapeutics. He referred to the extensive use being made of iodine and iodide of potash, as well as carbolic acid, in the treatment of typhoid and malarial fevers, but failed to report original observations on the subject. His experience in the treatment of intermittents is favorable to the further trial of the sulphites and hypophosphites. Borax in epilepsy he recommends when the bromides fail. Atropine and ammonium bromide have likewise served in his experience as useful remedies in the treatment of spasmodic affections. The treatment of vomiting by the use of water as hot as can be borne he refers to as an old treatment resurrected to subserve a useful purpose. The Prunifolium Virginicum has maintained the reputation it acquired upon its advent into professional favor as applicable to threatened abortion. The ether spray in facial neuralgia was recommended, but whether as a palliative or curative agent the author failed to mention. Eucalyptus globulus has failed to meet the expectations indulged by those who anticipated in its use a valuable substitute for the preparations of Peruvian bark. Pinus Canadensis for chronic diarrhœa and inflammations of the urinary passages; dugong oil, as a substitute for cod-liver oil; calcium chloride in glandular enlargements, has each been productive of good results in the author's hands. The writer referred to the changes made in the quantities of active ingredients in the standard preparations in the new pharmacopœia and wisely cautioned that care be exercised in designating the quantities of them when ordering them in prescriptions.

In the discussion which followed, Dr. Preston B. Scott, of Louisville, called attention to the fact that one advance in the preparation of medicines had been overlooked by the author of the report on therapeutics, and he therefore exhibited for inspection the compressed tablets as illustrating one of the elegant and reliable forms of administering the various alkaloids in practice. In their porosity, and therefore ready solubility, Dr. Scott finds qualities that recommend them to the attention of the profession.

Dr. W. M. Fuqua, as chairman of the section, delivered an address on surgery. Wound treatment first engaged the writer's attention. Under this head reference was made to antisepsis, as practiced by applications such as carbolic acid and iodoform. The speaker deprecated the almost universal use of iodoform, for the reason that absorption of the drug has been followed by unpleasant mental symptoms, showing the poisonous effects of the drug when absorbed. Drainage received fit consideration in this connection. The field of micro-organisms was hastily scanned, and

the lessons of the first discoveries in this field applied to those of later dates, and the influence upon future investigations foreshadowed. The germ theory as applied to typhoid, malarial, and scarlet fever, finds in the author a firm believer, and forcible, if not eloquent, exponent.

Peritoneal surgery, the author says, has grown with the growth of the antiseptic system. In the treatment of wounds, surgical or accidental, involving the peritoneal cavity, Sims voices the most recent utterances when he declares that unfavorable terminations are the result of septicæmia and not peritonitis, and that this septicæmia is due to effusions into the peritoneal cavity.

Resection of the pyloric extremity of the stomach has been performed perhaps fifteen times. Three thus operated upon are still alive. The probabilities are that the operation will never be recognized as a justifiable procedure. Operative procedures for the relief of intestinal obstruction, colotomy, rupture, and gunshot wounds of the bladder, hernia, and operations upon the chest and lungs, were each in turn considered, but beyond a reference to the subjects, nothing of importance can be said to have been developed.

In gynecology, the greatest advances have been made by native talent. Operative measures for the relief of epilepsy, as recently shown by Dr. Alexander, is likely to be productive of benefit, and will shortly, in the estimation of the author, become of recognized utility. Shock, that peculiar and often fatal condition incident to grave surgical operations and injuries, was not clearly understood until of late years.

Discussion on this paper was confined to a consideration of the subject of antiseptics, and particularly the dangers attendant upon the use of iodoform.

Dr. J. M. Matthews, of Louisville, said: "I have been highly edified by the paper of the distinguished surgeon. There was one point that impressed me from the beginning, and I wish to call attention to it in order to elicit a discussion from the Society with reference to the point.

"The author mentions that the ideal antiseptic has not yet been discovered; and in making this assertion he speaks of iodoform in disparaging terms, because of the danger attending its absorption. In a special way I have used this agent for a number of years, and notwithstanding the fact I have seen daily in medical journals and heard it spoken of freely as being dangerous, I have used it to its full effects, it seems to me, without once having reason to think that by its application I had done the patient harm. In treating diseases of the rectum, I have used it freely, packing an ulceration with it as many as three or four times a week, and continuing this for three or four weeks, until a healthy action had been excited, and I have yet to meet a single subject wherein any deleterious or dangerous symptoms followed as a consequence of its use. Applied as it is in my practice, where you can watch its effects and see the granulations springing up, after several years of experience with it, I must say I have failed to see a single instance in which it has proven deleterious so far as the absorption of the drug has affected the constitution of the patient. As to its local effect, I think no surgeon can have a doubt as to its excellence."

Dr. D. W. Yandell, of Louisville, said: "The point raised by Dr. Matthews is one of importance. As I gather from the discussion, what the chairman of the committee has said touching the dangers of iodoform does not apply to its application to the small surface to which it must be applied in diseases of the rectum, but to the absorption of the substance when used in enormous quantities. I do not infer that iodoform used upon small ulcerating surfaces could be accompanied by any danger. I wish to confirm in my own experience the value of iodoform in rectal troubles. I have found it of especial use in the treatment of hemorrhoids after treatment for removal by any of the usual methods. In some cases there is a good deal of active inflammation left, in others a sluggish condition of the parts, a calloused-edged ulcer, or much infiltration in the adjacent tissues; under these circumstances, but more particularly in the acute ulceration that follows, I have almost invariably gotten excellent results from iodoform. I quite concur in the remarks of Dr. Matthews touching its harmlessness. I have never known a patient to complain of it, nor, in fact, any ill from it at all. I think it has been much overrated, because it has been used in too many things. Like Martin's bandage, the only trouble with it is that it does too much, and too much is therefore expected of it. I am sure that in many forms of ulcerations, and particularly in those forms about the rectum, it is a valuable addition to our surgical remedies."

Dr. D. S. Reynolds, of Louisville, while "quite agreeing with the gentlemen with reference to the importance of the use of antiseptics, recognizes a great difficulty in the want of a selection of the proper kinds of antiseptics for particular conditions. Thus the chloride of sodium is an efficient antiseptic in acute purulent inflammations of the mucous membranes, whilst boracic acid is applied with better results to those of a chronic form. Thymol and eucalyptol are of like benefit in the treatment of those inflammations which become septic by becoming purulent, as in the cavity of the middle ear, the tear passages, and other similar states. The aspergillus albicans which invades the external ear is destroyed, perhaps, more readily by eucalyptol and thymol than by other agents, though boracic acid is not to be neglected in fungoid growths of this character. The tinea tonsurans and tricophyton, which sometimes invade the hair follicles along the margins of the lids, are quickly destroyed by boric acid. Thus I imagine that when we are able to classify the germs in a given instance that are giving rise to pathological processes, we shall then be able to arrive at some definite conclusion as to the selection of the germicide applicable and capable of their destruction."

Dr. Holloway, of Louisville, thought it would be better to classify these remedies as germicides rather than as disinfectants or antiseptics. So far as iodoform is concerned, he looked upon its action as simply alterative; the same is true of the local action of carbolic acid.

In speaking further of the subject, Dr. Fuqua related two cases that came under his own observation, in which the persistent use of iodoform resulted in mental derangements to such an extent as to make it necessary to withdraw it.

Dr. Holloway suggested that the internes at the City Hospital be heard from on the subject. Dr. Sargent accordingly replied that during his term of service iodoform had been used according to Col. Seller's directions for the use of his eye-water; that in the venereal wards it had received the designation of the ward cologne, and so far as his observation had extended it had produced no troublesome constitutional effects.

After all the discussion elicited, Dr. D. W. Yandell, of Louisville, concluded that in those cases in which the use of the drug was followed by unpleasant manifestations, they arose from some idiosyncrasy of the patient, as is sometimes exhibited in the intolerance of morphia by certain individuals.

The nominating committee was then announced, and the society adjorned to meet

THURSDAY MORNING

at 9 o'clock. The first paper read at this session was a report of the committee on Medical Ethics, by Dr. F. J. Yager, of Campbellsburg.

Dr. Preston B. Scott, of Louisville, read a paper on the subject of Disorders of the Menstrual Function. Many young women, said the writer, suffer from dysmenorrhœa, and in fact, the functional disorders of menstruation have steadily increased. Pain, scanty and irregular monthly flow, are the commanding features. Conditions which impair nutrition and depress nerve force are the leading causes. The results are recurrent suffering, sympathetic disorders, reflex disturbances, and in due time local changes. In view of future married life, Emmet's tables show how large here is the field of preventive medicine. It is to this class of sufferers, and it is a very large one, I call your attention.

To-day two young ladies, sisters, aged 19 and 21, came into my office looking the pictures of blooming health. One had only a scanty flow, followed by severe frontal neuralgia after every monthly period. The other went to bed with fearful cramps for two days. They had been suffering thus for two years, and for the first time now had come to seek medical advice.

Now Emmett has given us some valuable statistics, showing how much the health and capabilities of woman have been influenced by disorders of early menstruation. I asked a young society lady not long since how many of her friends suffered as she did. She answered, "Nearly all of them suffered some, many of them enough to go to bed."

These conditions, the author argued, were due to the mode of life of women and girls at the present time. He cited the fact that it is no uncommon thing for as many as eighty girls and women to be seated in one room, sewing in dressmaking establishments in this city. Many others labor in factories from seven in the morning till six in the evening, in defiance of an undeveloped and overstrained function struggling into healthful regularity.

The author gave some attention to the deleterious effects of the forcing plans of education prevalent in this rapid age.

With respect to treatment, it must ever be borne in mind that this function is a monthly cycle of nerve force, intensifying as it reaches its maturation, with a climax in a flow of blood and mucus, healthful and complete as it is painless and uninterrupted. To reach this end, he directs his treatment to a period of apparent rest, a period of approach, and the period of actual flow. One of the chief difficulties the author has met has been to have patients to keep their count, and have a due regard to the circumstances of their living, in so far as that influences the course of the flow. In the intervals their pain is forgotten, and hence as a class they are fastidious in regard to the taste of their medicines. Arsenic, strychnia, iron in the form of lemonade, as recommended by Goodell, all serve a useful purpose when given with due respect to time and circumstance and indication. At the approach it will be found necessary to resort sometimes to sedatives, sometimes to stimulants: for the latter purpose, the hydropiper and the fluid extract of cotton root has given satisfaction; for the former the pulsatilla ammonii has stood the test of six years' constant application. The principal chance in all cases, however, is to use the interval of repose in restoring to a proper balance the depressed nerve force. Medicines alone will often fail.

Dr. Joseph McCormack, of Bowling Green, next read a paper on the subject of Hygiene in which he took occasion to dwell at length on the duties and powers of Health Boards in various sections of the country, and to compare to some extent the work and condition of the Kentucky State Board with those of other states.

This, with the spirited attacks that have recently appeared against the Kentucky State Board of Health in the local press as well as in the medical journals of distant cities was the signal for a spirited discussion of the subject, participated in by Drs. Larrabee, Holland, Yandell, D. W. Pinkney, Thompson and McCormack.

Dr. Larrabee remarked upon the difficulty of such Boards of Health to accomplish any useful purpose, in the present state of apathy of the people.

Dr. Holland, after speaking of the value of agitation as a means of instructing the people concerning the matters in which instruction is desirable, said: "As a sanitary official I am aware that the county Boards are taking more interest in the matter and in their duties than they ever have before. The people are awakening; the doctors are awakening. This is good. You can estimate very correctly the amount of public spirit, the genuineness of the heart and the soundness of the head of a doctor, by his growing faith and activity in sanitary work." Dr. Holland referred to the attacks in the local medical press concerning the inefficiency of the Board and its small accomplishments, and pointed with pride to the change of public sentiment at the time the Board was created, and in conclusion appealed to the profession to uphold and succor a sanitary movement when it is thus once started, cheer it when it recovers from a momentary fall, and for God's sake to let the movement go on.

Dr. Pinkney Thompson, President of the Board, arose, not to defend the State Board of Health, but with the hope that he might say something to encourage a spirit upon the part of the members to correct the erroneous statements made by Dr. Yandell. To begin with, it would appear that

just such speeches as he has made, and just such articles as he chooses to publish, have been made and written against every public health organization. The State Board of Health of Michigan nor even that of Massachusetts, has escaped this and even worse criticism. By the same spirit as that here manifested, the National Board of Health has been completely crushed out.

(*To be continued.*)

TRANSACTIONS OF THE NORTHERN MEDICAL ASSOCIATION OF PHILADELPHIA.

Meeting of February 23, 1883. President J. T. Eskridge in the chair.

Dr. Rebecca Hunt read an account of an operation performed for the relief of imperforate rectum. The existence of hypospadias in the case possessed an important embryological bearing.

Discussion of case reported by Dr. Longaker (see page 396).

Prof. J. B. Walker, mentioning the frequency with which carcinoma of stomach occurs unaccompanied with severe symptoms, reported an instance of a male who had a large malignant tumor of the pylorus, and no especial symptoms until the last five weeks of life. These, however, were not those of cancer, but typically asthenia.

Case 2. Large, strong, vigorous man suffered with an apparently causeless vomiting. Emesis occurred at long intervals. Fatigue and excitement seemed to develop the tendency to vomit. Anorexia existed, but no other symptom that would lead to a suspicion of so serious a disease as carcinoma. Anæmia was noticeable. A regurgitant mitral lesion was present, and the above manifestations of disease were attributed to it. The cachexia of carcinoma is peculiar, and is not properly described by the term icteroid. It is a peculiar silvery hue, and the epidermis presents a tessellated and micaceous appearance clearly shown when light is directed obliquely upon the surface. It was solely from this peculiar condition of the skin and its location upon the dorsum of hands that carcinoma of stomach was diagnosticated. There was absence of local tenderness, hæmatemesis, and constipation. No epigastric tumor, but alone the peculiar silvery cachexia that was made the basis of diagnosis. Four weeks before death œdema of ankles for the first time presented.

In Case 3, a patient suffered from occasional vomiting. No other symptoms pointing to serious organic disease existed, except this peculiar silvery condition of the skin.

Carcinoma of stomach was diagnosticated, and the autopsy revealed extensive carcinomatous degeneration occupying the lesser curvature.

Case 4. Another instance in which this peculiar silvery cachexia alone existed. Autopsy revealed correctness of diagnosis.

Case 5. Silvery cachexia. Death. Autopsy disclosed in addition to gastric carcinoma, infiltration or involvement of a portion of the liver.

In concluding, Prof. Walker stated that this peculiar cachexia is not so noticeable upon the face, but is especially conspicuous upon the dorsum of the hands, the thorax, and abdomen.

Dr. L. Brewer Hall discoursed upon the importance of microscopical examination of these malignant cases. Many cases are indiscriminately termed scirrhus, when such examination reveals the characteristics of some other type. In order to clearly know the specific course and symptomatology of the several varieties of carcinoma, it is necessary to carefully study each specimen, and by coupling the histological characteristics with the clinical phenomena, we will be enabled to understand the types with which we deal.

The specimen was referred to the committee on pathology.

COLLEGE OF PHYSICIANS OF PHILADELPHIA.

The regular monthly meeting of the College was held on Wednesday evening, April 4, 1883.

After the transaction of routine business, Dr. J. T. Eskridge read a most elaborate and carefully prepared paper on a case which he called "Tubercular Cerebro-Spinal Meningitis of eight months' duration." Drs. Roberts Bartholow, and Da Costa, and President Stillé, took part in the discussion which followed, and raised doubts concerning the correctness of the diagnosis, Dr. Da Costa insinuating that it was rather a case of spurious cerebral meningitis.

Dr. J. Solis Cohen followed with a statistical paper, in which he held that experience proved that laryngectomy did not have a tendency to prolong life, and stated his preference for tracheotomy.

Dr. S. W. Gross differed with him, and mentioned several cases not referred to by Dr. C., where laryngectomy had produced very satisfactory results.

Dr. Wm. Barton Hopkins read the last paper of the evening, and exhibited a woman upon whom Dr. John Rhea Barton had performed excision of a large piece of the shaft of the radius in 1828.

These papers will appear in full in future issues.

Feline Test for Defective Sewer Pipes.

Cats have a great fondness for the odor of valerian. So an ingenious Boston woman, suspecting some defective pipes, borrowed two cats and shut them up in the suspected room; then, having purchased some oil of valerian, poured it into the highest basin in the house, and proceeded down stairs to watch the result. She was gratified to find both manifesting a preference for a certain spot in a closet near which a waste-pipe ran; and here, on further inspection, a complete separation of the pipe was discovered.

A Modern Miracle.

The *New Orleans Picayune* says that a medical man in New Orleans, who is fond of his little joke, called on a colored minister, and began to catechise him. "Why is it," said he, "that you are not able to do the miracles that the apostles did? They were protected against all poisons and all kinds of perils. How is it that you are not protected now in the same way?" The colored preacher responded promptly: "Don't know about that, doctor. I 'spect I is. I've taken a mighty sight of strong medicine from you, doctor, and I is alive yet."

EDITORIAL DEPARTMENT.

PERISCOPE.

Ichthyol in Skin Diseases.

The New York *Medical Journal*, March 17, 1883, says:

In a late number (December, 1882,) of the *Monatshefte für praktische Dermatologie* are two contributions—one by Rudolf Schröter, the other by Unna—relating to a new remedy for skin diseases. The article by Schröter relates the history of its discovery and describes the method of its preparation, while Unna gives an account of how it is employed and of its effects upon diseases of the skin.

Ichthyol is an oily product obtained from a peculiar bituminous mineral found in the region of Seefeld, in the Tyrol. The mineral occurs in beds or veins of varying thickness, lying in fossiliferous rock, which bears numerous fish-prints, together with a certain number of petrified fishes. It has been surmised that the bitumen owed its origin to the animal residue of fishes and other marine animals left there in prehistoric times, when the region was still submerged by the sea. Hence the name "ichthyol." To obtain the oil, the bituminous rock is first subjected to a dry distillation in iron retorts. The fluid product that results soon separates spontaneously into a thick, tarry substance, and a very fluid, dark-colored, strong-smelling oil. The latter is then subjected to the action of concentrated sulphuric acid, and various other chemical processes, by means of which it is clarified and refined, when a neutral or slightly alkaline product results, having a peculiar odor described as "kräuterartig" (herb-like). The product, which is what is known as ichthyol, is regarded as an extract from the original oil. Its chief ingredient is said to be a sulphur acid. Sulphur forms from two and a half to ten per cent. (according to the method of preparation) of its composition. In appearance it is of a somewhat tarry character, but resembles none of the ordinary tars either in its odor or in its chemical composition. Its consistency is about the same as that of vaseline. It forms an emulsion with water, and is miscible in any proportions with oils or vaseline. It is partly soluble in alcohol and partly in ether; wholly so in a mixture of both.

Unna maintains that the efficacy of ichthyol as a topical agent in skin disease—and this efficacy he has found to be very considerable—is chiefly due to the sulphur which it contains. He regards the drug as essentially an artificial production, and refers to the fact that the chemical treatment by which it is produced increases the proportion of sulphur from two or three per cent. to about ten per cent. Moreover, there is a marked increase by this same means in the proportion of oxygen. He considers ichthyol as resembling a ten per cent. sulphur ointment, but differing from the latter in that the sulphur is in a very intimate chemical union with the other ingredients.

Unna made his first trial of the drug in a case of universal psoriasis. One arm was treated with chrysarobin, the other with ichthyol. At first the latter appeared to be having the most rapid effect, but afterward, when the chrysarobin had fairly begun to act, the ichthyol was shown to be so decidedly inferior that it was abandoned entirely, and the chrysarobin was applied to both sides. But it was discovered that ichthyol, though applied for a long time continuously, even in its purity, to the skin, never caused any signs of eczema, as would invariably be the case were a ten per cent. sulphur ointment applied in the same way. This led to the employment of the new remedy in eczema. Unna refers to thirty cases that he has treated with ichthyol with very decided success. The eczemas treated were of many varieties—both moist and dry, papular, squamous, circumscribed, and diffuse—and were confined to no particular region of the body. The drug was employed in the form of a salve, varying in strength from five to ten, fifteen, and twenty per cent.; also it was used pure or in the form of spray from a solution in alcohol and ether. The pure form is not recommended, however, but a fifty or forty per cent. solution in vaseline or lard is preferred for adults, while from ten to two per cent. is considered strong enough for children.

It is advised that, commencing with an ointment moderately strong, the strength be gradually decreased as the case improves, since otherwise the ointment, after a time, tends to retard the progress of the cure. Moreover, the condition of the cuticle is said to form a criterion for the strength of the application. For example: If in a papular eczema a fifty-per-cent. ichthyol salve answers the purpose, in a moist, abraded eczema a strength of not over twenty or thirty per cent. will be required. In general, the more intact and the thicker the cuticle, the stronger must be the ointment. The chief merits of ichthyol are stated to be as follows:

First, it tends largely to relieve smarting and itching, combining the good qualities of both Hebra's (diachylon) and Wilson's (zinc oxide) ointments on the one hand, and those of carbolic acid and tar on the other.

Second, it offers this advantage over all other sulphur preparations, namely: that it may be combined with lead and mercurials without any separation of sulphur taking place.

The following combination is recommended:

R.	Lithargyri,	10.
	Coq. c. aceti,	30.
Adde		
	Olei olivæ, adipis, āā,	10.
	Ichthyol,	10.

M., ft. ung.

Inasmuch as this ointment forms an emulsion with water, it is very easily removed from the skin. The disagreeable odor of the ichthyol has not yet been overcome.

Aside from eczema, Unna is of the opinion that

the new remedy will be found valuable in all cases where sulphur preparations have heretofore proved themselves valuable. With reference to the internal exhibition of ichthyol, there have been as yet no satisfactory investigations.

Non-Puerperal Uterine Hemorrhage.

Dr. Paul F. Mundé contributes a very practical paper on this subject to the *Medical Record*, February 10, 1883. He describes a condition in which there is either a continued discharge of blood, or where the menstrual flow lasts unusually long and is abnormally profuse. The following are the causes:

1. Non-puerperal erosion of the cervix uteri; due to the irritating discharges of the almost ever-present cervical catarrh, or friction of the cervix against the posterior vaginal wall. For this condition he applies a solution of nitrate of silver (ʒj.–ʒj.) within the cervical canal and over the eroded spot. A thin dust of finely powdered iodoform is then blown on the cervix through an insufflator, a tampon soaked in glycerite of tannin, equal parts, placed against it, a dry pledget over this, and the speculum is withdrawn. These tampons are to be worn for thirty-six to forty-eight hours, and an injection of tepid water, with one or two drachms of sulpho-carbolated zinc or plain sulphate of zinc should be used twice a day for three days, when the patient should again present herself for local treatment. The same application will probably be repeated every three days, until the erosion shows signs of healing, when a milder solution of nitrate of silver (ʒss. or grs. xx. per ounce) should be used; or the absence of improvement calls for a change of treatment. In very obstinate cases, with chronic cervical catarrh, it is essential to cure the latter (the cause of the erosion) first, and this is a difficult matter. The removal of the hypertrophied endo-cervical glands and mucous membrane by the sharp curette, and cauterization of the base with strong nitric acid or the actual cautery, is usually an indispensable preliminary to a successful treatment of the catarrh. Occasisnally I have found it necessary to apply nitric acid, or pnre chromic or pyroligneous acid to the erosion, before a change for the better allowed me to return to the milder astringents and iodoform. In every case it is well to notify the patient that the cure is certain, but that she must persevere for several months, at least, or she will not recover.

In a few intractable cases I have found the negative pole of a galvanic battery, applied by means of a round button to the erosion, the positive sponge being placed over the abdomen, to produce a marked tendency to cicatrization.

If all means fail, he would pare the erosion with scissors, and unite the raw surfaces with sutures.

2. Laceration of the cervix, unhealed or temporarily healed. In these cases an examination per speculum will generally reveal the presence of a small patch of hyperplastic papillæ or granulations just within the cervical canal. He snips them away with scissors, and sears their base with strong nitric acid, using astringent after-treatment until the surface is healed. So long as the cervical canal gaps, a return is not improbable; a permanent cure is therefore only to be had by restoring the integrity of the cervix by trachelorrhaphy.

3. Chronic subinvolution of the uterus. Here he makes application of Churchill's tincture of iodine to the endometrium twice a week during the inter-menstrual period, taking care to make the application thorough by repeating it at the same sitting until any oozing of blood, which may possibly occur, ceases. The usual hot water injections are taken twice daily. These iodine applications should be continued up to the very inception of the flow. He has seldom failed to keep the hemorrhage within bonnds by this treatment, which he has always practised at his office. He also gives a pill of ergot, gr. j.; sulph. iron, gr. ij., and strychnine, gr. $\frac{1}{20}$, three times daily.

If the flow should still be too profuse, he puts the patient to bed, and after four or five days does not hesitate to check it by the iodine application and firm tamponade, repeated daily until effectual. At the same time he gives rectal suppositories of ergot, three to five grains each, three times daily. In a few cases the fluid extract of viscum album, in teaspoonful doses every two or three hours, has kept the flow in bounds.

Patient and physician should remember that usually several months of the above treatment will be required to insure a permanent benefit or a certain cure.

4. Chronic hyperæmia of the uterus. In this condition he found the above described iodine applications invariably effectual.

5. From retention of blood by flexion or pinhole external os.

The treatment of this case is perfectly simple. Remove the obstacle to the free discharge of the blood, make the whole uterine canal of equal width, and the menstrual blood will escape from the external os as it is poured out into the uterine cavity, and all discharge will cease as soon as no more blood is exuded. This is best done by making a so-called crucial incision of the external os, dividing the mucous membrane covering the cervix to the length of about one-fourth of an inch, and then trimming off each little flap with fine curved scissors, so as to make the external os funnel-shaped. Then, by stretching the uterine canal with divergent dilators, and, if thought advisable, swabbing it with tincture of iodine, this little operation is completed. Dilatation once a week for several weeks, or even several months, is essential to prevent the orifice from contracting again, and the iodine application may be repeated once or twice, if there be a hemorrhagic tendency in the endometrium.

He lays great stress on the necessity of speculum examinations in all cases of non-puerperal hemorrhage, to ascertain the cause, and cites several cases where women have been for years unavailingly treated, when by ascertaining the cause they were at once relieved.

Experimental Investigation of the Action of Chloral, Opium, and Bromide of Potassium.

In an essay on this subject in the *Brit. Med. Jour.*, March 24, 1883, by Dr. Sidney Ringer, Professor of Medicine in University College, London, and Dr. Harrington Sainsbury, the authors

make the following observations on certain well-known drugs, after discussing the physiological effects of the agents mentioned in the title of their paper: "Clinically, the dangers of bromide of potassium and of chloral have been recognized; and thus in our text-books, we find the statements that the presence of grave adynamic symptoms contra-indicate chloral and bromide of potassium. Opium, on the other hand, in such adynamic states, frequently appears to lend actual support. The results of definite experiment we find to accord with the results of clinical experience; and the value of the former lies in that they confirm, and by their definiteness must tend to enforce, the teachings of the latter. The choice of a drug is, however, no simple matter; an advantage here may be outbalanced by a disadvantage there; and practical men may object that they would gladly give opium, but that the disordered stomach, blunted appetite, inactive liver, and torpid intestines, more than outweigh the advantages of opium administration. This clearly is a matter for consideration in the individual case under treatment; and the decision will have to be according as one or other element, asthenia, or derangement of the digestive, etc., powers, is most to be feared. These objections to opium, on the one hand, and chloral and bromide of potassium, on the other hand, raise the question as to whether, in very many cases, a drug, at present rather extensively used, especially in America, viz., bromide of sodium, might not with advantage be substituted in their place. The salts of sodium generally contrast very markedly with those of potassium; for the chlorides, bromides, and iodides of these two metals, the lowest figure would represent the potassium as ten times as active as the sodium. These precise numbers refer to action on the ventricle of the frog's heart (See *Medico-Chirurgical Transactions*, vol. lxv., concerning the action of the salts of potash, soda, and ammonia, on the frog's heart), but on all hands the evidence is forthcoming that, whilst salts of potassium are very poisonous, those of sodium are very slightly so. One of the marked points of contrast between the two sets of salts to be found in respect of inhibition; potassium salts inhibit the frog's ventricle strongly, sodium salts scarcely at all. Here, however, we are considering drugs as to their cardiac effect; and, in respect of this, sodium bromide would rank far ahead of bromide of potassium, chloral, or opium, as to innocuousness. The objections holding for opium would not apply here, for sodium salts are generally very little disturbing to the tissues. With these advantages the general verdict of clinical experience is to the efficacy of bromide of sodium as a hypnotic, and, indeed, as a substitute for bromide of potassium; and should this position but be maintained, it is clear that bromide of sodium will be in very many cases the sedative above all others to be selected."

Idiopathic Erysipelas in an Infant.

Dr. J. J. Johnstone reports the following case in the *British Medical Journal*, March 3, 1883:

On June 7, I attended the wife of a farmer in her first confinement. The labor was very tedious, the lady being thirty-five years of age: and I had eventually to deliver with the forceps. The child was a male, healthy-looking and well developed, and what slight marks the instruments left on the head had disappeared by the following day. On June 25, I was sent for to see the baby, who was suffering from indigestion and disordered bowels. I prescribed a few gray powders with soda, which relieved him for the time. On July 8, I was again asked to visit the child, as he had become very restless, and cried a great deal, as if in pain. I found some puffiness in the left submaxillary region, with slight redness of the skin. The bowels were rather costive, and the stomach irritable, nutriment being frequently, but not invariably, rejected. He had been fed almost exclusively on the breast, the mother having an abundant supply of milk. By the next day (July 9), the redness had become deeper, and had spread itself over the left cheek, the eyelids becoming gradually swollen so as to close the eye. On the 10th, the whole of the left side of the head and neck had become affected, and the right submaxillary region showed signs of participating in the disease. The redness and œdema spread rapidly over the right side of the face and head, while the disease receded from the left side, so that by the evening of the 12th the right side of the head and neck was completely involved, the left having to a considerable extent regained its normal appearance. The inflammatory blush invaded, but not to any marked degree, the upper part of the chest and arms. On the evening of the 13th, the left side of the face once more became affected, and the little sufferer sank from exhaustion on the 14th. The pupils acted alike throughout the illness, and there was no strabismus. Internal remedies seemed to afford little relief; but the external application of warm lead lotion on lint covered with gutta-percha tissue appeared to give ease. I may mention that the father of the child died six weeks after his son's decease, from tubercular phthisis of nearly four years' duration. The mother, a half-cousin of her husband, belonged to a consumptive family, but seemed to be quite sound herself.

Spina's Attack on Koch.

Dr. E. E. Saltler gives in the *Cinn. Lan. and Clinic* the following summary of an attack recently made on Koch by Dr. Arnold Spina, of Vienna, one of Prof. Stricker's assistants;

First.—Dr. Spina denies the statements of Koch and Ehrlich, that solutions of the aniline dyes must react alkaline in order to stain the so-called bacillus tuberculosis, and also that acids and aqueous solutions of vesusin do not enter the bacilli.

Second.—He denies that bacteria, which stand in no causal relations to tuberculosis, react in a different way with coloring matter fron the bacilli found by Koch.

Third.—He denies the statement of Koch that the bacilli of tuberculosis occur constantly in the tuberculous organs of man. He found that this statement was too far-reaching, and in many cases examined he never found any bacilli. As regards the bacilli in sputa, his results agree essentially with those of Koch.

Fourth.—He was never able to find bacilli in the tubercles which stood in no connection with the

open air—the serous membranes of the body. He says, "I have examined about one hundred and fifty mesenteric and omental tubercles, in the most various stages of their development, according to Koch's and Ehrlich's method, and found bacilli in *not one* case."

Fifth.—He also criticises the insulation experiments made by Koch with purified bacilli, and says that the specific character of tuberculosis has not been proved by them. He calls attention to the history of inoculation experiments; the conflicting results, the negative and positive results of inoculations with tuberculous matter and indifferent substances, and also gives the results he obtained by inoculations with purified bacilli.

Sixth.—He concludes by saying that the bacilli of tuberculosis are the result, not the cause of the disease.

The Disinfection of Tubercle.

The *Lancet*, January 27, 1883, says that M. Vallin has been experimenting on this subject, and has communicated his results to the Académie de Medecine. Fragments of tubercular pulmonary tissue removed from the body of a man who had died of phthisis were well mixed with distilled water, and fifty centigrammes of the filtered liquid were injected into the peritoneal cavity of a guinea-pig. No inflammation was produced, but at the end of a few weeks the animal began to lose flesh, and died at the end of the fourth month. The liver, spleen, and lungs were full of granulations and grey masses, transmissible by inoculation. It was this secondary tubercular substance which supplied the material for the inoculation experiments. With distilled water, an infusion of caseous fragments of the organs was made, and a sheet of filtering paper was saturated with the liquid and then allowed to dry. It was then cut up in strips of the same width, each of which would yield, to a small quantity of water, a similar dose of the virus. Preliminary experiments showed that the inoculation of this produced tubercle with certainty. Some strips of the paper were exposed to the action of various disinfectants. In a chamber, fifty cubic metres in area, strips were exposed to the fumes of sulphur for twenty-four hours. The results showed that it was necessary to burn twenty grammes of sulphur in this chamber, to render the virus innocuous. When the quantity burned was less than twenty grammes, the animals usually died tuberculous. Boiling water was found invariably to secure immunity, and so also did corrosive sublimate in a solution of one per thousand. The conclusion M. Vallin draws from the experiments is, that it would be well every year to purify by sulphurous fumigation all prisons, barracks, hospitals, and schools.

Inversion of the Sexual Sense.

The *Journal of Nervous and Mental Diseases*, January, 1883, says that under this title Charcot and Magnan (*Archives de Neurologie*, November 3, 1882) report six cases of imperative conceptions respecting sexual matters, which they consider allied to the sexual perversion of the Germans. The first case was that of a masturbator, a physician, who felt drawn to the anal region of females and *clothed* children for sexual gratification; the naked bodies were repugnant to him. He was disgusted with the idea of pæderasty and sexual intercourse; there was strong heredity in the case. In the second case there was also strong heredity, and the patient felt sexually attracted by the nails of women's shoes, concerning which he constructed elaborate romances, and masturbated while gloating over these. The third case also had hereditary defect, and felt sexually attracted by white table-cloths, several of which he stole and was punished for so doing. The fourth patient, also a victim of hereditary defect, was unable to copulate with a woman unless her hair was dressed in a certain way, and she had a night-cap on. The other cases were victims of nymphomaniacal impulses. There is, it will be obvious, very little in common between these cases and sexual perversion as described by Gock, Servaes, Krüg, Krafft-Ebing, Ulrichs, and others. Dr. Hammond ("Diseases of the Nervous System") has described a case where shoes were the attraction, and Van Buren and Keyes ("Venereal Diseases") a case where a man was impotent except with women dressed in a peculiar style. As might be expected, impulses of this character are very frequent among hebephreniacs.

Ligature of the Bile Duct.

The *Practitioner* March 1883 says that Belousssow has studied this subject under the direction of Colnheim and Weigert. He experimented upon rabbits, guinea-pigs, and dogs. The longest time that any animal survived was eighteen days. The liver was jaundiced and slightly enlarged. In its substance were seen yellowish gray spots, varying from the size of a pin's head to a pea. These were most numerous from the first to the sixth day. The microscopic examination showed them to represent a partial necrosis of the liver substance caused by the pressure of the bile. Around these nodules appeared a zone of reactive inflammation, with the formation of young connective tissue in which were newly-formed bile-ducts. This new tissue gradually replaced the necrotic portions entirely. In this way is to be explained the cirrhosis of the liver observed by earlier experimenters (Wickham, Legg, Charcot, Gombault, and others) after the ligature of the ductus choledochus. This occurred in entirely aseptic cases, and was in no way to be connected with any inflammation starting from the point of ligature and following up the course of the bile-ducts. Kelsch (*Rev. de Méd.*, 1881) records two cases where the retention of bile was followed by cirrhosis—one following closure of the duct by cholelithiasis and cancer of the gall-bladder, the other in which a dilation of the bile-ducts was found without any formation of concretions.

Inosuria.

From the *Medical Record*, March 31, 1883, we learn that Dr. Cochot concludes a thesis on this subject in the *Journal de Médecine de Paris*, January 13, 1883, as follows:

1. Inosite (muscle sugar) is *never* met with in normal urine.

2. Urine containing inosite may also contain albumen or ordinary glucose. In some cases, however, the glucose disappears entirely, and is replaced for a time by inosite, or vice versa.

3. Thus inosuria is not a separated disease, but is a symptom which may be met with in Bright's disease or diabetes.

4. Whenever we find inosite in the urine, we have to do with diabetes or albuminuria. The patient is exposed to the same dangers, and the effects of injuries are equally grave.

5. Since inosuria may supervene upon glycosuria, it adds another difficulty to the diagnosis of the latter. For inosite does not turn the plane of polarization, neither does it give the characteristic chemical reactions of glucose.

6. Inosuria is to be suspected when the urine, boiled with Fehling's solution, throws down a flocculent precipitate of a greenish color. But certainty is only obtainable by a thorough qualitative analysis.

7. It is of great importance to remember that a patient with inosuria is really the subject of Bright's disease or diabetes, in view of the gravity of operations or of wounds in general in such patients.

The Action of Quinine on the Ear.

Dr. J. Orne Green thus concludes a paper on this subject in the *Boston Med. and Surg Jour.*, March 8th, 1883:

(1) Clinical experience the world over is that quinine occasionally produces serious injury to the ears.

(2) From our present knowledge, both clinical and experimental, we are justified in asserting that the action of quinine upon the ears is to produce congestion of the labyrinth and tympanum, and sometimes distinct inflammation with permanent tissue changes.

(3) That the action of the drug upon the ears should always be considered in prescribing it, and changes in the ears, due to existing or previous inflammation of those organs, constitute a contra-indication to the medicine in large doses or for a long time except under urgent circumstances.

(4) That where large and continuous doses are absolutely necessary an occasional intermission of the administration is desirable, if possible, to diminish the risks to the ears.

Bilharzia Hæmatobia.

The *Lancet*, March 3, 1883, tells us that an interesting contribution to our knowledge of the Bilharzia hæmatobia, and its influence on those parts of the human body which it infests, has been recently published by Dr. Zancarol, of Alexandria. As our readers know, the adult worms, which are of separate sexes, inhabit the veins not only of the urinary but also of the digestive tracts. It has been said that the changes so frequently found in the kidneys are the direct result of the presence of the parasite. Dr. Zancarol opposes this view: he points out that the ova and embryos are chiefly confined to the lower quarters of the urinary passages, and believes that the renal alterations are secondary to cystitis. Specimens of kidneys and other parts of the urinary tract were demonstrated before La Société Médicale des Hôpitaux de Paris, together with microscopical preparations taken from a man who died with the symptoms or uræmia. The right kidney was in a state of marked hydronephrosis. The left kidney showed much fibroid overgrowth in places. The walls of the ureters were notably thickened. The ova of the nematode were detected in but small numbers in the most superficial part of the vesical mucous membrane. A second demonstration was given of the intestines removed from a man who had suffered during life from chronic intestinal ulceration. The surface of the sigmoid flexure was studded with vegetations which, in the fresh state, had the appearance of internal hæmorrhoids. These elevations were found, on microscopical examination, to consist of folds of the mucous membrane, the meshes of the stroma of which were stuffed with the eggs of the parasite. Dr. Zancarol stated that ova from the intestines have a spine which is situated laterally, whilst those from the urinary passages have a terminal one.

Perchloride of Iron in Skin Diseases.

In the *Rev. Clin. di Bologna*, Dr. Carsarini thus sums up his experience:

1. Perchloride of iron is a most efficacious remedy in purpura hæmorrhagica.

2. In the chloro-anæmia accompanying certain skin diseases—as rupia, eczema, impetigo, etc.

3. Its external use is very favorable in scrofulous and syphilitic ulcers.

4. Squamous affections are markedly modified by applications of a liniment of perchloride of iron.

5. It may be used as a lotion, dissolved in two or three parts of water, or as an ointment—one, two, or three grains of perchloride of iron to thirty grains of vaseline [cosmoline] or lard. The author has used it in psoriasis, in the form of a pomade—ten grains of iron, thirty grains of lard or glycerine.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——A well-printed photograph of a microscopic section accompanies the reprint of an article in the Glasgow *Medical Journal*, March, 1883. The article is on the photography of microscopic sections, and is by Dr. James Whitson, who is making a special study of the best photographic methods of reproducing such sections.

——The St. Clair, Michigan, Mineral Spring, sends a pamphlet of 112 pages, describing the sanitary, therapeutic and other advantages to be derived from a visit to that locality. Of course, the pamphlet has been "written up" for an avowed purpose, and hence has no scientific interest. We still need in this country an honest study of our national resources in medicinal waters.

——Dr. Walter A. Taylor, of Atlanta, Ga., has written a pleasant little pamphlet entitled "Sesqui-Centennial Oglethorpe Souvenir."

——The various applications of iodoform in ophthalmic practice is the subject of a valuable paper by Dr. M. Landesberg, of this city, reprinted from the *Centralblatt für praktische Augenheilkunde.*

——The Doctorate address delivered at the recent commencement of the Rush Medical College, Chicago, by Prof. Moses Gunn, is on the general subject of medical ethics, and is well worth reading as a contribution to progressive thought on this vexed subject (pp. 17).

——The thirtieth annual report of the Pennsylvania Training School for Feeble Minded Children, at Media, Pa., contained a number of facts of interest in connection with this excellent institution, and the training of its patients. The Superintendent, Dr. Isaac N. Kerlin, has identified himself with the progress of this branch of medical study in this country, and the establishment under his charge is a model for all of the kind, anywhere.

——Part V. of Dr. Isaac Ott's "Contributions to Physiology," contains a number of curious observations on the poison of the rattlesnake and copperhead, on the action of drugs on plant growth, and on the physiological influence of several therapeutic agents. To be had of the author, Easton, Pa.

——An excellent article, reprinted from the Glasgow *Medical Journal*, and written by Dr. James Whitson, is on some of the advances which have been made in surgery during the last decade. We allow ourselves one extract:

A totally different method of dealing with abscesses is now carried out as compared with the practice of even recent years. Formerly, after incising the cavity and pressing out the contents, the case, with the exception of frequent syringing, was almost entirely left to nature, while recovery in most instances was tedious. At the present time, and with antiseptic precautions, a much more vigorous line of treatment is adopted, and we have no hesitation in removing the pyogenic membrane *en masse*, interference with which older surgeons looked on with disfavor. In order to accomplish this, we make use of Volkmann's spoon, and if the whole of the inflammatory products contained in the cavity are scraped out, two healthy surfaces are left opposed to each other, and which speedily becoming covered with granulations soon coalesce. During the process of healing the less the parts are disturbed the better, and syringing the cavity irritates the tissues composing its walls, and leads to increased discharge —while the progress of cicatrization is interfered with, and as a natural consequence recovery, instead of being accelerated, is considerably retarded.

BOOK NOTICES.

A Manual of Chemical Analysis as Applied to the Examinatton of Medical Chemicals. Third edition. By Frederick Hoffman, A. M., Ph. D., etc., and Frederick B. Power, Ph. D., etc. Philadelphia: H. C. Lea's Son & Co., 1883. Clo., 8vo., pp. 622.

This standard treatise appears in a third edition completely revised, rewritten, in fact, and brought up to the requirements of the latest issues of the United States and German Pharmacopeias. Its purpose is to furnish an accurate guide for the determination of the identity and quality of drugs and chemicals, and the detection of the impurities and the adulterations to which they are subject, either through accident, ignorance, or fraudulent design. No better guide for this purpose is known to us, and the methods and tests recommended by the authors have been thoroughly examined and repeatedly tried, so that they can be relied upon as the most exact now to be found. The work is somewhat illustrated, and is carefully and neatly printed. It will, no doubt, continue to enjoy the favor with which it has been received already for more than a decade. Certainly the authors have done all in their power to deserve it.

The Physician Himself, and What He Should Add to His Scientific Acquirements. By D. W. Cathell, M. D. Third Edition. Baltimore, 1883. Price, $1.25.

It gives us pleasure to chronicle the appearance of the third edition of this meritorious work. The author has availed himself of the opportunity to revise it carefully, and has amended a number of points and expanded others. No doubt he will continue to find for it a large and appreciative circle of readers.

The Untoward Effects of Drugs, a Pharmacological and Clinical Manual, by Dr. L. Lewin, Docent in the University of Berlin. Translated by J. J. Mulheron, M. D. Second Edition, revised and enlarged. Detroit, Michigan: Geo. S. Davis. Price, $2.

This valuable monograph has very properly reached a second edition at an early period in its history. The subject it treats of is one that few practitioners have not had painful experience in, and is therefore of very general interest. It is needless to say that the author treats it with great skill, and from the results of close study and observation. The present edition has been thoroughly revised, and contains also matter additional to the former one.

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PREGNANCY NEPHRITIS.

A lecture on this interesting subject was delivered by Dr. Reginald Southey, which we find in the *Lancet*, January 13th, 1883.

The disorder assails women, previously healthy, in sequence to their becoming pregnant; begins insidiously, without fever or pain, and proceeds to some grave symptom—rapid general dropsy, sudden convulsion, uræmia or cerebral disturbance—before the patient is aware that anything serious is the matter with her. Mere albumen in the urine of a pregnant woman does not necessarily signify pregnancy nephritis. Abeille* found albumen in one out of every ten pregnant women. Dr. Roberts, consolidating the statistics of several observers, infers the liability of pregnant women with albuminous urine to eclampsia to be about one in four. The nearer to its natural term the pregnancy is conducted, the more likely, in these albuminous cases, is eclampsia to supervene. The subjects of pregnancy nephritis who are prematurely confined most probably escape the eclamptic complication. There are valuable figures collected by Von Wieger, who tabulated 455 cases showing that the convulsions preceded the commencement of labor in 109 instances, attended the act of parturition in 236, and followed its completion in 110. He describes a typical case, in which, besides general anasarca and dropsy, the countenance was dusky, lips livid, mental condition apathetic and drowsy. Pulse, 72; respiration, 28; temperature, 98.4°, tongue furred and bluish; appetite bad; bowels open; solid action; urine scanty, sp. gr. 1028, high colored and containing one quarter its volume of albumen. The sight was bad. The fifth day after admission she gave birth to a dead fœtus; the after-birth came away naturally, and she lost very little blood. The general œdema rapidly subsided; her appetite improved, and for about a week, she passed daily large quantities of urine, some days as high as 132 ounces, while the sp. gr. fell, and the albumen diminished rapidly. All albumen had disappeared within a week after delivery. She took a steel mixture during convalescence and was

* Traité des Maladies albumineuses. Paris, 1863.

discharged, quite well, and with no complaint about her sight, one month after delivery. There are several forms of pregnancy nephritis.

1. There is eclampsia parturientium, a series of epileptic convulsions concurring with the act of parturition, and coinciding with highly albuminous scanty urine, or with anuria (total defect of urine), preceded by no well-defined or usually noticed symptoms of renal disease, for neither slight nor severe anasarca of the legs attending the later months of pregnancy can be accepted as incriminating evidence of prior or primary renal disease. 2. There is chronic Bright's disease, chronic insidious parenchymatous diffuse nephritis, complicated by pregnancy, quickened and rendered more imminently dangerous by uræmic symptoms, or local inflammatory complications, *pari passu* with each week of advancing pregnancy. 3. There is pregnancy nephritis proper, a cortical glandular nephritis, an acute change in the nutrition of the renal epithelium, which commences sometimes as early as the third month of pregnancy, but more often in the sixth, and is attended by diminished urination, albuminuria, anasarca of face and limbs, retinal symptoms, uræmic symptoms, vomiting, neuralgia, lung œdema, asthma, mental perturbation phenomena, convulsions, and sometimes death; but is usually suddenly terminated by premature delivery and subsequent profuse diuresis, and complete recovery.

The case described belonged to the last class. In favor of mere mechanical pressure as its cause are the established statistical facts: (1) That this nephritis happens mainly, if not only, in the latter months of pregnancy; (2) that it affects primiparæ principally; (3) that it complicates twin rather than single pregnancy; and (4) that the anasarca and albuminuria subside rapidly after parturition.

Still there are so many conflicting views held by high authorities, concerning its causation, that we must consider the matter *sub judice*.

The prognosis in the latter class is good, unless they become pregnant again, when the same nephritis is apt to repeat itself. Further experience teaches us that while with each succeeding pregnancy, dropsy, albuminaria, and uræmic complications recur, the woman becomes more tolerant of her fœtus, the nephritis is continued for a longer time, and the damage to the kidney is more extensive and more apt to pass on to chronic nephritis when delivery is over. He records one case in a relative of his own, who suffered pregnancy nephritis with three successive pregnancies. The first fœtus was born somewhere short of the sixth month, but had been dead six weeks at least; the second was born in the seventh month, dead; the last was carried to term, born alive, and is now alive. Between the first two pregnancies all albumen disappeared from her urine; after her last pregnancy and delivery, albumen remained persistent until her death by uræmia.

Advice upon treatment.—Distinguish between the three varieties of pregnancy nephritis already noticed. Eclampsia paturientium with albuminous urine, but without notable dropsy, is relieved by chloroform, chloral, amyl nitrite, nitro-glycerine, blood-letting, warm baths, by all those things which relieve spasm, by completed delivery. Chronic Bright's disease, complicated by pregnancy, is best treated upon the ordinary plan for Bright's disease, and its several accidents, by hot baths, warmth, careful dietary, gentle purgation. True pregnancy nephritis demands the induction of premature labor, the earlier the better, and requires that the medical man should plainly inform his patient of the risks to life entailed by any future pregnancy. The dropsy may also require relief by draining with fine canulas, to avoid the risks of laceration of the genitalia and invitation of septicæmia.

A TERRIBLE EPIDEMIC OF INTERMITTENT FEVER AND ITS CAUSE.

Dr. Bennett, a deputy sanitary commissioner, has just filed his report of an epidemic of intermittent fever occurring in the city of Amritsar, in the province of the Punjaub, in the autumn of 1881. The total deaths were 6,859, of which 3,531 occurred in children under twelve years of age. As many as 10,000 cases were under treat-

ment in one day. From the *British Medical Journal*, March 24, 1883, we note that Dr. Bennett unhesitatingly attributes the outbreak to an excessive rainfall, obstructed drainage, and water-logging of the soil. During the months of July and August, a fall of thirty-eight inches was registered, being twenty-four inches above the average of the previous ten years; while that for September was under the usual average. In consequence of this excessive downpour, a large portion of the ground about the city was covered with water, and that in the city wells rose to about six feet from the surface. Indeed, in one portion, where both the drainage and outfall are extremely defective, the water in several of the wells actually rose to a level with the ground. After this inordinate rainfall, the atmosphere was heavy and moist to an unusual degree; while, from the damp soil, drying up under the influence of a hot sun—the ground-water at the same time beginning to subside—organic emanations from the decomposing animal and vegetable matter contained in it, must have been given off in great abundance. Many intelligent natives blamed the well-water as being one of the main causes of the outbreak. Analysis showed that the well-water must have beeen polluted with organic impurities: a fact, however, for the proof of which chemistry was hardly needed to any one acquainted with the character and surroundings of Indian compounds. No doubt, one of the chief causes influencing the mortality was the injurious effects of great alternations of temperature. In October, especially during the latter part of the month, cold dewy nights were superadded, when bronchitis, pneumonia, diarrhœa, and dysentery became frequent concomitants of the sequelæ, and not unfrequently proved fatal. Another cause which materially tended to swell the death-rate was unsuitable and deficient clothing: an evil much aggravated by the custom prevalent amongst the populace of sleeping on the ground with, as a rule, only a thin cotton sheet pulled over them, or a mat intervening between their bodies and the cold, damp floor.

A WORD ON THE TREATMENT OF SYPHILIS.

We are gradually growing to look with less and less dread and caution upon the *disastrous* effects of mercury when syphilis does *not* exist, and as we do so, we are less afraid to employ it.

It would seem, therefore, that whenever a patient comes under observation who confesses to having had, or where there exists any reasons to suspect that he or she may have had syphilis at some period more or less remote, we are justified in giving specific treatment.

We have seen an eight-ounce mixture, containing $\frac{1}{8}$ grain of the biniodide of mercury and 80 grains of iodide of potassium taken by a patient in whom there was only the *slightest* possible suspicion of a remote infection, without any result, *good* or *bad*, being manifest.

While we do not recommend the *indiscriminate* use of mercury and potassium, yet we hold that the ramifications of syphilis are so numerous and so intricate, that in many obscure and obstinate cases of departure from health, where we can *carefully* watch their effects, they will often prove useful where all other means fail.

These words are suggested by a case recently reported by Dr. R. B. Davy in the *Cinn. Lan. and Clin.*, March 31, 1883.

The patient was a highly respectable gentlemen, aged 70, who had an ugly and intractable ulcer on his leg, which resisted all treatment until he was given iodide of potassium and bichloride of mercury, when it kindly and rapidly healed.

He then admitted having had a chancre fifty years before, followed by constitutional symptoms, and that every ten years since he had return of the manifestations, which always yielded readily to specific treatment.

By bearing in mind the great prevalence of the syphilitic poison, its liability to recur, the profound influence it exerts on diseased conditions, and the comparative innocence of *carefully* watched specific treatment, we will frequently be enabled to secure good results where hitherto we have failed.

IT SERVED THEM RIGHT.

The value of intelligent sanitary legislation and the penalties of its neglect are every now and then made painfully apparent to all.

The latest instance comes from North Carolina, and we note the following from the *North Carolina Medical Journal*, for March, 1883:

"In our remarks on the defeat of public health legislation, (February) we hinted at the shocking violation of decency and sanitary rules, constantly practiced in the Capitol. Since then we get news of some of the practical results of these abuses in the serious illness of two clerks employed at the Capitol. Their disease is typhoid fever, and there is at present no doubt that the cause of the disease is directly due to the unhealthful conditions of the atmosphere in which they worked.

It is shameful, that of the number of representative assembled at Raleigh during this winter, that not a man raised his voice in condemnation of the filthy practices there enacted.

If ever a State needed the sanitary advice of a board of health, and a one-man power to execute unflinchingly this advice, that State is North Carolina.

The victims of the pestilence-breeding air have our earnest sympathy, and we only wish that it could have fallen to the lot of members of the Legislature, instead of the innocent; then, perhaps, we would have had a sanitary reform inaugurated in the future."

While we sympathize with any sick person, yet we repeat, "it served them right"; for they helped to put in power these very men, who so shamefully neglect the most important duty they owe their fellow-men.

MORE ABOUT THE ELECTRIC LIGHT IN SURGERY.

From the *Brit. Med. Jour.*, January 27, 1883, we learn that the incandescent electric light has been lately adopted by a few surgeons for operations about the mouth, and that dentists are likely to find it exceedingly useful. The globe containing the incandescent material is enclosed in another globe, and mounted on a handle of suitable form; after its introduction into the mouth, the circuit can be closed, and the light immediately obtained. The light is extremely pure and clear, and all shadows are cast down and away from the operator. It is calculated to be exceedingly useful for operations for cleft palate. The amount of electricity required to be stored is not great, as the light is only maintained for the time that the operator actually requires; and Faure's accumulators, which are already a commercial product, are well adapted for the purpose.

NOTES AND COMMENTS.

Small and Frequent Doses.

M. W. Vaudenburg, M. D., writes a letter to the *N. Y. Med. Jour.*, March 10th, 1883, which contains some pertinent points, principally gleaned from a lecture by Prof. A. A. Smith, in the same journal for February 10th:

"Urticaria is often caused by the administration of *full doses* of balsam of copaiba. * * * * A single drop of the same drug given every half hour will sometimes control urticaria."

As is well known, arsenic in large doses produces vomiting; half a drop of Fowler's solution, every half hour, will relieve vomiting following a debauch, also the vomiting of drunkards. Such is the case with ipecacuanha. Minute doses of calomel are efficacious in infantile diarrhœa.

A single drop tinct. nux vom. every ten minutes relieves sick headache not of neurotic origin. In larger doses the stomach is disturbed.

Large doses of cantharides will cause inflammation of the urinary tract; a drop of the tincture every hour will not infrequently relieve vesical catarrh.

We all know how pleasantly castor oil acts in diarrhœas of children, the dose however must be small. The letter concludes thus:

"Copaiba produces and cures urticaria; arsenic causes and cures vomiting from more or less acute gastritis; atropia causes and cures a false croup; ipeca causes and cures vomiting from great nausea; it also causes and cures a certain kind of diarrhœa, and to this may be added that the diarrhœa is most frequently accompanied by nausea; calomel causes and cures night headaches; it also causes and cures vomiting, also diarrhœa; corrosive sublimate causes and cures diarrhœa, marked by tokens of acute inflammation; tartar emetic causes and cures a discharge from the bronchi; cantharides causes and cures acute cystitis; castor oil causes and cures diarrhœa with jelly-like passages. In every candid mind the question cannot help arising, are these twelve drugs, so widely different in their nature and physiological effects, acting as they do on so many different parts of the organism, the only ones subject to these generalizations?

"Clinically demonstrated facts are in order. What is the breadth of these generalizations?"

Cysto-Abdominalorrhaphy.

Surgeons do not agree as to the best method of dealing with supra-pubic incision of the bladder. A safe operation, as set forth by Alex. W. Stein, M. D., (*Medical Record*, March 17, 1883,) is to bring the bladder wound in apposition and in union with the abdominal wound. As this procedure has been carried out but once in the human subject, Dr. Stein experimented eight times upon dogs, and when we reflect that the bladder in dogs is covered on all sides by peritoneum, it will be seen that the operation in these cases was intra-peritoneal.

In three cases union by first intention was not obtained, but adhesions prevented the escape of urine into the peritoneal cavity; in one experiment, two-thirds of the incision healed by first intention; the three other experiments of healing by first intention was secured throughout; in one case a fistulous tract remained.

In all cases the autopsy revealed firm adhesions between bladder and anterior abdominal wall. Some hypertrophy of the bladder wall was also noticed, caused, possibly, by the abnormal attachments of the viscus.

It may be said that the eight experiments were successful. In man, perfect quiet, the recumbent position, constant drainage of bladder by catheter, Listerism, etc., are available factors which will contribute vastly to a speedy recovery of a cysto-abdominalorrhaphy.

Galvanic Treatment of Locomotor Ataxia.

There are many authorities who believe that the starting-point of posterior sclerosis had to be searched for in the brain, and not in the spinal cord. Dr. W. B. Neftel is one of these, and if we are to judge from the result of his electrical treatment based upon this opinion, the latter will have to be considered the correct one. N. reported some years ago cases treated after his method (Cbl., 1882, p. 536), and recently he has published again a series of cases, in whom he galvanized the brain for several months in succession (Cbl., 1882, p. 864). The ascending constant current is applied to the spine first stabile then labile. The earliest stages should, according to N., be treated for months. N. made the new observation, which is the main cause that we mention his method here, that contrary to the normal condition, viz., the excitability of sensory fibres is by the kathode more intense than by the anode. The opposite takes place frequently in persons suffering from tabes dorsalis. In the course of treatment, together with diminution of pains and of the ataxia, the normal reaction may return. Should this observation of N. be confirmed, the peculiar electrical reaction mentioned may become an important point in differential diagnosis in doubtful cases, and especially in such of recent origin.

The Salicylates and Hemorrhages in Enteric Fever.

In our issue of March 31, we made reference to this subject. In answer to the statements therein made, Dr. Henry Tomkins thus writes to the *British Medical Journal*:

In the *Journal* for February 17, appears a communication from Dr. Fergusson, of Perth, suggesting that the use of the salicylates in enteric fever is attended with increased liability to intestinal hemorrhages, and asking that other observers should record their experience on this point. Having used this agent for the reduction of the temperature in typhoid fever very extensively during the past four years, I am in a position to state, from my own observations, that such is not the case here. I am constantly in the habit of prescribing ten to twenty grains every two hours whenever the temperature remains continuously at 103° or thereabouts, and have for some time been struck with the fact that the intestinal irritation, as shown by diarrhœa, is actually lessened. This point is alluded to in a paper on the subject, published by me in 1881, where a detailed account of the results obtained in forty-six cases of a severe character will be found. Since that time, I have treated a much larger number in the same manner, which I hope shortly to publish as a continuation of the former series.

Indian Treatment of Syphilis.

We can often learn many valuable therapeutic points from "old women," why can we not do likewise from those, who possessing no regular physicians, must cure their ills by the teachings of unaided experience. In the *British Medical Journal*, March 10, 1883, Dr. J. Marion Sims thus relates the preparation of a decoction that has been used with great success in the treatment of syphilis among the Creek Indians:

"Fluid extract of *smilax sarsaparilla*, fluid extract of *stillingia sylvatica* (queen's delight), fluid extract of *lappa minor* (burdock), fluid extract of *phytolacca decandra* (poke root), āā ℥ ij.: tincture of *xanthoxylum carolinianum* (prickly ash). ℥ j. Take a teaspoonful in water three times a day before meals, and gradually increase to tablespoonful doses.

"In making the fluid extracts, there is some

risk of getting a remedy less efficient than the original Indian decoction, because the manufacturer may use roots that have been kept too long, and lost some of their active principles, while the decoction used on the plantations was always made of fresh roots just gathered from the woods. In making the fluid extracts, we should therefore be careful to have them made from roots recently gathered."

Illustrations of Rare Skin Diseases.

At a recent meeting of the Academy of Medicine in Ireland (*Dublin Jour. Med. Sci.*, January 1883), Dr. A. W. Fort presented the following:

(1) Photographs of pachydermatocele (von Mott), taken from a woman, married, aged thirty, never out of Ireland. The disease had existed nine years; origin attributed to a severe wetting, followed by irritation of the inguinal glands; nates and genital organs unaffected. Died four days after the removal of the large mass springing from the posterior femoral region.

(2) Drawing of ichthyosis vera, from a peasant boy, aged eleven, affected from early life, but not born so. Discharged from hospital free from scab, scale, or roughness after five weeks' treatment, consisting of warm baths, cod-liver oil internally, inunction of a compound of isinglass and glycerine.

(3) Drawing of diffuse melanomata from a washerwoman aged fifty-seven, whose right eye was excised for melanosis. Five years afterwards she was studded all over with melanotic tumors of various sizes.

Pregnancy with Occluded Vagina.

The *Med. Times and Gaz.*, January 27, 1883, says that Dr. Hyernaux, Surgeon of the Brussels Maternity, communicated to the Belgian Royal Academy of Medicine (*Presse Médicale Belge.*, 1882, No. 45), a remarkable case of a woman aged twenty, who was brought to the Maternity with what seemed commencing pains of labor. On examination an imperforate hymen was found to exist, through which no aperture could for a long time be detected, until at last the rounded extremity of a very fine probe passed into an extremely minute one. The hymen was incised, and found to be five millimetres in thickness. The finger was then introduced into the vagina, which was quite free, and the presentation of the fœtal head with a thin os uteri detected. Labor did not come on until a week later, when it terminated naturally in a few hours with a girl weighing 2800 grammes. It seems the young woman had, when she was seventeen years of age, undergone a puncture of the hymen for the discharge of menstrual fluid, and since that time she had, until the period of conception, a slight monthly discharge.

Cæsarian Operation.

Dr. G. Leopold performed recently the Cæsarian operation on a woman æt. 29 (Arch. f. Gyn. xix. p. 400). Cause: generally narrowed rachitic pelvis to a high degree, the form of the pelvis being that of a blunted card-heart. The operation which was made according to the modified procedure of Sänger (compare Arch. f. Gyn. xix. II. 2.) was successful for both mother and child. L. dissected off after removal of child and placenta the serosa of the uterus on each side of the longitudinal cut to a distance of one ctm., and then resected from the cut a triangular piece of the muscularis uteri, similarly as it is now usually made in the amputatio supra vaginalis uteri fi bromatosi. The suture was performed in such a manner, that the silver wire penetrated deeply through the serosa up to the decidua and the dissected pieces of the serosa were laid between the margins of the wound. Besides there were made many superficial silk sutures uniting the serosa. L. is of the opinion that the modified procedure of Sänger will limit more and more the operation of Porro, which will find application in only a few well-selected cases.

Resection of the Stomach.

This operation cannot be classed among the successes of surgery. In a summary of the cases in the *Lancet*, March 24, 1883, we note the following points: Pylorectomy or partial gastrectomy has been performed twenty-nine times, once in 1879, once in 1880, fourteen times in 1881, and thirteen times in 1882. Twenty-three succumbed shortly after the operation, none living more than eight days. In one case of so-called cure, a recurrence of disease (cancer) occurred at the end of four months; in another the patient was in good health two months after the operation, but no further information is forthcoming of the remainder.

Œdema Uvulæ Threatening Life.

Dr. Charles H. Carter, of Chicago, reports in the *Medical News*, March 31, 1883, the case of a boy aged 19, who was apparently suffering with a simple pharyngitis, for which a seidlitz powder and a chlorate of potash gargle were ordered. In

a few hours he was summoned in great haste, to find the patient choking and gasping for breath. An examination revealed the uvula so swollen that it completely filled the whole inter-tonsillar space, and pressed hard upon the dorsum of the tongue, and as he could not breathe through his nose, the uvula and palate evidently closed that passage also. The uvula was so distended as to be almost transparent. The swelling was freely punctured with a bistoury, with immediate relief. Tannic acid was added to the gargle. A bilateral suppurative tonsillitis followed, which ran a typical course and ended in recovery in two weeks.

Probable Tubal Pregnancy.

To the Obstetrical Society of New York (*New York Med. Jour.*, January 28, 1883) Dr. Hanks said that he had been called in consultation by Dr. Bradsdaw to see a multipara who should have menstruated on the 16th of October, and who very soon after felt pain in the region of the left ovary. When he saw her, which was about the 1st of November, she was losing considerable blood. He ordered ergot and opium, and directed the vagina to be tamponed. Afterward, on removing the tampon, a very small ovum, with the membranes, was discovered in the blood which had been discharged. The depth of the uterus in the direction of the right ovary was about three inches, while in the direction of the left ovary the depth was four and a half inches, which would seem to indicate tubal pregnancy on the left side.

Cardiac Aspiration.

Of all bold surgery, the boldest seems to be the absolute invasion of the sacred walls of the heart with sharp steel; yet such is done. In the *Med. Record*, March 10th, 1883, Dr. F. M. Corwin describes a case of chronic nephritis and cardiac hypertrophy, where because hydropericardium was suspected, a hypodermic syringe was plunged into the right ventricle and an ounce of dark venous blood drawn up into the syringe. There were no bad results, and when the patient died, two days later, an ecchymosis was found at the seat of puncture. Dr. C. says he has frequently performed cardiac aspiration, but never saw any benefit. Let us utter a word of caution, lest we have some suits for manslaughter among our ranks.

External Hemorrhoids.

According to the *Drug Cir.*, Dr. Blascho, of Berlin recommends compresses soaked in a one per cent. solution of ergotin to be applied hourly. D. Pasqua, of Florence, gives the following ointment as infallible: Extract of Belladonna, gr. v., iodoform, acetate of lead, āā gr. j: petroleum jelly, ℥ j. Make into an ointment, to be applied three or four times a day.

Signs of Convalescence in Typhoid and Scarlet Fever.

La France Médicale says that, according to a communication received from Dr. Chauffard, the occurrenc of multiple superficial abscesses and that of polyuria are two signs of convalescence in typhoid fever. The *Lyon Médical* states that M. Manjot, in giving a description of an epidemic of scarlet fever at Belley, said the defervescence was always marked by an extraordinary slowness of the pulse. This slowness could not be attributed to a nervous or cardiac lesion, nor to the treatment or any toxic influence. It appeared on the fifth or sixth day, when the eruption began to fade, and continued during the desquamative stage until convalescence. The pulse fell to 44 and 46 for eight or ten days, and then slowly rose to 60. The slowing was a sign of near recovery.

An Alterative Tonic.

The following is said to be Dr. Goodell's favorite mixture:

℞	Hydrarg. bichlor.,	gr. j-ij.
	Liq. arsen. chlor.,	℥ j.
	Acidi. hydrochlor. dil.	
	Tr. ferri, chlor., āā	℥ ij.
	Syr. zingib.,	℥ ij.
	Aquæ *ad.*	℥ vj.—M.

Sig.—Two teaspoonfuls three times daily in water, after meals.

The Yellow Fever Plague Fly.

Before the Norfolk (Va.) Med. Society Dr. Tunstall spoke of the yellow fever plague fly, declaring that in 1855 the fly appeared there about the time that the fever did, reached its greatest number during the worst of the epidemic, and gradually disappeared with it.

Paralysis from Injections of Ether.

In the *Rev. de Therap.*, March 15th, 1883, Dr. Arnozan relates four cases from which he concludes: 1. That injection of ether into the muscles causes paralysis. 2. These paralyses are analogous to peripheric paralysis. They cause suppression or diminution of faradic excitability. 3. They pass away spontaneously, but very slowly.

Correspondence.

Iodoform in Diphtheria,

Eds. Med. and Surg. Reporter:—

In a late number of the Reporter I noticed "Iodoform Treatment in Diphtheria." A few days after had an extremely bad case and tried it. The result proves that "iodoform" dusted on the membrane once or twice daily is a wonderful curative agent. The fetor is completely obliterated, and the disease very much abbreviated. The inventor of the treatment should be considered a public benefactor.

James Bates, M. D.

Paris, Ohio.

Salicylate of Soda in Granular Conjunctivitis.

Eds. Med. and Surg. Reporter:—

I have accidentally discovered that a solution of salicylate of soda when applied with a soft camel's-hair brush to the everted lid in cases of granular conjunctivitis, after a saturated solution of sulphate of copper has been used, will almost instantly relieve the pain and irritation caused by the solution of copper, thus securing its good effect, without the accompanying evils of that valuable remedy. The discovery was made in this wise: I have a son, a youth of eighteen, who for several years has been very much troubled with granular conjunctivitis. I have had him under the care of some of the best oculist in the West without receiving any permanent benefit. About the first of January a most violent exacerbation came on which threatened to destroy his eyes; the cornea of both eyes became thickened and opaque—in fact he was almost blind. I started with him for Cincinnati for the purpose of having him treated by specialists in diseases of the eye, but the great flood came on, the trains were stopped, and I was compelled to return home with him. With many misgivings, I began to treat his case myself. I had previously used Pagenstaken's ointment of the yellow oxide of mercury, with *not* very satisfactory results. I now concluded to try the saturated solution of the sulphate of copper; this was very painful, though I washed it off thoroughly after each application; then, in order to relieve the excessive pain, I made a mucilage of quince seed which I would brush over the lids before turning them down. This afforded some relief, and I could see that the eyes slowly improved, but in time the mucilage became mouldy and became itself irritating. In order to preserve the mucilage from mould, I added about 6 or 8 or 10 grains of salicylate of soda to each ounce of the quince mucilage. On making the next application to his eyes, to the surprise and delight of both of us, the pain was almost instantly relieved and his eyes begun to improve much more rapidly, until now, a little over five weeks from the beginning of this plan, his eyes are almost well. I have also found that the mucilage may be dispensed with, as the salicylate of soda with pure water acts more promptly and equally well. I believe that the salicylate of soda not only relieves the pain, but has a good effect in curing the granulation. It is better to make it fresh occasionally. This discovery will be a great boon to those suffering with trachoma, and you are at liberty to publish it if you think fit. I would suggest also from its promptness in relieving pain in this instance that it might give equally prompt relief in burns.

Respectfully yours,

E. T. Spottswood, M. D.

Perrysville, Ind.

The Topical Effects of Kerosene.

Eds. Med. and Surg. Reporter:—

Observing in some of the late numbers of your valuable journal some discussion as to the topical effects of kerosene, or coal oil, I thought that perhaps a bit of my experience with it might not be unprofitable.

During the winter of 1880–81, I had a patient, a little girl, aged about eight years, sick with typhoid fever, complicated with pneumonia and incipient morbus coxarius. The pain in the hip and thigh, and in fact the whole leg, was most excruciating, and the little patient was a terrible sufferer from it. While this condition was present, one of those women who think they know more than the doctor, came in one day, and suggested to the parents the application of coal oil to the limb.

The matter was referred to me, and I stated that I had no special objection to its use, and gave my consent, supposing of course that it would be merely *rubbed* on as a liniment. Instead of this, however, the woman saturated flannel cloths, and swathed the limb and hip with them, and covered these with other layers of cloth. The result was, that at my next visit, upon removing the cloths, the *entire* epidermis came off with them, leaving the entire limb, the back part of the hip, and the lower part of the back, devoid of this natural and useful covering.

You may well believe that I had hard work to save the little patient, with this addition to the already almost hopeless condition, but by dint of careful management and faithful nursing she recovered.

I learned by this that in applying coil oil not to confine it closely if I did not want it to blister.

B. C. Bellamy, M. D.

Livermore, California.

News and Miscellany.

American Laryngological Association.

The fifth annual convention of this Association will be held in the hall of the Academy of Medicine, No. 12 West Thirty-first street, New York city, commencing Monday, May 21, 1883, at 10 a. m., and continuing during the two following days.

An Overdose of Chloral.

Lady Catherine Petre, widow of the late Hon. Arthur Petre, and the youngest daughter of the late Earl of Wicklow, was found dead in bed on December 21. By her bedside was a bottle containing chloral. She had been in the habit of taking chloral as a sleeping draught, and the medical opinion was that death resulted from an overdose taken inadvertently.

Wisconsin's Insane.

The Governor of Wisconsin, in his annual message, January 11th, calls attention to the necessity of caring for the insane in properly equipped State hospitals, and strenuously advises against the employment of jails and almshouses as asylums.

Sanitary Exhibition in Berlin.

New buildings have been constructed in lieu of those burned last spring, and the postponed sanitary exhibition will be held in Berlin, under the auspices of the Emperor, Empress, and Crown Prince, commencing May 1st.

State Board of Health for Kansas.

A bill to create a State Board of Health for Kansas has been introduced in the House, and referred to a special committee, composed exclusively of physicians. A favorable report is expected soon. There are strong hopes for its passage at an early day.

Juvenile Tobacco Statistics.

The head master of the Latin School at Boston, Mass., states that tobacco is used by half the boys in the upper classes in his establishment; while the Principal of Harvard Grammar School, in Charlestown, avers that out of 300 boys, about 40 per cent. use tobacco habitually.

Prize for the Solution of the Question as to the Prevention of Pollution of Rivers.

The king of Saxony offers a prize of a silver "jardinière," with nine hundred marks, to be awarded by the German Fishery Commission for the best essay on "The Pollution of Water-courses and its Prevention, with special reference to the Maintenance of the Life and Health of Fish."

Essays are to be sent to Dr. P. Boerner, 8 Burggrafen Strasse, Berlin, W., before December 31st, 1884, from whom further information may be obtained.

West Virginia State Medical Society.

The Medical Society of the State of West Virginia will hold its sixteenth annual session in the court house at Grafton, commencing at 2 o'clock p. m., Wednesday, May 16th, 1883.

The last meeting was the largest the society has ever held, and a greater number of medical papers were read than in any previous year. It is confidently expected that this increased interest will be productive of even better results at the coming meeting.

All who contemplate presenting papers are requested to send title at their earliest convenience to S. L. Jepson, M. D., Secretary, No. 81 Sweet street, Wheeling, W. Va.

American Medical Association.

The thirty-fourth annual session will be held in Cleveland, Ohio, on Tuesday, Wednesday, Thursday, and Friday, June 5th, 6th, 7th, 8th, 1883, commencing on Tuesday, at 11 a. m.

Secretaries of medical societies are earnestly requested to forward, *at once*, lists of their delegates.

Also, that the Permanent Secretary may be enabled to erase from the roll the names of those who have forfeited their membership, the Secretaries *are, by special resolution*, requested to send to him annually a corrected list of the membership of their respective societies.

Wm. B. Atkinson, M. D.,
Permanent Secretary,
1400 Pine street, Philadelphia.

Official List of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service, January 1st, to March 31st, 1883.

Bailhache, P. H., Surgeon. Detailed as member of Board, for the examination of the officers of the Revenue Marine Service, March 27, 1883.

Murray, R. D., Surgeon. To proceed to Vicksburg, Miss., as inspector, March 24, 1883.

Purviance, George, Surgeon. To proceed to Cleveland, Ohio, to investigate management of hospital, January 22, 1883.

Granted leave of absence for seven days, February 8, 1883.

Austin, H. W., Surgeon. To proceed to Gallipolis, Ohio, as inspector, January 9, 1883.

Fisher, J. C., Passed Assistant Surgeon. Detailed as member of Board for the examination of officers of the Revenue Marine Service, March 27, 1883.

Carter, H. R., Passed Assistant Surgeon. To proceed to New Orleans, La., for temporary duty. Thence to San Francisco, Cal., for duty, February 7, 1883.

Porter, F. D., Passed Assistant Surgeon. Granted leave of absence for thirty days, February 10, 1883.

Guitérah, John, Assistant Surgeon. Granted leave of absence for thirty days, January 19, 1883.

Wheeler, W. A., Assistant Surgeon. To proceed to Chicago, Ill., for duty, January 27, 1883.

Armstrong, S. T., Assistant Surgeon. To proceed to Key West, Fla., for temporary duty, February 1, 1883.

Bennett, P. H., Assistant Surgeon. To proceed to Charleston, S. C., for temporay duty, February 19, 1883.

Resignation.

Porter, F. D., Passed Assistant Surgeon. Resignation accepted to take effect March 31, 1883, February 10, 1883.

Commencement of the University of Pennsylvania.

The annual commencement of the Medical and Dental Departments of the University of Pennsylvania was held in the Academy of Music on Friday, April 13. The exercises commenced with prayer by Bishop Stevens.

The degree of Doctor of Medicine was conferred upon ninety-nine graduates, while there were thirty-four graduates in Dentistry.

Prizes were then awarded as follows:

Dr. Spencer Morris prize of $100—George R. West, of Rome, Ga., for "Marked proficiency in differential diagnosis and hygiene."

Dr. J. William White prize, copy of *Agnew's Surgery*—Dr. Radcliffe Cheston, of Maryland, for "Proficiency in bandages and operating."

Morbid Anatomy prize—Dr. Edward Martin, of Philadelphia.

Dr. John B. Deaver (Demonstrator of Anatomy) prize for the best anatomical preparation—Dr.

William H. Mercur, of Towanda, Pa., and Dr. Edward Randall, Jr., of Galveston, Texas, with honorable mention of Dr. J. B. Hamilton, of Washington, Pa.

Dr. John B. Deaver Anomaly prize—Dr. William H. Krecker, of Philadelphia, for the "Greatest number of anomalies collected in the dissecting-room," with honorable mention of Dr. George R. West, of Rome, Ga.

The Honorary Degree of LL. D. was conferred upon George L. Harrison "in recognition of his philanthropic services, his eminence as an authority on sociological questions, and his scholarly attainments."

The valedictory was delivered by Prof. R. A. F. Penrose.

Medical Society of the State of Pennsylvania.

The Thirty-fourth Annual Meeting will be held in Norristown, on Wednesday, Thursday, and Friday, May 9, 10, and 11, 1883, commencing on Wednesday, May 9, at 9 a. m.

Amendment to be acted on.

By Dr. C. K. Mills:

That Rule IX. of the Rules of Order be amended so as to allow a suspension of the rules by a two-thirds vote of the members present.

Appointments for 1883.

To prepare address in Surgery, Dr. Alex. Craig, Columbia.

To prepare address in Obstetrics, Dr. G. O. Moody, Titusville.

To prepare address in Hygiene, Dr. Henry Leffmann, Philadelphia.

To prepare address in Mental Disorders, Dr. John Curwen, Warren.

To prepare address in Medicine, Dr. James Tyson, Philadelphia.

On Codifying Lunacy Laws, Dr. B. Lee, Philadelphia, Chairman.

Secretaries of County Medical Societies are earnestly requested to forward *at once* complete lists of their *Officers and Members*, giving the *post-office address of each.*

Every *delegate*, before admission, shall produce a certificate of delegation, signed by the President or Secretary of his County Society.

Every *permanent member* (*not a delegate*), before admission, shall produce a certificate of good standing in his County Society.—(*Extract from Constitution.*)

WM. B. ATKINSON, M. D.,
Permanent Secretary.

1400 *Pine St., Philadelphia.*

Railroads.—The Penna. R. R. and its branches, and the Phila. and Reading R. R. and its branches, will issue excursion tickets at the rate of two cents a mile. All who desire to avail themselves of this should notify the Permanent Secretary, stating the number of excursion orders required, and the railroad over which the party must travel to the place of meeting.

—It is proposed in Paris that a medical service be formed for the purpose of ascertaining what chronic or constitutional diseases affect the teeth, eyes, or ears of the pupils in the public schools, and of devising suitable remedies for the ailments.

Personals.

—Prof. von Arlt has been decorated with the star of a Commander of the Order of Francis-Joseph.

—Prof. Maas has been appointed Professor of Surgery in Würzburg, in the place vacated by the resignation of Prof. Bergmann.

—Subscriptions are being made in Paris to erect a statue to Pinel. The sum of five thousand dollars has already been raised.

—Dr. R. S. Huidekoper has been elected Professor of Veterinary Anatomy and Pathology in the proposed Veterinary Department of the University of Pennsylvania.

—The widow of Pirogoff has given the University of Moscow 12,000 roubles, the interest of which is to be applied to the endowment of two lectureships in the name of Pirogoff.

—Prof. Charcot, of Paris, has been elected an honorary member of the Royal Irish Academy for his important researches in pathological anatomy and physiology, especially of the nervous system.

—Prof. Neumann, the successor to the chair of the late Professor von Sigmund, in the University of Vienna, on February 8, delivered an eloquent eulogy of his predecessor, in which he claimed for him the honor of first having instituted a systematic clinic of his specialty.

—Sir Erasmus Wilson, although now in his seventy-fourth year, is not yet past work, his present studies being Egyptological. He is the President of the Biblical Archæological Society, and Treasurer of the Society for the Exploration of the Buried Cities of Egypt. He is also one of the Court of Assistants and late Master of the Curriers' Company.

Items.

—A school for the systematic training of nurses has been started in Cincinnati, under the presidency of Dr. Geo. B. Orr.

—The Iowa College of Physicians and Surgeons held its commencement March 6, and granted diplomas to three graduates.

—M. Ch. Labourin claims to have detected in man a direct communication, other than the capillaries, between the vena cava inferior and the portal vein.

—The Medical College of Hamburg has issued a protest against the too frequent use, without medical advice, among the laity of chlorate of potash.

—The Legislature of Indiana recently defeated the Bowers bill to regulate the practice of medicine in that State by a vote of (in the House) 46 to 41.

—The manufacture of drugs and chemicals in the United States involves a capital of $28,598,458. Products to the value of twenty-eight millions are annually made.

—In 1879 the number of lunatic asylums in Spain was 26, with a population of 3,790, which gives a ratio of one to 2,250 of the whole population. About eight per cent. are discharged cured every year.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1365.] PHILADELPHIA, APRIL 28, 1883. [Vol. XLVIII.—No. 17.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

THE AZORES AS A HEALTH RESORT.

BY DR. J. M. JUNKIN,

Of Philadelphia.

These islands, belonging to Portugal, are located in the Atlantic Ocean, within latitude 37° to 40°, and longitude west from Greenwich 25° to 31°, about as far north as Philadelphia and Baltimore, and yet the climate, for the whole year, is very much the same as we have in Philadelphia in the month of May.

Take the weather we have in May; both for cool and warm, wet and dry, it will just about give the average for the year in the Azorean islands.

There never is any frost, and though quite hot in July and August, it does not reach the extremes it does here, but is more continuous.

To avoid the discomforts of the hottest weather, many of those who are able to do so have summer residences up on the sides of the mountains; the facilities offered by the numerous volcanic elevations giving abundant opportunity for this luxury.

These islands, nine in number, are Flores, Corvo, Fayal, Pico, St. Jorge, Gracioca, Terceria, San Miguel, Santa Maria. The soil is rich, and by careful cultivation may be made to produce from two to four crops a year, or even more of the quick-growing crops. They are all of the same volcanic formation; some of them are thrown to higher elevations than others; this makes more difference than at first thought one would suppose; for on account of high winds and the clouds hanging on the higher ground, there is no cultivation much above 1,000 feet from the sea level. This is the case, especially, with Fayal and Pico, where scarcely half of the actual surface is under cultivation.

The people say that "each island is different in climate from the others in some respects." I think this will account for it.

The remains of the old feudal system still exist, though it is nearly worn out; but the land, especially on San Miguel, is held by a comparatively few proprietors. The evil effects of this are evident in the poverty of a large portion of the people; many of them, even old men and women, go entirely bare-footed, and are thinly clothed; they must be rather uncomfortable in the cooler days of the winter months, for sometimes the thermometer gets as low as 50°.

There is comparatively little sickness on any of the islands—very rarely any regular fevers, or epidemics of any kind, prevail.

The streets of the larger cities are remarkably clean, and are lighted by kerosene lamps; and they have a well organized police force. I never saw the streets of any city as clean as those of Horta.

The air is quite moist, though not at all disagreeably so, and is very balmy. This makes it peculiarly desirable for cases where there is a tendency to dryness of the mucous surfaces of the air passages. In some forms of asthma it acts like a charm, and the disease is entirely checked as long as the person remains. I don't know that old, confirmed cases could be entirely cured, except by a permanent residence; but I have no doubt that a residence of even a few months would effect wonders in more recent cases.

There are few places in the world where more

benefit could be received in that very distressing disease, commonly called, but very improperly, "hay fever"—for it is not a fever, and is not caused by hay.

The air has also a peculiar effect on the skin, removing harshness and rendering it soft and smooth. Nor does it produce that relaxing effect on the physical strength, causing repugnance to exertion, which tropical climates do.

At the city of Horta there are no springs within reach, so water is supplied only by wells and cisterns. The latter are all private. There are many public wells on the streets, all very neatly fitted up, with smooth-cut stone curbs. There are no pumps or other means provided for raising the water; every one has to bring his own bucket and rope. The water is mostly good, but some of the wells are brackish. In all the other cities, and often by the roadsides, the water is supplied by clay pipes from springs. It is very clear and pure, being almost distilled water, from the clouds resting so much on the hills. There are many fountains along the streets, and at every place there are two openings, and a large cut-stone trough to catch the waste water. I understood that the two openings were to prevent contentions in case two persons reached the fountain at the same time.

At the three large cities—Horta on Fayal, Angra on Terceria, and Ponta Delgada on San Miguel—there are educated physicians; as also at the Furnas, of which I shall say more farther on.

The roads.—The Portugese Government has shown a most liberal spirit in providing roads. I think I can say, without the fear of contradiction, that there are no better in the world, if as good. I did not think that roads could be made as smooth as I found those on these islands. Many of them, especially on the island of San Miguel, are literally as smooth as a floor. It is a luxury to ride on them, and there is no toll charged on any of them. Carriages can be had at moderate prices, and they are quite comfortable; drawn by mules; there are very few horses on the islands.

The most interesting and important object of all, especially as a health resort, is the valley of the Furnas. This beautiful valley is the bottom of a vast crater, from two to three miles wide and four or five long, about 1,000 feet deep, entirely surrounded by the crater walls, except a narrow rent out to the sea on the south side, through which the water escapes from the various springs. It contains a thriving village, a number of handsome gardens, and a good deal of cultivated ground, with a beautiful lake nearly a mile wide and two miles long. There is a large hotel and a number of private houses, where visitors can be accommodated.

At the eastern end of the lake, there is a single boiling spring; but it has no arrangements for bathing. The bathing springs are more than two miles to the eastward of this, near the border of the valley. A ridge sloping down to quite a narrow, rounded end, divides the boiling spring from the others.

On the south side of this, extending for half a mile or more, are numerous springs, some quite hot, but not boiling; others of all temperatures to quite cold. These do not contain sulphur, but are all pleasantly chalybeate, and all highly charged with carbonic acid gas. I saw it bubbling up everywhere. The amount of gas discharged, both at these and at the boiling spring, is enormous; and if it were not for the rent through the wall of the crater, by which it escapes to the sea, it would make this a valley of death—no living thing could go into it and remain alive.

On the other side of this ridge are the boiling springs. There are three large openings, where the water is thrown up with great violence, with immense quantities of carbonic acid gas. The large columns of steam arising from these are one of the first objects that attract the eye on descending into the valley.

There are a great many smaller openings where boiling water escapes, and numerous fissures where jets of steam are constantly emitted, so that persons have to be very careful where they step, lest they get their feet scalded. At one large opening there is constantly being thrown up a bluish mud, which is largely alumina, but must contain sulphur and other matters mixed with it.

It is thrown up with great violence and a horrid noise. The people call it the mouth of hell, and it is not inaptly named. Most of the mud falls back, only small quantities being spattered out on the rocks by the force of the escaping steam and carbonic acid. It is scraped up and used by the people as an external application in skin diseases. I had no opportunity of ascertaining whether it is of any real benefit. Judging from the fact that there are plenty of finger-marks where it is collected, and no mark of any instrument, there is some superstition about the collecting it; and no wonder, for the whole thing presents a diabolical sensation to one looking at it.

There are a number of small bath-houses near

these springs, and more are building; some of these are private. The water is strongly sulphur.

All the boiling springs are contained in a space of not more than forty yards in diameter, and not twenty yards from where the boiling water flows out there is a clear cold spring, with no sulphur in it, but decidedly iron, and so highly saturated with carbonic acid that it is a delightful drink: I never tasted so agreeable a tonic. That one spring would be a fortune to any one, if he had it in this country. The Portuguese Government has shown a very liberal spirit here, as well as in making roads. There are two roads, each twenty-eight miles long, from Ponta Delgada, and they are the *best of the best*. But this is not all.

In the first place, they have not allowed this wonderful laboratory of nature to be taken possession of by private parties and made a speculation of, as is done in our country with everything of the spring kind, hot or cold, as well as other great objects, such as the Mammoth Cave, etc.

In the second place, in providing, at great expense, baths free for all. There are several old small public bath-houses, with only a few rooms altogether; they have large stone tubs, made of the black lava-rock. Since the value of the springs has become known, the number of visitors has increased, so that larger accommodations were needed; and the government has, at great expense, put up an almost perfect bath-house. There is nothing in our country, public or private, to equal it.

The building is large, two stories high. The lower story is fitted up with neat, comfortable bath-rooms, with cut stone floors and marble tubs brought from Lisbon—each one cut from a single block and finely finished—with mat before each tub to stand on, seats and clothes-racks, etc., and each tub has three stop-cocks, for hot sulphur, and warm iron, and cold water. All free; any one can go and take whatever kind of a bath they please, there being no charge—the bathers furnishing their own towels, and, if they choose, giving a small coin to the person who keeps things in order.

To bring the boiling water to the new bath-house, a tunnel has been cut through the ridge to the boiling springs, and pipes are laid through this to the bath-house, which is on the other side.

The upper story is fitted up with a number of rooms for hospital purposes, and an office for a resident physician, who is sent out from Portugal during the summer months. I believe he is to remain permanently when all the arrangements are completed. The building was not entirely finished when I was there. I am sorry I cannot give an analysis of these waters. There is considerable difference in the different springs, and they must be very beneficial in a variety of diseases.

Many persons from the different islands visit these springs, as well as from Portugal and other parts of Europe; and as their value becomes better known, and the facilities for getting there are improved, the number will increase. The demand will create the supply in both directions.

Attractions.—Many are the objects of interest to attract visitors to these islands beside the delicious climate and the springs. The scenery is exceedingly fine, and being entirely volcanic, is very different in many respects from ordinary scenery. The islands are formed by one or more high volcanic elevations, with vast numbers of smaller ones, varying from fifty to thousands of feet in height. I could count from our hotel window at Horta from fifty to sixty on the western end of Pico alone.

The grandest of the scenery is on the islands of Fayal and Pico. Immediately across from Horta, six miles distant, the beautifully-shaped cone of Pico, "the peak" commences, extending 7613 feet above the level of the sea—nearly a mile and a half up into the air. It is seen from all parts of Fayal, and its great height makes it a conspicuous object a long distance at sea; it has even been proposed as a point from which to start as the meridian of longitude. Visitors ascend to the top in the summer months. Snow generally covers the top in January, and ice often remains on it until June. It has no crater, being nearly level on top, with a small depression in the centre, and a small sharp cone, about three hundred feet high, rises on one side of this.

Nine miles back from Horta, near the centre of the island of Fayal, is the "Calderia." The whole island is one volcano, with the immense crater, the rim of which is 3400 feet above the sea, nearly round, two miles across the top, and about 1700 feet deep. It is very difficult to comprehend these large measurements, and it is only by comparing them with familiar heights and distances, that we can form any conception of the vastness of this huge cauldron.

The view from the rim is grand beyond description, and well repays any one for the fatigue and difficulty of the ascent.

The rides and drives on Fayal, but more especially on San Miguel, are exceedingly enjoyable; the smooth roads and beautiful views, the fertile hills and valleys, and the delicious climate with

its never-ending verdure, make this a luxury which few, if any other parts of the world can equal. For miles wherever you go, the fence-walls are covered with ferns and vines and parasitic plants, with flowers in great variety lining the roadside.

The gardens are the great attraction, nothing has been neglected to bring these gardens to almost perfection. The rich soil, and semi-tropical climate, combine to give a rare luxuriance to vegetable life.

The gardens of Bagatella and Freedonia, belonging to the estate of the U. S. Consul at Horta, are revelations of beauty; one can stroll for hours beneath the shade of almost every variety of trees, brought both from tropical and other climates. Palms in great profusion, orange and lemon, camelias and fuchsias grown to trees, covered with magnificent flowers—roses of every kind, the richest and rarest that our earth produces, and other flowers and plants innumerable.

Prince among the trees is the Norfolk Island Pine (though it is really a spruce). In one of these gardens is the first one ever grown north of the equator. Truly it is a magnificent tree, with its branches covering a circle of about forty or fifty feet on the ground, and towering a perfect cone over one hundred feet in the air, with its heavy, rich, deep green foliage.

The gardens at Ponta Delgada are admitted by all to excel those at Horta. It is said they are not equaled in the world, and well it may be so; for the genial soil and climate seems to suit trees, plants, and flowers, whether from temperate or tropical regions. No expense has been spared by the wealthy land-holders. They have searched the world over for everything, tree, shrub, or flower, that would add beauty to their gardens. To attempt to name the different varieties would be to give a botanical catalogue.

In many respects the garden of Senhor Antonio Borgio excels all the others. It is not large, but is filled with the most exquisite surprises, with its countless varieties of grand trees, and myriads of the more delicate ferns, vines, and flowers, arranged in lake, glen, dell, and grotto. Words would fail to give any correct idea of it. One must see it for himself to form a conception of its beauty. With all its fruits and flowers, it comes nearer to what is generally understood by the word Paradise than probably anything else the world now contains.

Accommodations for visitors—At Horta there are two good hotels where the English language is spoken. Connected with one of these is a very large garden, surrounded by high walls, its broad avenues lined with trees, under which are rustic seats, large orange groves and banana walks, the smaller fruits in abundance, such as guavas, nespras, etc. Flowers here too, in their profuse and luxuriant growth, exhale their delicious perfume, and the little olive canaries make the air vocal with song. This is a cheery spot, and a most desirable one for invalids, as they can be entirely secluded amidst all these delights.

At Ponta Delgada there is one very pleasant, homelike hotel, delightfully situated, on high ground overlooking the sea. There are several others which are regular Portuguese.

In all these, the accommodations are very good; The beds not very soft, but clean and nice, and the table equal to any of our city hotels, where two to three dollars a day is charged. The fixed price in all these hotels, is one dollar (or 12,000 reas) a day. Comfortable accommodations may be had in private families at lower rates for a continued stay.

There are a few English-speaking families in all three of the largest cities, which make a pleasant society. Persons not speaking Portuguese can get along with but little difficulty, as there are many who are able to speak English.

The means for getting there.—The question may be asked, How is any one to get to the Azores? I feel that this article would not be completed unless it afforded an answer to this question.

There is no communication by steam except by way of England and France, and then by taking a Brazilian steamer to San Miguel, or by going overland to Lisbon and taking the small mail steamer, which makes the round trip, to all the islands, twice every month.

There are two lines of sailing vessels, one from Boston, the other from New Bedford, Mass. O. L. Bartlett, 115 State street, Boston, would gladly afford all needed information about these lines. I speak from experience when I say that the barque "Sarah," of their line, is a staunch vessel; she is a fine sea-boat, and carries herself splendidly in rough or smooth seas. She is commanded by a gentleman—Captain Hale—hearty and generous, a thorough seaman, ever watchful for the safety of his vessel, and the comfort and pleasure of his passengers.

The run is made in from sixteen to twenty-five days to Fayal. Of course, depending on the wind and weather, precision cannot be attained as on a steamer; but as for passing the time, a sailing vessel is more pleasant and comfortable than a steamer, excepting there is not as much space;

and there are far more disasters of steamers than of sailers, in proportion to the numbers of each. So no one need be deterred from going on a sailing vessel from fear of disaster, and the length of the voyage may be desirable.

The trip is a comparatively cheap one, and can be made inside of three months, giving two weeks at Horta and two at Ponta Delgada, and a day or two at Flores and Terceira.

Should a family wish to keep house, comfortable houses can be had for moderate rent. Marketing is very cheap compared with our prices, and servants' wages are not over one-fourth of what they are here.

A NEW UNIVERSAL BATTERY.

BY CARL SEILER, M. D.,
Of Philadelphia.

The application of electricity in medicine is becoming more generally recognized as a curative agent in the treatment of disease, and as an aid in surgery, and it is therefore necessary to pay some attention to the source of the agent, viz. the battery, and make it as convenient and efficient as possible; and particularly is this necessary when electricity is to be used in surgery, for every surgeon who has used the batteries in the market, has been annoyed by their inefficiency at the moment when wanted for an operation. This defect lies chiefly in the complicated mechanism and the smallness of the cups containing the acid in the portable galvano-cautery batteries, which makes it difficult to keep every connection in working order, and in the bulkiness of the stationary batteries. There is, however, another very serious defect in these batteries when operations in the cavities of the nose or throat are to be performed with the galvano-cautery knife, which consists in the fact that the heat cannot be augmented or diminished during the operation without the aid of an assistant, and without interrupting the current; for the plates are entirely immersed in the exciting fluid, and the current can only be increased or decreased by increasing or decreasing the number of plates in the circuit.

Recognizing the great value of galvano-cautery in minor surgery, and noticing their defects, I endeavored to construct an apparatus which would be under perfect control of the operator, would be simple and easily taken care of, and at the same time would always be ready without any preparation, such as filling the cups with acid, washing the plates, etc. Such a battery, roughly made by myself, but giving entire satisfaction under the most trying circumstances, I exhibited several months ago at a meeting of the Philadelphia County Medical Society, a short description of which was published in the *Philadelphia Med. Times*. My aim was, however, to obtain an office battery which would combine within itself the different forms of apparatus giving the different kinds of electricity, viz. the galvano-cautery, the galvano-faradic and the galvanic currents, and thus making it of universal usefulness.

My friend, Mr. Otto Flemming, of this city, the well-known manufacturer of medical batteries and apparatus, to whom I showed my working model, altered and perfected its details, and finally produced a battery which leaves nothing to be desired for universal usefulness as an office battery, as will be gleaned from the cut and the following description:

Two systems of ten zinc and carbon plates each are suspended from two hard rubber platforms, Fig. 1, *f* and *f'* placed side by side in the top of the box. A brass spring is connected to each plate by a screw passing through the platform, and presses against a cylindrical commutator, by turning which the plates can be connected for quantity, *i. e.*, all carbons and all zincs connected together, each lead to a binding post, *d*, *e*, *e'* and *d'*; the carbons of the first system being connected with the zincs of the second system by the strips of brass connecting the binding posts *e* and *e'*; or for intensity, *i. e.*, zincs and carbons being connected with each other alternately. Alongside of the platform *f* is another one, upon which are mounted the binding posts *c* and *c'*, which are connected by flexible cords carrying pins with the plates of the system in such a manner that the cord from the post *c'* leads to the spring marked O, the pin being inserted in a hole drilled into the head of the screw connecting the spring with the plate below the platform. The other post *c* carries a double cord, the pins of which may be inserted into any of the screw-heads of the systems of plates, and thus any number of pairs from one to twenty may be brought into action without interrupting the current. The posts *b* and *b'* serve to connect the cords leading to the electrodes. Upon the same platform are also mounted a polarity-changer and a two-point switch for interrupting the current if it is desirable; these appliances being used where an intensity of current is made use of. At the end of the box a galvano-faradic apparatus is inserted, which may be removed and used separately, and away from the battery, a description of which is not necessary, as it is so well known.

In the lower portion of the box are two movable platforms, which may be raised or lowered by a treadle, to which they are connected by cords running over rollers. Upon these platforms are placed two hard rubber cups six inches square by eight inches deep; and in these the exciting liquid, a mixture of bichromate of potash, sulphuric acid, and water, is contained. These cups being immediately beneath the system of plates, suspended from the platforms, when raised by the treadle, cause the plates to be immersed in the fluid, and thus a current is established which varies in strength according to the amount of surface of plates exposed to the action of the acid. A ratchet hook at the bottom of the box, by engaging in the bar of the treadle, will keep the cups at any desired height, so that the foot may be taken off; and by disconnecting the cords of either one or the other of the movable platforms, either one or the other of the cups alone may be raised when only a comparatively weak current is desired. When the plates are connected for intensity, and the galvanic current is to be used, cups of the same size, partitioned off into ten compartments each, are substituted for the open cups, so that when the cups are raised, one carbon and one zinc plate fit into each compartment. This substitution of one kind of cup for the other is readily effected, since the back as well as the front of the box opens, and the cups can be easily removed or inserted into their position on the movable platform. Below the faradic apparatus are drawers for containing the instruments, connecting cords, etc. The size of the box containing the whole apparatus is 28 inches long by 12 inches wide and 16 inches high, and is therefore not too large to be easily moved.

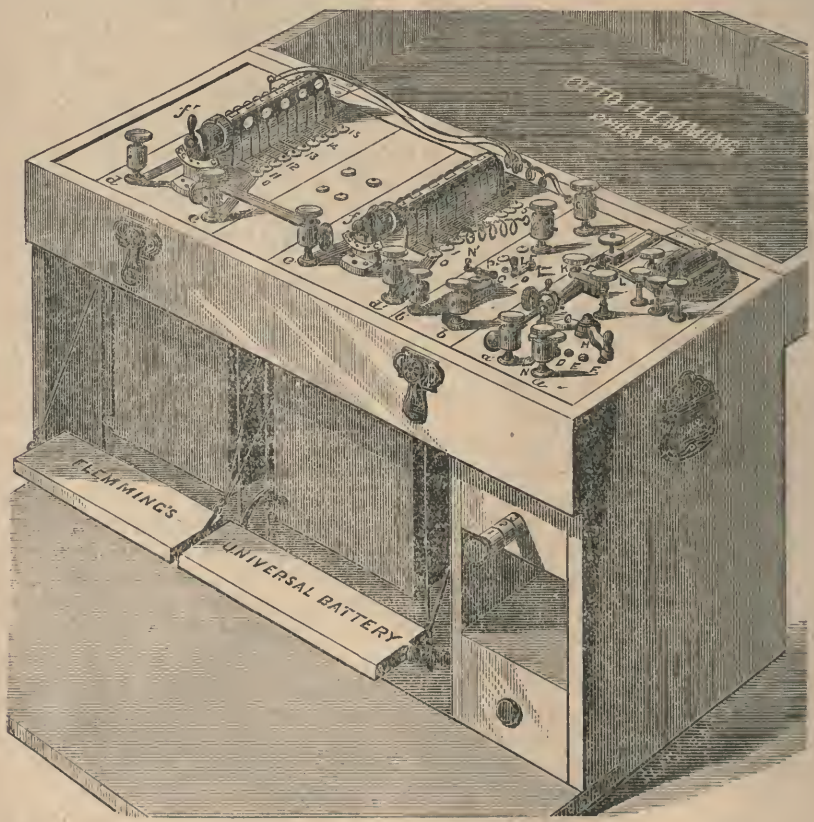

Fig. 1.

Mr. Flemming has constructed several sizes of these batteries, such as a battery of one cell, for galvano-cautery only (Fig. 2), one of two cells, etc., all based upon the same principle.

From this description it will be seen that the apparatus has a very wide range of usefulness, and can be applied to any purpose for which electricity in medicine is used. Its great advantage as a galvano-cautery battery over other batteries

of this kind consists in the facts that the operator can regulate the heat of his platinum loop to a nicety by the pressure of his foot, and is, therefore, independent of an assistant, a very important point when small operations in the nose or throat, or about the genital organs, are to be performed. Further, that as soon as he lifts off his foot the liquid leaves the plates, and no further action on them can take place, thus saving the zincs as well as the strength of the fluid; the quantity of the fluid being very large, the products of the chemical action of the acid upon the zinc fall to the bottom, and thus the upper portion of the fluid remains fresh for a very long time, so that the fluid need not be renewed more than once in two or three months, according, of course, to the number of times the plates have been immersed. The simplicity of the connections, and the fact that they are placed above the platforms, out of the reach of the fumes of the acid, renders them but little liable to get out of order, and thus the battery is always ready when wanted. But this battery may also be used for other than medical purposes; and when connected for intensity with the partitioned cups, I have used it to work an electric motor for operations with the dental drill and burr, and have obtained an admirable illumination for laryngoscopic and other purposes from incandescent lamps or a small ark light.

Fig. 2.

The small-pox epidemic in South Africa appears to have almost subsided.

Hospital Reports.

NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAPER.

Reported by W. H. Seelye, A. M., M. D.

Cirrhosis.

The examination of the first patient by one of the medical students brought out the following facts. He was admitted to the hospital August 7, 1881. Name, J. M.; age, 44; born in Ireland; occupation, a copying or writing clerk; married. His father died of old age—at the age of seventy-eight. His mother died suddenly of heart disease. A sister died of consumption at the age of eighteen. A brother died of small-pox when a child. There are two still living and in good health. He has had no venereal or malarial disease. When ten years old, he had small-pox. He was a steady drinker for twelve years, but did not get drunk. After that he drank to excess until a year and a half ago, and since then he has been abstemious. He enjoyed good health until May, 1880, when he began to lose his appetite, and to have indigestion, and nausea, and other gastro-intestinal troubles, until they became so bad that he came to the hospital for treatment on May 20, 1880. He was then found to have nausea, vomiting, diarrhœa, swelling of the feet and legs, and a mitral systolic bruit, with hypertrophy of the left ventricle. He had a protrusion of the gut through the anus, due to hemorrhoids, and sometimes there was blood in the passages. On the right wrist was observed a spot of subcutaneous hemorrhage. On June 28, 1880, he was discharged from the hospital. Twelve weeks ago he was troubled with pain and swelling in the ankles and knees. So he again came to the hospital, and was relieved by medicine. Since then, he has suffered from flatulence, and eructations of wind from the stomach, and dropsy in the abdomen. His urine is diminished in quantity, and is growing steadily less. It contains twenty per cent. of albumen, and some hyaline and other casts, and it has an ammoniacal odor. He has been treated with digitalis and acetate of potash, and has been cupped and poulticed over the kidneys, but with little good effect. He still has protrusion of the gut, and piles, and blood passages. There has been general œdema, involving the face at times. For ten or twelve days he had a profuse diarrhœa, with nausea and vomiting. On August 13, at four o'clock in the afternoon, he had a chill followed by pain, and then loss of power in the right arm and leg, and especially in the great toe, and his pupils were found contracted, but equally so. He has been aspirated six times, and large quantities of fluid were drawn off. Since the last tapping he has had no appetite, and has suffered from dyspnœa.

Inspection.—The abdomen is immensely swollen, and the superficial veins very prominent. The thorax is flat, and symmetrical on both sides. The face is flushed, and the arterioles and capillaries are prominent upon the cheeks and nose, but there is no œdema at present. The conjunctivæ have a slightly bluish tinge. On the legs are numerous maculæ of some size, and one or two scars. Visable carotid pulsation.

Palpation.—Fluctuation in the abdomen is very distinct. The apex beat is half an inch below and one inch outside of the normal position.

Percussion.—There is tympanitic percussion on the top of the abdomen, but at about six inches either side of the umbilicus flatness begins, showing that the abdomen is nearly filled with fluid. The patient lies on his back. The size of the spleen cannot be made out because it is covered by the fluid, but its upper border is in about the normal position. The liver is somewhat contracted in size and is lifted up slightly by the fluid. The pulmonary resonance is normal.

Auscultation.—A valvular murmur is heard with the first sound of the heart, and is most distinct at the second intercostal space on the left of the sternum, but is not heard at the apex. It appears to be an aortic obstructive murmur. The respiratory murmur is about normal over the whole of the chest, so there is no pulmonary œdema.

Gentlemen, you have here a very full history. But I now want to call your attention first to his previous illness, for which he came to this hospital a year ago last summer. You remember that he suffered then mainly from gastro-intestinal symptoms, and he comes back now, still complaining of the same. I wish to fix your attention on these symptoms, so that you may see how this malady has insidiously but steadily increased for years. The gastro-intestinal catarrh is the initial symptom in a long line of symptomatology. Stop a moment and ask yourself what was the cause of this catarrh. It was hyperemia of the mucous membrane lining the intestines, and this congestion was due to obstruction in the portal circulation, which in this case was caused by the chronic atrophy of a cirrhosis of the liver. This disease progresses slowly but surely, and the first prominent symptoms are those for which this man came in here a year ago. And now he comes back again with an abdominal dropsy. As this portal difficulty advances, it finally manifests itself by causing effusions of serum from the serous coats of the intestines, and thus originates the ascites, which is the form of dropsy peculiar to chronic atrophy of the liver. In addition to his dropsy, this patient has had albuminuria. This is not a necessary, but it is a frequent complication. For the disease may extend to any other parenchymatous organs, and so we may get a cirrhotic kidney, with all its symptoms. But this is not all. For here we have an hypertrophied left ventricle and a valvular murmur in the heart. The sequence of the complications here, is from the liver to kidney and then to the cardiac lesions, and not from the heart to the hepatic and renal affections, as might at first be supposed. Jaundice is not a necessary symptom in cirrhosis of the liver. But the complexion is rather striking in this disease, from the absence of discoloration of the skin. The prominence of the minute red vessels on the cheeks, seen here, is quite characteristic. You observed that the superficial veins over the abdomen were enlarged. The mechanicism of this is, that since the portal veins are obstructed the circulation is carried on chiefly through the superior epigastric and internal mammary vessels, which are hence engorged and made prominent. This is always a symptom of portal obstruction, and the most frequent cause is cirrhosis. On feeling of the radial arteries here, we find the coats thickened and hardened, and there is more tension to the pulse than is natural. The artery feels like a whip-cord, and rolls under the finger. So we conclude that the coats of the arteries are diseased also, and hence that the cirrhotic disease is generalized and involves both the parenchymatous organs and the coats of the blood-vessels, in this man's case.

Since this patient came in here, the treatment has been mainly palliative. His dropsy has been relieved by tapping as often as was necessary. This has been done six times, and about 260 ounces of fluid were removed at each aspiration. This operation gives great relief, and is perfectly safe to resort to, and it is the only means of giving the patient speedy comfort. When the abdomen becomes filled with fluid, the viscera are forced up against the diphragm, and aspiration sometimes becomes necessary in order to avoid death from apnœa. The only precaution to be observed, is not to take all the fluid away at the first tapping. For when the great distension of the abdomen has kept up a continued pressure on the blood-vessels for a long time, it is sometimes dangerous to remove all of this pressure suddenly, for the distended vessels do not contract promptly, and so are not quite filled with blood, and syncope which may be fatal is the result. So much care is not necessary in subsequent tappings. It is best to perform the operation with the patient in the recumbent position. It is remarkable how quickly the dropsy will recur. This man was tapped last Tuesday, and now the abdomen is full again.

I have tapped one patient twenty-two times, within a period of six or eight months. The other methods sometimes employed for getting rid of the dropsy, such as diaphoretics, diuretics, and cathartics, are slow and uncertain, and often inefficient. This man has been taking digitalis as a diuretic, and this is a happy selection in his case, for it also acts as a heart stimulant. But there are other points in the treatment to be considered. This man has been suffering more or less from gastro-intestinal symptoms, and especially from wind in the belly. It is a very unpleasant condition to have the abdomen distended by gas and fluid, at the same time. This is one of the consequences of the catarrhal state of the mucous lining, and it may be relieved by washing away the mucous exudation which impedes digestion, and so sets up fermentation and dyspepsia. The best means for accomplishing this is to administer saline cathartics every day or two. And this is being done with this man. More can be done for the dyspepsia by giving the mineral acids, and especially by using care in the selection of foods. The dietetics of sick people are very much neglected, and are left altogether too much to the judgment of the family or the nurse. Our knowledge on this point is very largely empirical, but we know enough of the causes of weak digestion in sick people to enable us to make a selection of a rational diet. As much stress should be placed on the feeding of the sick, as on the administration of medicines. Such a patient as this man must be fed with the greatest care. He should never be allowed to take any of

the fermented preparations of alcohol, such as beer and wine. They are absolute poisons to a man in this condition. Sweetened foods of any kinds should be avoided, as they add much to the gastric distress. They are seldom tolerated in fevers or other sickness. But nurses and friends give these sweets too much, thinking that they will be agreeable to the patient. The proper diet should be simple and consist mostly of animal food, such as milk, meat, and broths, and very little starchy food. If stimulants should be needed, pure diluted alcohol should be administered, but this should be given only rarely. This condition has been brought about by the use of alcohol, and it is not going to be cured by a dog of the same hair. It may only be given at times to stimulate digestion and to cheer him up. But it can do no permanent good.

Medical Societies.

KENTUCKY STATE MEDICAL SOCIETY.

THURSDAY AFTERNOON.

(*Continued from page* 432.)

Dr. Thos. F. Rumbold, of St. Louis, by invitation, read a paper on the Treatment of Chronic Nasal Pharyngeal Catarrh. Dr. Rumbold holds that chronic inflammation of the nasal is not like the inflammations of mucous membranes in other situations; therefore he holds that the general practitioner of medicine, while he may understand the usual effects of applications of medicines in situations in general, is not capable of treating inflammations seated here, unless acquainted with the action of drugs in this particular situation. The cause—at least one of the most prolific of causes—of inflammations here is cold, oft repeated and neglected. He speaks of the modification which age exerts upon the process as seated here. Children and young persons show little inconvenience from exposure to a draft of air, while aged persons suffer quickly and severely. Men die from excesses; women from exposure. In order to treat naso-pharyngeal catarrh successfully, attention to these two points of lowered vitality in the two sexes must ever be borne in mind. Particular attention must be paid to the manner in which females are clad, and if this be not under the control of him who undertakes to treat such diseases, his reputation is likely to suffer in proportion to the failure of his treatment. In the means of applications of remedies to the disease, he objects strongly to the douche. It can do no good, because it fails to make the application at the seat of the disease. It may be productive of harm because it is unscientific. Dr. Rumbold objects to the application of water either hot or cold, and maintains it is harmful because it is absorbed by the mucous membrane, and produces a greater state of congestion in it than existed before the application was made. Three essential qualities should be possessed by all applications made to the nasal mucous membrane. First, they should cause no pain; second, they should cleanse the surface; third, they should be capable of transformation into such a form as to permit their application to every portion. All applications before being made should be brought to the bodily temperature, then they should be applied in the form of spray. Vaseline he recognizes as the best application with which he is acquainted. Two others exhibited and occasionally used were carbolic acid and eucalyptol. This paper was courteously received, but not discussed.

Dr. W. O. Roberts, of Louisville, reported several cases of head injuries in which operative procedures had been rendered necessary. The first was that of a man who had suffered a depressed fracture of the left antero-temporal region. On the eleventh day after the injury he was seized with violent pain in this region. Four days later he had a distinct chill, and soon after it was discovered that he had lost the power of speech, and was paralyzed on the left side. A diagnosis of intra-cranial abcess below the external wound was made, and trephining advised. The operation was done, but the result was nil, no pus nor blood escaping. The next day the patient died comatose. Post mortem examination revealed an abscess situated on the posterior surface of the cerebrum.

The next case was that of a fireman knocked from the cab of an engine. He fell through a trestle work to the ground below. When found, he was insensible, with a gash along the left cheek and a cut on the left antero-temporal region. A sharp-pointed rock near him was noticed to be covered with blood and hair, on which he had evidently struck. He was roused to consciousness, and walked the length of twenty-five cars, when he was put on the train and brought to Jeffersonville, Ind., several miles from the scene of the accident. He walked three squares from the depot to his home. On the second day convulsions supervened, and he soon began to lose the power of speech. By the seventh day it had failed entirely. Late in the evening of the next day I saw him, when it was decided to enlarge the original wound and expose the depressed fragment if possible. This was done; the fragment was discovered and lifted out with a grooved director. Dark grumous blood to the amount of half an ounce escaped. The patient recovered, and was present at the meeting for exhibition.

Another case of a boy 6 or 8 years of age was seen four days after his admission into St. Mary's Hospital. The wound occupied the centre of the left frontal bone. Several days elapsed from the date of the injury to the ushering in of unpleasant symptoms. The depressed fragment was then elevated, though the trephine had to be used in order to get the elevator under it. Pus immediately began to flow. Later a hernia of the brain occurred, followed shortly by dissolution.

Two other cases in which the result of trephining was successful were reported, but your reporter failed to get them.

Dr. D. W. Yandell exhibited the skull of a woman who was operated upon by Dr. Gross in 1854. In 1867 she began to have epileptic convulsions, which continued to occur until her death, in 1872.

Over the opening made by the trephine in this skull, a fibrous membrane of considerable strength had grown. Just inside an excrescence

the size of a pea was formed. From the irritation caused by this, it is supposed the epileptic manifestations arose.

Another case of which he spoke was that of a man shot during the war in the frontal region, and who, apparently fully recovered, was seized with epileptiform convulsions in 1867. Dr. John O'Reiley, since deceased, operated upon him, removing quite a small portion of bone. He made a good recovery, and is alive to this day.

A youth kicked by a horse near the centre of the frontal bone had a comminuted fracture slightly depressed, but recovery took place without interference. In about two years he began to have epileptiform convulsions, and his temper underwent a change. I operated upon him; his epilepsy disappeared, his viciousness passed away, and he is now a useful citizen.

Dr. McCormack, of Bowling Green, said: "A case was brought to my office a little more than a year ago to be examined in order that I might testify as to his sanity. He was twenty-three years of age. Six years before, he was struck on the head with a sharp-pointed hammer, at which time he fell unconscious, and remained so for some time, but gradually recovered without any symptoms of trouble. He married at nineteen. He continued, to all appearances, well until about six months before he came to see me, when he began to complain of great pain in the region of the former wound. He underwent some degree of emaciation. There was distinct depression at this point, though the excessive tenderness there prevented entirely satisfactory examination. I removed a fairly large section, and afterwards a second section, and then rasped the edges. He recovered without a bad symptom. The remarkable feature in his case now developed itself. Shortly after he recovered he told me he had no recollection of anything that had occurred from the day he was struck on the head until the day he was operated upon. I took every precaution to prevent any imposition, but he appeared to show no disposition to deceive me. When he first became conscious, after the removal of the bone, his impression was that a short time before he had been struck on the head. He had no recollection of his marriage. He had bought a small farm, and partially paid for it, but he would not believe it until he had examined the records for himself. He appears now to be in perfect health."

Dr. Frank C. Wilson, of Louisville, reported two cases of tracheotomy, the result in one being successful, the patient, a little boy of about four years, being present in person. In November, 1881, Dr. Wilson was roused at night to see the little fellow, who had some time previously been taken sick with diphtheria invading the nasal passages. A few weeks before his brother had been attended by Dr. Senteny in the same disease. The boy's condition in the evening did not seem to demand the attention of a physician, and Dr. Senteny had not been sent for. "I explained to the father at once the dangerous character of the affection, and insisted that Dr. Senteny should be called. From that time till the operation was performed, one or the other of us was with him constantly, and endeavoring by every means in our power to stay the progress of the disease. Nothing availing, and the little fellow growing worse, it was determined to perform the operation in the middle of the night.

"The incision was carefully and slowly made, and the hemorrhage stayed before the trachea was opened. The expulsive efforts excited by the passage of air into the opening caused renewed hemorrhage, which, however, soon ceased. A moist sponge was placed over the tube, which was cleansed about every three or four hours. The boy made a good recovery.

"The other case occurred in a younger child, and the operation was delayed until the last moment, In this case the child lived three days after the operation, and seemed to die as the result of accumulations of mucus in the trachea and bronchial tubes."

Dr. Wilson also exhibited an apparatus which he had designed to warm the air before its passage into the tube.

Dr. Pinkney Thompson reported two cases of recovery from the operation, in each of which no tube had been used. Other cases in which it had been used had resulted unsuccessfully. He regarded the tube as harmful rather than efficacious, looking upon it as a foreign body, in a delicate situation, and in itself sufficient to produce harmful irritation.

Dr. Dunlap spoke of two cases operated upon by the late Dr. John D. Jackson, both of whom recovered. He used the tube in both cases.

Dr. Yandell, D. W., reported a case in which the tube had been worn for a period of seven years.

Dr. J. M. Matthews, of Louisville, read a paper on the subject of "Hemorrhage from the Rectum —Its Causes and Treatment." This paper had reference not to ordinary hemorrhage from the rectum, such as that which accompanies almost all disorders incident to the part, and is but an accompaniment or symptom, nor to that which follows the usual operations for piles, fistula, etc., but rather to consider that hemorrhage which requires surgical interference, and which if let alone would endanger the life of the patient. After giving an explicit description of the arterial and venous distribution of vessels in this situation, Dr. Matthews said: "I have been thus careful in my remarks concerning the blood supply, not only to impress the great necessity of caution in operating, but to show how very natural it is that bleeding should occur from the part from very simple causes, it may be such as the passage of hard fæces, etc., etc., and because the works on surgery devote but little space to the subject. Indeed, the rules laid down for the management of such conditions are not at all explicit. An experience of a number of years in the special practice has taught me that not only do these dangerous cases of hemorrhage from the rectum often occur, but they are mistaken for symptoms of other diseases. The causes of hemorrhage here, excluding that which results from operative procedures, may be briefly told as follows:

"(1) From ulceration of the bowel.

"(2) From capillary hemorrhoids.

"(3) From the hemorrhagic diathesis.

"(4) From polypi.

"These in my opinion constitute the only causes of hemorrhage requiring surgical interference.

"Hemorrhage from *ulceration*. I use the term 'ulceration,' believing it to be an *ill* term, and

that it should not be used in this connection. Yet the authors have failed to give us a better one. True ulceration is not and cannot be accompanied by much bleeding, for the reason that there is sufficient inflammatory action present incident to the process to clog the vessels, and hence to prevent hemorrhage. The condition to which I wish to direct your attention in contradistinction to ulceration is an abrasion sometimes formed in the epithelium of the gut. This may arise from trivial causes, as the passage of hard fæces, etc. The result may cause serious alarm. No inflammation attending this 'peeling off,' in its incipiency the blood pours freely from the capillary structures unless active measures are taken to suppress it. The discharge may be pure blood or it may be mixed with mucus. Very many of these cases have, I am sure, been mistaken for other affections, notably dysentery.

"*Treatment.*—The object of treatment in cases of this nature is of course to produce sufficient inflammatory action to clog the vessels with lymph. The very best application to accomplish this object, is in my opinion pure carbolic acid. It should be applied not only to the abrasion proper but to the mucous membrane surrounding it. It stops hemorrhage and does not destroy the membrane. Nitric acid or the acid nitrate of mercury would likely accomplish the same purpose, but at the risk of producing stricture. It would be inconvenient to apply the actual cautery. No account of the affection of which I am speaking is given in the works on surgery or in the books devoted to diseases of the rectum. Unique they may not be, but they certainly deserve more attention than they receive.

"*Hemorrhage from Capillary Piles.*—It will be remembered this is the small, spongy, raspberry-looking pile which is often met with, possessing a disposition to bleed upon the slightest provocation. The blood lost is usually arterial. A hard stool or straining at stool is a common cause of rupture, and the amount of blood sometimes lost is enormous, and may cause a fatal termination.

"*Treatment.*—I regard it best to catch up the entire bleeding spongy mass and secure it by a silk ligature. The ordinary tenaculum forceps used in ligaturing piles are objectionable in these cases. They tear through the mass and cause fresh bleeding, besides they do not enable you to secure the mass with ease. A forceps with serrated edge instead of forks on the handle at an angle of 45 degrees, I have had made by Adolph Fisher of this city, answers the purpose better. In many cases I have stopped the bleeding by the application of pure nitric or carbolic acid. The actual cautery here is a most excellent measure, in the form of thermo-cautery.

"*Hemorrhage from a Hemorrhagic Diathesis.*—This is scarcely mentioned by the authors. That it occurs has been evidenced in my practice, and when met with, it is of the most serious nature. Local measures seem to do but little good, and it is to be questioned if such patients are ever fully relieved. The diathesis is manifested in the rectum as in all portions of the body. The slightest scratch or abrasion on handling the part is sufficient cause for the hemorrhage, which is often uncontrollable.

"*Treatment.*—This diathesis may be hereditary, or it may be established by habit. Sedentary life conduces much to its production. The habits should be carefully inquired into, and a change, if necessary, positively enjoined. Exercise, fresh air, proper diet, etc., should be carefully looked after. The sheet anchor in the treatment, I believe to be ergot or ergotine. This should be combined with iron, and given for its full effect. The best local applications are hot water (injected), *sub-sulphate of iron*, and pure carbolic acid, each to be repeated as often as may be found necessary. The last causes I have named for hemorrhage calling for surgical interference are polypi. These tumors may be above the sphincter muscles, for a long time giving rise to no inconvenience, but all at once they may begin to bleed either from detachment or other causes. They should be brought into view, and the pedicle ligated. This is best done under an anæsthetic, and by dilating the sphincters forcibly. If hemorrhage should occur from the sloughing of the tumor, or from its being torn off, the pedicle or stump must be sought, and if it is not possible to include it in a ligature, the rectum should be plugged in the manner already described. Hemorrhage from all the sources mentioned here has frequently been met with in my practice. If a proper diagnosis is made before serious damage is done by the loss of blood, the remedies are easily applied. A thorough investigation of each and every case is necessary to determine the remedy, and if the attention of the profession has been so directed, the object of this paper has not been fruitless.

"I have met with one case of vicarious menstruation through the rectum, but such cases are very rare, and require no treatment."

Dr. Dudley S. Reynolds, of Louisville, said: "I have been much interested in the discussion of the subject of hemorrhoids and their removal by ligature, the ecraseur, and by various caustics injected into the tumor. I am not a little surprised, however, to note the diversity of opinion concerning the action of carbolic acid, injected in hemorrhoidal and polypoid growths generally, whether occurring in the rectum, nasal passages, or the cervix uteri. It seems pretty generally established that carbolic acid is at times absorbed in such quantities as to create serious constitutional trouble; that it sometimes fails to cause either sloughing or shrinkage of hemorrhoidal tumors. The injection least likely to be attended by successful results, and at the same time not entirely free from the dangers of absorption, seems to be the one most commonly spoken of. In my own practice I have had a great deal of experience in the treatment of polypoid growths by injection, and I am confident that the treatment of hemorrhoidal tumors by injection may be conducted upon much the same plan and with strikingly similar results. The officinal tincture of iodine may be injected without provoking more pain than follows the use of carbolic acid, and should it be absorbed or introduced directly into the veins, disastrous consequences would not likely follow, because iodine liquefies fibrinous structures. It dissolves rather than coagulates tissues. Acetic acid diluted with 25 to 50 per cent. of water may be introduced in soft flaccid polypi, and I have seen them shrink and disappear after this injection without any sloughing and without any great amount of pain beyond the

moment of injection. But it seems to me, sir, in the highly vascular fibroid growths where the tincture of iodine fails, a 20 per cent. solution of chromic acid constitutes the very best and safest of all astringent injecting fluids. In this strength it is sufficiently caustic to destroy the vitality of the tumor and cause its removal by sloughing, and if carefully performed the operation need not be followed by any damage to contiguous tissues. Warty excrescences of every kind known to me will slough promptly from the injection of this substance. Unlike the ferrated solutions as persulphate and the perchloride, the chromic acid forms instantly a coagulum which isolates the mass injected from other tissues, producing almost instantaneous death of the part injected. Of course, the injection of chromic acid cannot be practiced in all cases; but certainly in all those cases where carbolic acid injections have been thought desirable, the chromic acid or the strong tincture of iodine offer far better chances of success. In fact, my experience leads me to conclude that carbolic acid is least desirable of all injecting fluids in the treatment of polypi and other tumors."

FRIDAY MORNING.

Dr. Sargeant, of Hopkinsville, reported a case of strychnia poisoning, in which recovery occurred after the ingestion of twenty grains. The stomach was not evacuated, because the interval between ingestion and the doctor's arrival had been sufficient to render it probable that the drug had all been absorbed. "At 8 p. m. he had seven convulsions in rapid succession. At 9 p. m. I reached his bedside and found him perfectly rigid and opisthotonos complete, legs extended, feet everted, arms flexed, and fingers clinched. Jaws spasmodically closed, lips and eyelids retracted, pupils dilated, face blue, and skin bathed in a profuse perspiration. On account of the inability of the patient to swallow, he was given, per rectum, 110 grains of chloral hydrate and 120 grains of bromide of potash. At ten o'clock he was able to swallow thirty grains of chloral hydrate and sixty grains of bromide of potash. This was repeated at 11 p. m. and 12.30 a. m., when he had the last convulsion. Until 3 a. m. he complained of great muscular soreness. Another dose was given, after which he was not seen until 11 a. m. He had then eaten some breakfast, and was apparently as well as ever.

"The conclusions reached were as follows: (*a*) Quite a long interval may intervene between the ingestion of strychnia, and its poisonous manifestations; (*b*) toxic doses act in a similar manner in all animals, however much the susceptibility may vary; (*c*) the muscular rigidity disappears first in point of time, (1) from the jaw and muscles of deglutition, (2) from the legs and arms, (3) from the spinal column, and (4) from the muscles of respiration; (*d*) death results from asphyxia; (*e*) chloral hydrate and bromide of potash are antagonistic to strychnia."

Dr. W. C. Webb, of Bryantsville, read a paper on "Pertussis." In the treatment of this disease, though opposed to the doctrine, Dr. Webb looks upon croton-chloral, when properly administered, as a specific. The dose for a child one year old is one grain every four hours, from six to twelve two grains, but adults seldom can stand more than four grains. It should be given regularly at stated intervals; at first both night and day, at the end of a week only in the day.

Dr. John A. Octerlony, of Louisville, made the report of the Committee on Dermatology. Very briefly, the author remarked upon the steady increase of knowledge concerning skin affections, made by microscopical investigations; citing first the discovery of a fungus by A. Von Hebra, which has hitherto escaped detection; it is quite small, seldom rod-shaped, has no organs of fructification, is symmetrical in its distribution on the neck, bend of the elbows, and popliteal spaces. The affection it produces is likely to be mistaken for eczema. It does not affect the hairs, does not occur in rings, and runs a very chronic course. It must first be subdued by soothing applications, and afterwards treated by parasiticides. Emile Vidal describes a "microscopon dispar" found in ptyriasis circinatæ et marginatæ; their characteristics are diminutive size, variation in volume, circular arrangement, scarcity of chains of spores, and absence or great rarity of mycelium. It never has been known to occur in a person past forty years of age; affects the face and beard, but not the hair follicles; does not appear to be contagious, and is speedily removed by means of the usual antiparasitic remedies. That leprosy is a disease of parasitic nature has been clearly demonstrated.

The writer referred to an article by Sarah E. Post, M. D., entitled "Cutaneous Irritation," in the New York *Record*, showing the effect upon the pulse of general cutaneous faradization. No application of the results arrived at was made, however. The author discussed the subject of isolation after attacks of contagious eruptive fevers. For small-pox, scarlet fever, measles, and diphtheria, isolation should not be shorter than forty days, and for chicken-pox twenty-five. The patient should be thoroughly bathed, and the clothing worn subjected to a temperature of 194° F., and to sulphur vapor.

Professional opinion still remains divided as to the effect of malarial miasm in the production of acute diseases of the skin. Herpes, however, is regarded by Verneuil and Meklen as one of the common manifestations of malarial poisoning.

The therapeutics of diseases of the skin have been enriched by various new remedies, perhaps the most important of which is naphthol. Its most favorable effects in the hands of the writer have been secured in scabies. No preparatory treatment has been required. It does not soil the clothes, causes no irritation of the healthy skin, and a single application is sufficient to effect a cure. The following is the formula given by Kaposi:

℞.	Axangiæ vel unguenti mollis,	100 parts.
	Saponis viridis,	50 "
	Naphthol,	15 "
	Cretæ preparatæ,	10 "

In children, the naphthol may be reduced to 10 parts.

Rub the ointment briskly into the parts, powder starch over the surface, wrap the patient in flannel, and a cure results in 24 hours.

The author spoke highly also of the various oleates, which have proved themselves worthy of continued favor at the hands of the profession. Boracic acid, salicylate of soda, and powdered er-

got, were each highly extolled. Immersion in hot water of the affected parts to relieve the intense itching accompanying certain skin affections was warmly spoken of. By this means a good night's sleep may be secured to a patient who would otherwise have to endure many hours of most uncomfortable unrest.

Dr. W. H. Wathen, of Louisville, exhibited a case of curved hollow needles, consisting of five, made to fit in one handle, each constructed for the purpose of introducing silver sutures. The instrument is adapted particularly to operations upon the perineum, vagina, and cervix uteri, as well as in laparotomy. The whole case resembles somewhat those manufactured by Tiemann and Sherer, but differs in that the needles can be much more expeditiously changed when such changes are necessary in the course of an operation. Advantage is also gained by the curve of the needles, which resemble somewhat "half-of-the-first-curve-of-a-corkscrew," enabling the operator to reach parts which would otherwise be inaccessible.

PROCEEDINGS OF "THE COLLEGE OF PHYSICIANS OF PHILADELPHIA."

Sewer Gas, and its Alleged Causation of Typhoid Fever.

BY GEORGE HAMILTON, M. D.

[Read March 7, 1883.]

(*Continued from page* 429.)

Trousseau did not rashly, as often happens, declare his opinions on this point. His opportunities for the study of typhoid fever in Paris were abundant, yet he was not satisfied with these, knowing, as he did, that the rural practitioner, having personal intercourse with nearly every family within a limited range, and consequently having superior advantages for observing the first outbreak and the progress of disease, would be most capable of arriving at a knowledge of its origin, whether from local or general agencies, or from contagion. To this source of information he often recurred, either by letter or personal interviews; and endowed, as he was, with an eloquence brilliant and comprehensive, a marvellous power of observation, and logical acumen, it is not strange that in life he was, and yet remains, in the first rank of philosophic medical authorities.

In illustration of the above statement, my own experience may here be alluded to. Leaving Philadelphia in the autumn of 1834, a location was chosen at a distance of thirty miles from the city, between Wilmington and Kennett Square, seven miles distant from either, and about eleven from West Chester. The surrounding country was hilly, abounding in springs of fine water. Bilious remittent and intermittent fevers prevailed at this time, and for a few years after, in Philadelphia, to an extent that has not since occurred. The remittent form only held possession of this rural section, and before the frost of November put an end to the disease, as it always did, the statement of Dr. Joseph Parrish in regard to its prevalence and fatality in the country was fully confirmed in my own experience. After five or six years, bilious remittent was supplanted by typhoid fever, and it would be inexcusable did the writer neglect to cite two or three instances of this malady, of marked importance in relation to its origin and development. A wealthy farmer had sent a son on business into Maryland, forty miles from his residence. After an absence of several weeks he was brought home affected with typhoid fever, and, in succession, the father, two other sons, two daughters, and a colored servant, were attacked, all severely, except the servant, the mother alone escaping the disease. An attendance lasting nearly four months was required, and, although three of the patients were in great danger, all recovered. In another family of seven persons, four were prostrated: one, a young man of eighteen years, dying from perforation. In this instance, again, the disease did not originate on the premises. The mother, the first attacked, had been absent from home assisting to nurse a relative, at a distance of several miles from her own residence, to which she was brought unwell, and thus communicated the disease to the others. Many physicians, perhaps all professed sanitarians, are in the habit of expatiating upon the great and unnecessary prevalence of what they call filth diseases—typhoid fever, scarlet fever, and diphtheria, in the large cities—and seem indisposed to turn their attention to the country until reminded, from time to time, of the ravages of these same diseases in rural sections, greatly exceeding, in proportionate number of cases, violence, and fatality, what is to be found in cities. Yet the sanitarian, or the inexperienced practioner, fertile in expedients, soon discovers the sources of their origin in decomposed vegetable matters in cellars and elsewhere, or in water and milk contaminated by the requisite family outhouse; while the attending physician, though upon the spot, cannot, unless in exceptional cases, find any rational ground for these necessitated conjectures.

But, in this connection, let us revert to the condition of agriculture and husbandry in regard to household, dairy, and stable economy half a century ago. At this period, agricultural journals, or other works pertaining to those subjects, were scarcely known: whilst, for many years past, they have been disseminated over the land, throwing a flood of light upon all that concerns agriculture and husbandry, the good effects of which are now visible on every side. It might here rationally be asked, What was the state of the country at the early period named, and was there not much more typhoid fever than has since occurred? On the contrary, typhoid fever, and also diphtheria, were almost unknown at that time, while bilious remittent, not generally regarded as a filth disease, prevailed, and so continued until about five years before the return of the writer to Philadelphia in 1845. As before intimated, a sharp frost or two would arrest the progress of bilious fever; not so in regard to typhoid—on the contrary, one of the worst invasions of the disease continued throughout the winter and early spring, and this peculiar and important feature finds its counterpart, not seldom, in this and other cities, where, independent of the agencies of warmth and moisture in promoting the decomposition of animal and vegetable matters, and evolution of gas, the disease has prevailed in an aggravated form.

In the writer's experience it did not often happen that either typhoid or remittent fever prevailed extensively in two consecutive years. In this respect it resembled dysentery, raging with a fatality this year unseen in the city, whilst during the following season very few cases would appear—the local conditions in either case presenting no perceptible change.

An important point in the history of typhoid fever, as it occurred in the country, was, that if the disease once appeared in a farm-house, it would, as a rule, attack more than one of the members of the family before leaving it, and this, too, when the physician knew of no other case within a mile or more of the afflicted family. Now this is in entire accord with the admitted contagiousness, under certain conditions, of typhoid fever, not only by Trousseau, but by a majority of the most distinguished writers, among them that pre-eminent author and teacher, Austin Flint, Sr. The feature just noticed does not, as a rule, occur in the city, for in an immense majority of cases there will be but one member of a family attacked. Now it has been said by a somewhat noted medical statistician, and concurred in by many others, that if a case of typhoid fever appears in a family, it proves the existence of gas or filth in immediate relation with the residence. This is certainly explicit; but the question is, how happens it that, with such an efficient cause for the first case, it is only occasionally followed by others in the family? But, again, it may be asked, if sewer gas—for this, after all, appears to be the great "*cheval de bataille*"—has not been, and is not yet excluded by even the best plumbing, from the finest houses in this city or New York, and, consequently, that tens of thousands of houses in both cities are in this fearfully exposed condition, how comes it that in Philadelphia, with 900,000 inhabitants, the Board of Health has recently reported but two deaths from typhoid fever in one week, and four in another; whilst diphtheria, said to be due to the same agencies, has prevailed at the same time to an alarming extent? The returns of the Board of Health of New York present similar statistics, showing comparatively fewer deaths from typhoid fever than Philadelphia, but a larger proportionate fatality from diphtheria and scarlet fever. That many physicians neglect to carefully examine these reports is well known, and yet they are the only available and reliable sources of information in regard to the character and movement of disease. If, instead of this reprehensible neglect, a diligent and discriminating examination were regularly made, it would do much to prevent misconception and error in regard to the actual causation of disease, a subject admitted by the most experienced and gifted minds to be one of equal difficulty and importance.

(*To be continued.*)

Editorial Department.

Periscope.

Inheritance of Cancer.

The *Brit. Med. Jour.* says:

In the course of a paper on the Local Origin of Malignant Growths, read in the Section of Pathology at the last annual meeting of the British Medical Association, Mr. Jonathan Hutchinson observed: "It is needful to say a few words as to the inheritance of cancer in its bearings upon the doctrine of its local origin, since an adverse argument has been founded upon it. It has been urged with much plausibility that a disease which is capable of inheritance must be a constitutional one. No doubt, to some extent, this is true; but the argument must not be pushed beyond its legitimate scope. The laws of inheritance, as with property, so with disease, concern convection, and not origin or production. The inheritance of a fortune is a very different thing from its acquisition, and gives us no clue as to how that may have been accomplished. The causes of cancer, as we meet with it in practice, may, perhaps, be usefully classed as three: senility of tissue, local irritation, and inheritance. Of these, only the first two can rank as true causes; the latter, although practically of great importance, is only a mode of perpetuation of that which the other two have originated. Senility gives proclivity, local irritation excites, and subsequently hereditary transmission may perpetuate. The facts, as regards chimney-sweeps' cancer, give perhaps the best illustration of what I mean. Before this malady was practically suppressed by Act of Parliament, I believe it was commonly noted that when the trade of sweep went, as it often did, in a family, proneness to suffer from soot-warts, and for soot-warts to degenerate into cancer, increased in successive generations. Grandsons and great-grandsons were attacked at earlier ages, and with much greater frequency, than those who were new to the trade. Here, then, we observe the liability to a form of cancer, produced in the first instance by a local cause, perpetuated and intensified by hereditary transmission. We witness the genesis of cancer, and see the shares taken by local irritation and inheritance, and how entirely secondary the latter is as regards the former. If we ask what it is which is inherited in the case of the transmission of cancer, probably the nearest approach to an answer which can be given will be to say that it is a peculiarity in cell-structure generally; not germs, not a blood-malady, but a special type of cell organization, permitting, with greater ease than in other persons, the injurious influence of local causes. Even in the

sweep, whose forefathers have suffered from soot cancer, the transmitted tendency still waits for the exciting cause; and the disease occurs, not in internal, and, therefore, protected parts, but on the same part as it did in his great-grandfather, and under the direct influence of exactly the same cause. Not that I would for one moment doubt that, in some instances, the inherited proclivity may be so strong that it does not wait for the help of any exciting causes, but manifests its power in the production of a cancer which may be considered spontaneous. It is probable in this way that we ought to explain almost all cases of cancer occuring in very early life; and it may be a fact that, in a few of these, something more definite than mere tissue proclivity may be transmitted; possibly even germinal matter, especially in those cases in which the parent was the subject of the malady. Thus, then, although I fully admit that in the examination of our patients we must make large allowance for the influence of inheritance, I wholly deny that we can allow it to rank as a true cause of cancer."

The Treatment of Spermatorrhœa.

Dr. H. Coupland Taylor thus sensibly writes in the *Brit. Med. Jour.*, March 24, 1883:

Obstinate cases of spermatorrhœa and frequent nocturnal emissions constantly come under the care of the practitioner. Too frequently the medical man consulted simply tells the patient that, if he break off the pernicious habit of masturbation, which has probably originated his malady, he will soon quickly recover. But in fact, in most cases, the habit has already been abandoned before he comes to seek advice; and these cases do not get well for months or even years afterwards, unless proper measures be taken. Knowing that he has left off this bad habit, and that he nevertheless does not improve, his complaint being made light of by the regular practitioner, and being greatly depressed in mind, he seeks the advice of the quack, who is always ready to benefit by these cases. I will give an outline of the treatment I have followed, and which I have found most successful in several such cases. The treatment should be: 1. Moral; 2. Hygienic; 3. Medicinal. 1. *Moral. a.* The pernicious habit of masturbation, which has probably been the origin of the complaint, must at once be discontinued, or no good can result from any treatment. *b.* The thoughts should be directed from himself by his having regular work and exercise. *c.* The anxiety of mind which ensues should be allayed as much as possible, and a happy state of mind instituted. 2. *Hygienic. a.* The patient should have regular but not excessive mental employment, and bodily exercise in the form of walking, riding, or outdoor sports and games. *b.* Cold sponging of the genitals night and morning for some minutes, or as long as can comfortably be borne, is a most important agent in giving tone to the relaxed organs. *c.* The patient should have a hard mattress, and as little and as light clothing as possible at night. Care should be taken not to lie on the back, which may be prevented by wearing a knotted towel over the spine, or by some other device. *d.* No quantity of liquid should be taken before retiring to rest, and the bladder should be emptied the last thing. 3. *Medicinal.* A mixture containing tincture of perchloride of iron and tincture of nux vomica should be given twice or three times a day: also a pill containing a fourth or a third of a grain of extract of belladonna with three grains of camphor should be given at first every night, and then every other night, immediately before going to bed. If these lines of treatment be adhered to, the patient, whether suffering from real spermatorrhœa or simply from frequently returning nocturnal emissions, will steadily improve, and the emission will occur less and less frequently, till, in the course of a few weeks, or possibly months—for a malady of long standing (as this usually is) is never cured immediately—they will cease altogether, or only occur at such intervals as may be deemed normal, and in which there is no harm whatever.

Sulphurous Acid in Scarlatina Maligna.

In the *British Medical Journal* Dr. Keith Norman Macdonald, after denying the prevalent opinion, that no reliance can be placed on any drug in cases of scarlatina, does not hesitate in affirming that, when properly applied, both locally and internally, sulphurous acid is by far the most efficacious remedy we possess. He continues: "I have had several opportunities of testing its efficacy in some of the worst cases I have ever seen, during the epidemic which has been rife in this town (Cupar Fife) for the last two months, and I am bound to say that, of all remedial measures in this disease, it is, in my opinion, the most reliable. My treatment is as follows: The moment the throat begins to become affected, I administer to a child, say of about six years of age, ten minims of the sulphurous acid, with a small quantity of glycerine in water, every two hours, and I direct the sulphurous acid spray to be applied every three hours to the fauces for a few minutes at a time, by using the pure acid in severe cases, or equal parts of the acid and water, according to the severity of the case. Sulphur should also be burned in the sick chamber half a dozen times a day, by placing flour of sulphur upon a red-hot cinder, and diffusing the sulphurous acid vapor through the room, until the atmosphere begins to become unpleasant to breathe.

"In the worst cases, where medicine cannot be swallowed, this and the spray must be entirely relied upon; and the dark shades which collect upon the teeth and lips should be frequently laved with a solution of the liquor potass permanganatis of the strength of about one drachm to six ounces of water, some of which should be swallowed, if possible.

"In cases presenting a diphtheritic character, the tincture of perchloride of iron should be administered in rather large doses in a separate mixture with chlorate of potash, and equal parts of the same with glycerine should be applied locally, with a camel's hair brush, several times in a day; but, as in the majority of cases among children it is next to impossible to use a local application more than once; the spray and permanganate solution will then prove of great service.

"As to other remedies recommended by various authors, ammonia is nasty, and cannot be taken well by children: carbolic acid has the same

fault, and cannot be applied properly. Gargles are also useless in children, because they seldom reach the diseased surfaces, and warm baths and wet sheet packing are dangerous, because they are never carried out properly in private practice. The hypodermic injection of pilocarpine is a remedy that may give good results hereafter, but I have had no experience of its use."

Spontaneous Uterine Contractions.

From the *Lancet*, March 3, 1883, we learn that an extensive series of experiments on the occurrence of spontaneous uterine contractions in the mammalia has been made by M. Dembo, who has communicated an account of his observations to the Académie des Sciences. The observations were made upon 123 animals, and lead to the following conclusions: There are, strictly speaking, no spontaneous contractions of the uterus, but the organ may be readily made to contract by different agents, and the movements which have been regarded as spontaneous are really excited by extraneous influences. The gravid uterus may be made to contract much more readily than the unimpregnated organ, especially under the influence of thermic excitation. In the cow, when one uterine cornu is alone gravid, this contracts much more energetically than the other under the influence of the same stimulation. If the abdomen of an animal is opened with great care, in a room properly warmed, it is extremely rare to see any contractions. If the uterus, or the vesical wall of the vagina, is stimulated by electrical, mechanical, thermic, or chemical agents, the effects observed are as follows: The effect of chemical stimulation of the uterus is almost *nil*. If chromic, nitric, or acetic acid is applied to the wall of the vagina, contractions of the uterus are rarely produced. Mechanical excitation, however, is a powerful stimulant of uterine contractions, whether the uterus is in its normal connections or has been previously separated from the body. Thermic influences, cold and heat, have a powerful effect on the uterus of all animals, and the degree of excitation is in proportion to the difference between the temperature of the uterus, and of the air of the chamber. This thermic excitability increases during pregnancy. Dembo has succeeded in causing the expulsion of a fœtus from the uterus of a rabbit by plunging it into a bath of 45° C., while the strongest faradization failed to produce the same result. As an illustration of the influence of temperature, and the erroneous conclusions to which it has given rise regarding the occurrence of spontaneous contractions, Dembo mentions that such contractions are frequently observed in a rather cool laboratory at Paris, while on a repetition of the observations in the well-warmed laboratory of Stricker, at Vienna, no contractions could be observed, and in a cold slaughter-house the contractions were most energetic and persistent. These observations throw great doubt on the conclusions of Trommell, who has lately demonstrated, as he believes, the occurrence of spontaneous contractions by introducing a tube, and registering the movements by a hæmo-dynamometer. It seems probable that the contractions registered were not spontaneous, but were produced by the mechanical irritation of the tube or of the liquid employed.

Sudden Changes in Color of Hair and Skin.

Before the Academy of Medicine in Ireland (*Med Times and Gaz.*, March 24, 1883).

Dr. H. J. Smyly read a paper on sudden change in the color of the hair of an infant. The child was perfectly healthy to all appearance until he was four months old. He was then attacked with acute inflammation, followed by suppuration, in the left temporal bone, the symptoms being pain, heat, and swelling about the temporal region, with high fever and profuse perspiration; paralysis of the left side of the face (with lagophthalmos) and of the soft palate. One morning in November last the hair on the right side of the head was discovered to have undergone a remarkable change from its original mouse-colored hue to a reddish-yellow. The right eyebrow was similarly affected, and the skin of these parts, as well as that of the right hand, was icteric. The pillow also was saturated with a reddish-yellow perspiration. The abscess, which had formed very slowly, pointed behind the ear, and was evacuated by a free incision. Although the child subsequently became hemiplegic, it made a fairly good recovery. The suggestion offered as to the possible cause in this remarkable change of the color of the hair was that the perspiration, which was of a peculiar color, and probably of abnormal chemical constitution, not only destroyed the original pigment, but also dyed the hair a reddish-yellow color.

Dr. Banks referred to a case which had come under his notice—that of a young woman. Half of the lashes of one of her eyes became snow-white, which she attributed to the annoyance suffered from the persistent gaze of a "wall-eyed" admirer who had white lashes on the defective eye.

Dr. Walter Smith related the case of a boy in whom the skin of the lobes of both ears and that of the back of the neck was of a sulphur yellow, the downy hairs being of a bright yellow, while the hair of the head was brown. The yellow coloring could be readily removed by a moistened cloth, but no washing could decolorize the skin, nor did ether or chloroform produce any effect. He exhibited specimens of the hair. He also referred to a case of red discoloration recorded by Wilson. After relating the case described by Darwin—in which the hair of a criminal brought out for execution turned white in the presence of the spectators—he said he could not agree with Dr. Smyly in ascribing bleaching properties to the perspiration, but did not give any explanation in lieu of it.

The Experience of a Vegetarian.

Dr. T. R. Allison thus records his experience in the *Brit. Med. Jour.*, March 3, 1883:

Last year, about this time, I determined to see how I got on if I abstained from the use of animal food. A year has now elapsed since I have touched fish, flesh, or fowl. When I first started I did not feel that satisfaction which one feels after a flesh meal, and the vegetables tasted insipid; in fact, I had to use sauces and pickles to get them down. Time gradually used me to my diet, and now I can eat them just as they are cooked. I have lost all desire for the condiments,

such as sauces, pickles, spices, mustard, and pepper; salt I use in small quantity. My taste for alcoholic liquors has also gone, and, with it, my liking for tobacco. I was costive as a rule until I took to vegetable diet, and, during my trial, I have been constipated only once. For the period of a month I was traveling, and could not get my brown bread, and so my bowels did not act so well; but a return to my whole meal bread soon cured that. I am fond of mental work, and I find that I can do more work on it than on a mixed diet. I have not had a bilious attack or sick headache since taking to it. Rheumatic pains flitted about my joints, and I was afraid of rheumatic arthritis setting in; but three months sufficed to rid me of these. My urine used to be loaded with lithates, but the sediment went in a fortnight's time, and I have not seen a deposit since. My renal secretion often has a sweetish smell, and sometimes a smell of roast meat. There has been no decrease in my bodily powers, and I can run and take exercise as well as ever. I have gained seven pounds in weight during my experiment. My senses are acuter, especially those of taste and smell. My sexual passion has moderated, and is not so violent as on a mixed diet. I have a good flow of animal spirits, and am very rarely depressed. I do not eat more food on my new diet than I did as a mixed feeder. Breakfast consists of brown bread, apples, and a cup of coffee; in summer, I have lettuce instead of apples. Dinner is usually composed of two vegetables, brown bread, and a pie or pudding. For tea, I have a cup of milk and water, bread, and jam. Supper, when taken, is bread and jam, cold pudding, or boiled onions. Eggs, milk, butter, and cheese, I use only in moderate quantities.

Occlusion of the Inferior Vena Cava.

Before the Academy of Medicine in Ireland (*Med. Press*, March 21, 1883).

Dr. F. W. Warren read a paper on the subject of occlusion of the inferior vena cava, illustrating his remarks with a rare case in which the inferior cava was completely occluded by a calcareous tumor, about the size of a bean, growing by a narrow pedicle from the great Eustachian valve. The tumor completely obstructed the vein at the caval opening of the diaphragm, and was adherent to the lining membrane of the vein. The specimen was taken from the body of a male, æt. twenty-two. During life, both lower limbs, the front of the abdomen and the anterior aspect of the thorax, were covered with a close network of varical veins—the head, neck, and upper extremities being perfectly normal in appearance. The patient stated he had these enlarged veins as long as he could remember. He was otherwise perfectly healthy, there being no œdema, no hemorrhoids, no albuminuria; but he died unexpectedly of enteric fever from perforative peritonitis, and he suffered from œdema of the liver from the onset of the fever. A careful post-mortem examination having been made, the principal channels of collateral circulation were as follows: The vena was about the size of the latter vein in health; the superficial compensatory circulation was principally carried on by the superficial deep epigastric veins, with the circumflex iliac veins from below anastomosing with the internal mammary and long thoracic veins from above, the source of blood current being reversed and passing from below upwards. Within the cava, just as it opened into the right auricle, the tumor already described was discerned. The venæ cavæ hepaticæ were not obstructed, as a surgical probe could be passed through them into the right auricle. Dr. Warren was of opinion that the tumor commenced as a fibrinous vegetation upon the great Eustachian valve, and then underwent calcareous degeneration, causing very gradual and finally complete obstruction of the cava. Upon striking the tumor with a pencil or spatula, its stony and calcareous character was readily demonstrated. The tumor did not in any way partake of the character of a thrombus, as it was round, small, isolated, and attached by a narrow pedicle to the valve. Dr. Warren was also of opinion that the tumor was intra-venous altogether in its origin and development.

Transfusion of Saline Solutions in Acute Anæmia.

M. Schwarz, in a memoir published in the *Berl. Klin. Woch*, No. 40, 1882, arrives at the following conclusions after a very careful study of the subject:

Death, when ensuing on hemorrhage, is due principally to cessation of the circulation, and this sudden stoppage is due to the simple disproportion between the size of the vessels and their contents, and not to an exaggerated diminution of the quantity of blood corpuscles.

The first indication then will naturally be to remedy this disproportion.

If ordinary means fail, recourse may be had to a very innocent method, yet one that has proven extremely sure and active; this is direct injection of feeble alkaline solutions (6 per cent.) of chloride of sodium into the circulatory system. The action of this transfusion on cardiac activity, blood pressure, respiration, and all the other vital functions, has shown itself with surprising rapidity in rabbits and dogs who had lost from one-half to two-thirds of the entire quantity of blood contained in the body. The minimum quantity of liquid to be injected in the adult should be about five hundred cubic centimeters. This species of transfusion is also indicated in the serious collapse coming on during operations on the abdomen. Since the above conclusion appeared in the inaugural thesis of the author, five cases of transfusion of chloride of sodium solutions have been reported by Bischoff, Küstner, Kocher and Kümmel.

Mr. Schwarz himself reports the following case: After an operation for the removal of uterine cancer, violent hemorrhage occurred. The woman lost consciousness, the face was cold, skin dry, pupils insensible, heart-beats feeble. One thousand cubic centimeters of solution of table salt was injected into the median vein. The result was prompt and favorable.

Capillary Puncture of the Stomach for the Injection of Liquids.

The *London Med. Record*, February 15, 1883, says that Dr. Iginio Tansini, of Lodi (*Gazz. degli*

Ospitali, August 16), proposes this operation as likely to be often of great service, especially where passing the œsophageal tube is impossible or unadvisable, and where antidotes have to be promptly introduced into the stomach. Gastrotomy is always a serious operation, while puncture by a capillary trocar he has proved by experiments on animals to be harmless. From his studies on the dead body he believes that it is practicable, even with the stomach empty and retracted. Labbé says that the anterior surface of the empty stomach is directly accessible in a triangular space, whose base is below and corresponds to the great curvature (or to the transverse line which joins the cartilages of the ninth ribs); and whose margins are: to the right, the left lobe of the liver; and to the left, the margin of the false ribs. Tansini introduces the trocar about 6½ centimètres from the xiphoid apophysis on the left, near the costal margin, the trocar being directed slightly towards the diaphragm. For greater security, when the stomach is pushed against the diaphragm, he introduced the trocar in the eighth left intercostal space, close to the sternum. He owns that the introduction of a trocar through the abdominal and intercostal parietes into an empty stomach is uncertain; the risk is run of either not penetrating the stomach at all, or of penetrating too deeply. He therefore recommends an incision to be made 3 centimètres along the left costal margin, the centre of the incision to be about 6½ centimètres from the xiphoid apophysis. Thus the anterior surface of the stomach may be exposed and seen to be uncovered by the left lobe of the liver and colon, and if this last be in the way it may be pushed down, and the trocar then introduced.

Reviews and Book Notices.

BOOK NOTICES.

An Introduction to the Study of Organic Chemistry. By Adolph Primer, Ph. D. Translated and Revised from the fifth German edition by Peter T. Austin, Ph. D., F. C. S., etc. New York: John Wiley & Sons, 1883, clo., 8vo., pp. 403. Price $2.50.

Organic chemistry is a confessedly difficult branch for beginners, and Dr. Austin, in translating this clear and well-arranged text-book, has done a good service to the cause of chemical science. The author is Professor of Chemistry in the University of Berlin, and as a practical instructor of long experience, he knows just how to present the difficulties of his subject in such a way that they will be the least formidable to students. The translator, as he tells us, has preserved the easy lecture style of the original, and has also introduced the more important recent discoveries in organic chemistry.

The manufacture of the volume is satisfactory in all respects, and the excellently-arranged and full table of contents and index merit great praise, and are examples of what all scientific works should be provided with.

First Annual Report of the State Board of Health of Indiana. 1883.

Sixth Annual Report of the Board of Health of the State of New Jersey. 1882.

The Indiana Board presents an interesting volvolume both for those in and out of the State. Of the special articles it contains, we may mention one by Dr. Lomax on the epidemic, endemic, and contagious diseases in the State in 1882; on sewers and drainage, by Dr. J. W. Compton; the Relation of Sanitation to Christianity, by Dr. Geo. L. Curtis; on the Adulteration of Food, by Dr. W. W. Vinnedge; on the surface geology, topography, and sanitary survey of Indiana, by Dr Thad. M. Stevens, the efficient Secretary of the Board, and various statistical tables.

The New Jersey report discusses such subjects as the disposal of town and city sewage; smallpox and vaccination; health foods, invalid foods, and infant foods; local boards of health; local sanitary inspection; charitable and penal institutions, and such topics, all by competent hands and in a satisfactory manner. There are also climatological records, vital statistics, etc.

Students' Guide to Diseases of the Eye. By Edward Nettleship, F. R. C. S. Second American, from the second English edition, with a chapter on "Examination for Color Perception," by William Thomson, M. D., etc., Philadelphia. H. C. Lea's Son & Co. Clo. 8vo., pp. 416.

This manual appears to have met with as favorable a reception in America as in England, and in the present edition both the authors have endeavored to merit the continuance of its popularity by a close revision of the text. New matter has also been added, and the volume is neatly printed and fairly illustrated.

An Index of the Practice of Medicine. By Wesley M. Carpenter, M. D., etc., New York. Wm. Wood & Co., 1883, 8vo. pp. 104.

We cannot see the value or the place of this book. It is merely an abbreviation of the textbooks on practice, intended apparently to be carried in the pocket, and with an inter-leaved edition for those who want to make notes. The author says that it is intended as "an aid to the practice of medicine." Any practitioner who needs it had much better take down his sign, and go to some honest means of getting his living, as he should have learned its contents before he had received his diploma.

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CHRONIC INVERSION OF THE UTERUS.

While occasionally seen, yet complete chronic inversion of the uterus is an affection so comparatively rare, and one about which there is so apt to be confusion in diagnosis and serious error in treatment, that it is well for all physicians to be warned, lest they may some time unwittingly amputate a uterus when they think they are only removing a polypus.

This has been done by some of the most eminent obstetricians, and would have been done recently by Dr. B. F. Clark, of Cincinnati (who reports the case in the *Cinn. Lan. and Clin.*, March 31, 1883), only, luckily, while tightening it, the wire of the ecraseur broke, and a further examination revealed inversion. Upon the first examination, Dr. Clark found a tumor one and a half inches from the vulva, movable, soft, easily indented, and not painful; vagina small, and filled with clotted blood. On October 17th, efforts were made (under anæsthetics) to reduce the uterus. No progress. The manipulations were bi-manual, per rectum and vagina, while the tumor was steadied with the hand on the abdomen. Six subsequent efforts proved nearly futile.

In the meantime the vagina was packed with carbolized tampons of glycerine and cotton. On January 25 he succeeded in making quite a depression in the fundus, and finally on the next day he crowded his finger into the depressed portion (Nœggerath), brought the fundus down, and by a sudden movement upward (as suggested by Thomas) reinverted as far as he could reach. He then introduced a sperm candle, previouly prepared, and carried the fundus home, as it were. No anæsthetic was used; was not longer than twenty minutes; the cavity measured two-and-a half inches. There was a left lateral displacement, abdominal and rectal touch; the sound in the bladder proved the uterus in situ.

Dr. Clark considers the best time to make reduction is in the interval between menstruation, though in the discussion which followed the reading of his paper in the Academy of Medicine, it was contended by some that during and immediately

after the menstrual epoch the parts were more flaccid, and could be more readily reduced. The cause of the inversion was traction on an adherent placenta.

This case is instructive.

1st. In that it shows how readily an error of diagnosis may be made in these cases, and how serious might be the results; and,

2d. In that it demonstrates how much can be accomplished by patience and perseverence.

THE MICROCOCCUS OF ERYSIPELAS.

Whether worthy of it or not, so high an authority as the *British Medical Journal* gives its adherence to the claim of Fehleisen (of Berlin) assistant to Prof. Bergmann, that he has demonstrated a causative micrococcus of erysipelas.

He has found them in abundance in small portions of skin excised from the diseased part in patients suffering from erysipelas.

To prove that their presence was not merely accidental, he cultivated some small excised pieces of skin on gelatine, after having carefully disinfected the affected part, and succeeded, after two months, in producing fourteen generations, with which he produced true erysipelas in eight out of nine rabbits which he inoculated.

He also inoculated seven men with the pure and cultivated micrococci; six, after a period of incubation varying from fifteen to sixty hours, showed typical erysipelas, running the characteristic course. As he succeeded in successfully inoculating several cases after a period of a few months, it appears that if there be an immunity against a second attack of erysipelas, that immunity is, in most cases, only of short duration.

A three per cent. solution of carbolic acid stopped the growth of the micrococci after a contact of forty-five seconds, while the same effect was produced in fifteen seconds with a one per cent. solution of corrosive sublimate, which would seem to indicate these articles as excellent local applications, if the disease is really due to these micrococci. But is it? The bacterial origin of disease is a fascinating and attractive one, and unless we have a care it will run away with our reason, as many similar theories have in the past with some of the greatest minds.

Fehleisen's experiments are very strong ones, and we shall look with interest for more on the subject.

THE PERITONEAL UTERINE SUTURE IN CÆSARIAN SECTION.

The great drawback to success in Cæsarian section has always been the gaping of the uterine wound, allowing the lochial and other discharges access to the peritoneum.

With a view to obviate this danger, the *Med. Times and Gaz.*, January 27, 1883, tells us that Dr. Leopold, of Leipzig, describes a successful case of Cæsarian section in which he adopted a new method of suture. "This method was, in principle, suggested to him by Sänger—a paper by whom, 'in defence of the classical Cæsarian section,' appears in the same number. Sänger's paper is largely devoted to criticising the suggestions of Kehrer, which we noticed in our number of October 14, 1882. The method of suture adopted by Leopold is based on the principle upon which ovariotomists act, and at which Mr. Spencer Wells arrived by those few experiments upon animals for which he has been so much abused in anti-vivisection pamphlets, and has so needlessly defended himself. That principle is the bringing together, in closing abdominal wounds, surfaces of peritoneum. To do this in closing the uterine wound, Dr. Leopold dissected up the peritoneum bounding the wound from the muscular tissue underneath to the extent of about one-fifth of an inch at the upper and lower angles, and rather more than one-third of an inch along the sides. Then he cut away the whole thickness of muscular tissue from which the peritoneum had been thus stripped. The freed peritoneum was then turned inward so that it covered the edges of the wound, and was united with carbolized silk sutures, so that the surfaces of introverted peritoneum were brought into contract. The patient, as we have said, did well. One successful case of course proves little; but, as an attempt to solve a difficult problem, this seems to us worth notice."

WAIFS OF PARIS.

After the age of sixteen years, children abandoned by their parents, or left without family, have no right to receive any aid or help from the municipal bureau de l'assistance publique at Paris. Consequently, these children form a class living without shelter, advice or instruction; sleeping under bridges or in the open fields, and depending on mendicity or robbery for their daily bread.

These "enfants moralement abandonnés" have received particular attention during the administration of the last Director of Public Charities, M. Quentin, and through his efforts, ably seconded by M. Thulié, their condition has undergone considerable amelioration.

All such children are received and submitted to a period of probation, and those who are found already too vicious, are eliminated.

The others are either placed out to learn a trade, or are sent to one of two institutions which have been created for their benefit. One is a large farm where thirty boys are received and taught gardening, horticulture, etc.; in the other, a larger institution, about one hundred are received and taught cabinet-making, etc. The results obtained have been excellent; the boys, taken from misery and squalor, appear well contented with their lot. The expense at the farm amounted to but $9,000 for the year, and almost $2,000 were received for vegetables and flowers. At the other institution the boys remain four years, and after a short time earn almost enough to pay the expense incurred in their maintenance. From January 1, 1881, to June 30, 1882, 1,151 of these children were received through the police or from their parents: of this number, 178 were eliminated as already too vicious or subject to chronic disease.

SPECIAL CERTIFICATES IN STATE MEDICINE.

The question of the advisability of instituting examinations and granting special certificates of proficiency in the subject of State medicine is under consideration by the Fellows of the Royal College of Physicians of London, and its propriety is strongly advocated by the *Medical Times and Gazette:*

Its importance cannot be overestimated, and it is a pity that our leading reform institutions of medical instruction in this country do not so consider it.

Of what use will sanitary legislation prove, unless we have educated sanitarians to carry out the enactments? And how can we have intelligent sanitarians, unless we properly educate them, which at present we do not? Our sanitary system in this country is very deficient, and it is because the people and even the profession do not thoroughly realize its importance, and the progress the science has made in the last few years. Sooner or later we must (and the sooner, the better) recognize hygiene as a *regular* branch of medicine, and teach its principles as we now do the practice of medicine and therapeutics; why delay these halcyon days?

We have referred to this subject before, and we must again repeat we will never have efficient sanitary legislation nor competent sanitary officials generally until our leading medical institutions see fit to make Hygiene a part of the regular winter curriculum, and examinations in this branch a requisite to graduation. Why does not some philanthropist immortalize his name by endowing a chair of Hygiene?

CASTOR OIL AND GLYCERINE.

Dr. William Soper claims that glycerine increases the purgative power of castor oil when given with it. A preparation combining but not mixing these two is active in teaspoonful doses.—*Lancet.*

The above is abstracted from the *Med. Record* for March 17, 1883. It is not necessary for us, here in Philadelphia, to refer to the English literature for this well-known fact, that is taught in our medical schools, and is known by the "tyro."

The following may be found in the Pharmacopœia of the Hospital of the University of Pennsylvania, and is, we believe, Prof. H. C. Wood's formula:

Mistura Olei Ricini.

℞.	Ol. ricini,	
	Glycerinæ, āā	f. ℥ j.
	Ol. menthæ piperitæ.	gtt. iij.

M.

Notes and Comments.

Extirpation of the Spleen in Men and Animals.

To decide what possible danger a person incurs whose spleen is extirpated for some cause or other, Dr. D. G. Zesas (Arch. f. klin. Chirurg., xxviii., p. 157) performed this operation on six rabbits, always under strict aseptic precautions, and invariably resulting favorably. The animals were killed respectively four and seventeen weeks after the operation, with the exception of one, which at the time of the writing of the report by the author, was still "alive and kicking." The post-mortem showed an enlargement of all lymphatic glands and of the liver, corresponding in size to the length of time the animal had been permitted to live; *i. e.* the longer the duration of life after the operation the greater the increase in size of these glands, and vice versa, a fact which may easily be explained, if we imagine that after the extirpation of the spleen the system endeavored to accommodate itself to the new condition, and other glands enlarged and took up the function of the lost organ. Two examinations of the blood, instituted four and eight weeks after the extirpation, showed the first time a diminution in the number of the red corpuscles, the second such a one of the white corpuscles. In conclusion, the author publishes all known cases of extirpation of the spleen in men, viz., seven on account of morbid lesion of the organ (†3) and twenty where the organ had been extirpated because in consequence of penetrating wounds of the abdomen it was found more or less outside of the abdominal cavity. Later he adds three more cases, and Dr. O. Güterbock, who refers to Zesas' experiments in the Centrlbl. f. d. Med. Wiss., 48, '82, page 880, adds the case of C. Martin, that also had a favorable issue.

Recurrent Hæmatinuria.

Dr. W. Jones Morris considers a case which he has had sufficiently unusual to warrant its publication in the *Brit. Med. Jour.*, March 24, 1883. In 1877, a boy aged ten, who was suffering from partial suppression, albuminuria, and slight puffiness under eyes, but with no pain in back and no evidence of derangement of the chylo-poietic viscera, was treated for suppression; but, before the kidneys returned to their normal action, he had a convulsion. A few days subsequently his urine became very dark, sp. gr. 1022, containing some granular matter, oxalates, and one or two faint granular tube casts, but no blood corpuscles. After three days a most extensive crop of petechiæ appeared on the legs and thighs, but none on the body. After their appearance the urine began to regain its normal color. These attacks were repeated four times, at intervals of four weeks, and no medicine had any effect, until chloride of ammonium in five-grain doses four times daily was used, after which he had only one attack. In June, 1878, it is noted that he is as well as ever, and urine normal.

Note, January, 1883.—This lad has been in good health ever since, and follows the precarious occupation of a sailor; but, notwithstanding the inclemencies incident to his vocation, he has not had any return in any degree of the symptoms detailed.

The etiology of hæmatinuria seems wrapped in much doubt—derangement of chylo-poietic viscera, ague, changes in the blood, all being assigned as causes. The relief from the urinary symptoms upon the appearance of petechiæ would lend color to the last cause.

Treatment of Apoplexy.

At a recent meeting of the Soc. de Therapeutique (February 14), M. Guyet reported a case which provoked considerable discussion. He was called to attend a patient, whom he found in a state of coma, with marked stertorous breathing, contracture of the lower limbs, and a flaccid condition of the upper. Under these conditions he considered himself justified in bleeding, but hardly a wineglassful of blood had been taken when the patient sank into syncope and died.

In the discussion M. Dujardin-Beaumetz considered first the causation of apoplexy. It is due either to cerebral congestion, or hemorrhage, or to cerebral anæmia.

In cerebral hemorrhage or anæmia, almost impossible to distinguish in practice, and both resulting from vascular lesions, bleeding is contraindicated. Bleeding to arrest hemorrhage should logically be pushed to dangerous syncope; otherwise it is useless.

In anæmia, bleeding is irrational, and has no influence on the vascular lesions, and the arterial obstructions which are the dominating cause in production of the derangement of cerebral circulation. In the rarer cases of sudden cerebral congestion, bleeding would perhaps be admissible.

M. Constantin Paul believes that bleeding may be of service in apoplexy, not as affecting the cerebral lesion, but as acting on the apoplectic condition, on the asphyxia and stasis of blood in the veins. He has seen the condition of such patients very markedly improved, particularly

where the apoplectic condition followed epileptic convulsions.

Chloral Hydrate as a Vesicant.

Dr. F. D. Ritter (*N. Y. Med. Jour.*, March 24, 1883) says: "Some three years ago I accidentally discovered that when powdered chloral, sprinkled upon ordinary adhesive plaster and melted by a gentle heat (not more than enough to cause the plaster to adhere to the flesh), is applied warm to the part where the blister is wanted, within three minutes a gentle heat is felt, increasing in intensity for about three minutes more till it is like a burn, then gradually easing off, until, at the end of ten minutes, the parts feel free from pain. The secondary effect is soothing; in some instances, within half an hour a second burning is felt, though not so intense as at first, nor so lasting. If, at the end of ten minutes, or as soon as pain has subsided, the plaster is taken off, the surface is found as effectually denuded as by a cantharidal plaster after six hours, though the discharge is not so great. Thus within ten minutes the work of an old-fashioned blister is accomplished; and the great advantages of the chloral plaster over the cantharidal are: 1st. Its rapidity of action, thus relieving pain, and producing the counter-irritation upon an engorged organ before the congestive action has had time to pass into more than the congestive stage; 2d. Its ease of application: 3d. It need never be taken off to have the blister dressed, but the original plaster may remain until the sore is entirely healed, and the plaster loosens and comes off of itself."

Transmission of Diphtheria from Children to Fowls.

Dr. L. Roth, of Kissengen, reports a violent outbreak of diphtheria among a barnyard of fowls, which he attributes to infection from children, some of the poison being mixed with the sweepings of the room and thrown into the yard. The *Med. Press*, March 21, 1883, commenting on this, says: "Such an observation as this is very interesting, and seems to bear out some of the statements of Herr M. Wolff in a paper "On a Widespread Brute Mycosis." In it he drew attention to the infectious diseases of domestic animals, which clinically and anatomically run a course exactly similar to those of human beings. He mentioned the fact that anthrax was met with in fowls, geese and ducks, and caused the same phenomena as when its habitat was the mammalia. He also mentioned another devastating mycosis prevalent amongst domestic birds, that bore a complete analogy to diphtheria (*vide* Dr. Roth's observation). Yellow and white-yellow membranes were developed upon the most diverse mucous membranes, having all the characteristics of human diphtheria, so that it could not be removed without causing bleeding. A third disease that had its analogue in man was ulcerative endocarditis, that runs its course with the same valvular changes and multiple emboli in the various organs as in man.

Ulceration and Perforation of Intestines.

The medical literature of to-day contains an alarming number of reports of sudden and unexpected deaths, where the autopsy reveals ulceration and perforation of the intestine. The following case reported by Mr. Lentaigne in the *Med. Times and Gaz.*, March 24, 1883, serves as a type. A man of thirty entered the hospital on December 6th last, complaining of cough and debility. No evidence of organic disease could be found on a careful examination. Pulse and temperature were normal, and lungs sound. After a few days, feeling perfectly well, he was discharged. On December 11th, after leaving the water-closet, he was suddenly seized with symptoms of intestinal obstruction, which continued until the 14th, when his bowels were moved by enema, and he seemed better. Two days later the symptoms returned, and he died on the 19th. The ileum was found to be ulcerated in its lower part, and perforation had taken place through the floor of one of the ulcers. There were signs of peritonitis, and a large collection of purulent putrid matter. No mention is made of tubercular deposits, but it seems plausible that such deposits, undergoing ulcerative degeneration, might account for the phenomena.

Larvæ of Flies in the Human Intestine.

While as a rule no insect, properly so called, has ever been proved to take up its abode in the human alimentary canal, their presence, when they are found, being accidental, as being swallowed on a piece of meat upon which the eggs have been deposited, yet occasionally larvæ give trouble. Dr. Wacker, of Landsberg, in Bavaria, has published in the *Ærztliches Intelligenzblatt* the case of a boy aged 21 with colicky pains, fullness in epigastrium, constipation, and frequent fits of nausea and tendency to syncope, especially when in a close atmosphere, such as that of his cottage or a stable. Dr. Wacker prescribed one-eighth of a litre of Hunyadi János water, to be taken every morning on an empty stomach. On the third day

a vast mass (over two litres) of larvæ, partly alive and partly dead, was passed from the rectum. The patient at once recovered, feeling no more unpleasant symptoms, even when in a hot room. On examination, the grubs were found to be larvæ of a common dipterous insect, *Anthomyia cuniculina*, closely allied to the house-fly and blue-bottle.

Thrombosis in the Thoracic Duct.

Thrombosis in the thoracic duct has so far been observed in cases of tuberculosis only, and was then caused also by tubercles only, so that one could hardly speak of true thrombosis, though, anatomically speaking, the same lesion exists. Dr. U. Hilling has lately observed six such cases, and publishes them in Virchow's Arch. lxxxviii., p. 111. In each case there was tubercular inflammation and thrombosis in the thoracic duct, and five of them were met with in cases of general miliary tuberculosis, and in far-advanced age. In children who died of tuberculosis of the intestines, the morbid lesion just mentioned has never as yet been met with. In older persons, cheesy or tubercular foci were found only in two such cases. It seems as if the greater elasticity and vitality of the duct in young persons were obstacles to this form of thrombosis. When it does happen, the most rapid emaciation—a very natural symptom—is immediately noticed, besides the well-known peculiar sensation in the back.

A New Method of Treating Ulcers with Large and Slowly Separating Central Sloughs.

Dr. B. A. Whiteledge thus writes in the *Medical Press*, March 21, 1883: In these ulcers the slough remains frequently as a hard, white mass, very slow and tedious in separating from the subjacent tissue. There being no chance of healing while this slough remains, it should be removed. Finding the ordinary methods slow in effecting this removal, I was led to try the effect of pepsine as a dressing. I have now used it in some half-dozen cases, and with the most satisfactory results. Within a week it dissolves the slough, and leaves a granulating surface, very amenable to further treatment. My method of using it is to apply a lotion to the ulcer containing pepsine wine, mixed in varying strengths, but usually about half pepsine and half water, with a little tr. of lavender to improve its appearance.

Trephining for Insanity.

In 1863, a child was kicked by a mule, and his frontal bone crushed. He recovered with a deep depression. Thirteen years subsequently he commenced to suffer with pain in the wound and occasional dizziness, and four years later became subject to periodical attacks of insanity. In June, 1882, Dr. J. P. McGee, who reports the case in the *Miss. Valley Med. Monthly*, February, 1883, trephined and removed a disc of bone from the under surface of which an exostosis projected through the dura mater. The pain immediately vanished, and has not returned, and on January 29, 1883, it is noted that the attacks of insanity are growing gradually less frequent and less severe.

The opening in the skull, left by the removal of the disc, is firmly filled with osseous substance, and he has no sensation to remind him that his head was ever hurt.

Chloroform Water in Gastric Irritation.

It is well known that washing out or lavage of the stomach with liquids containing a certain proportion of alcohol is of advantage in chronic diseases of this organ, such as cancer, catarrh and dilatations.

M. Bianche, in *Lo Sperimentale*, November, 1882, recommends, to prevent fermentation, an aqueous solution of chloroform.

In three cases, one of cancer of the stomach, another of catarrhal gastritis with dilatation, and the third of chronic gastritis, he introduced daily, by means of a stomach pump, a quart of chloroform water, leaving it in the stomach from a few seconds to some minutes.

Instead of irritating the gastric mucous membrane, the chloroform solution augments the secretion of gastric juice, and even when it is absorbed is not toxic in so feeble a dose.

Two Cases of Perforation of the Œsophagus.

In *Centralb. f. d. Med. Wis.*, February 24, 1883, Klaar reports these two cases:

1. A woman, aged 32, swallowed a piece of bone, and an attempt was made to push it down into the stomach. Severe pain in left half of the chest resulted, and death occurred in a few days, with symptoms of pneumothorax. The autopsy revealed a perforation of the œsophagus, with consecutive pleurisy and pneumothorax.

2. A man, aged 41, swallowed a small piece of wood which was enclosed in a sausage; the fragment remained in the œsophagus, and in fourteen days death resulted from severe hemorrhage from the mouth and anus. The autopsy showed that the splinter of wood had been arrested in the œsophagus at the level of the bifurcation of the trachea, and that one end had perforated the aorta.

Cultivation of the Soil vs. Malaria.

It would seem from the crucial test of experience that cultivation of the soil of malarious localities is not only the most influential, but really the only means of eradicating the poison. A new proof of this fact comes from the Abbey of the Tre Fontane, in the Roman Campagna. At first the monks were obliged to live within the city walls during the unhealthy season, but since the ground has come under cultivation, and, above all, since the eucalyptus globulus has been planted on a large scale in the neighborhood, the Abbey has been inhabited all the year round, and the fevers from which its inmates suffer are of a mild character, and rarely fatal, while formerly something like a fourth of the community succumbed every year.

Utero-Ovarian Disease in Insane Women.

Dr. Margaret A. Cleaves, physician to the female department of the State Lunatic Asylum at Harrisburg, thus writes in her annual report: "Briefly formulated, my conclusions are that a large proportion of women in insane hospitals have some form or another of utero-ovarian disease; that many of those under treatment make marked mental and physical improvement coincidently with the improved local condition, that in a majority of cases, however, this improvement, owing doubtless to the long standing of the combined physical and mental disorder, only reaches a certain point, beyond which it seems impossible to make further gain."

Etherization in Bright's Disease.

Since our columns have somewhat recently contained a discussion concerning the danger of using ether in cases of Bright's disease, the following will be of interest: Dr. R. Van Santvoord, of New York (*Med. Record*, March 10, 1883), has collected and analyzed all the reported cases of death from this cause, and concludes that while the recorded evidence is not *conclusive*, yet it is highly probable that structural disease of the kidneys furnishes a grave contra-indication to the administration of ether, and that the surgeon ought to be aware of the risk, and sure that the advantages to be gained more than counterbalance the danger.

Vesical Calculus with a Catheter for Nucleus.

A man suffering with stricture for many years had a No. 1 catheter introduced, and was allowed to walk home with it in situ. When he arrived the catheter was missing; it had slipped into the bladder. Six months subsequently symptoms of stone developed, and upon operation the catheter was found as the nucleus of a calculus. Dr. Meldon, who reports this case in the *Med. Press*, March 21, 1883, points the moral that we should never allow a catheter to remain in the urethra unless it is securely fastened.

Reposition of Inverted Uterus.

In the *British Medical Journal*, March 24, 1883, Dr. Arthur W. Edis relates a case of complete inversion of the uterus of five years' standing reduced within seventy-two hours by means of Aveling's uterine repositor. Each morning the instrument was removed, and the vagina syringed out with diluted Condy's fluid. Some adhesions between the fundus uteri and posterior vaginal wall were torn through with the finger.

Granulated Milk.

The *Med. Record*, April 7, 1883, says that granulated milk is made by subjecting milk to a temperature of 130° until the watery part has been evaporated. It is then granulated, and sugar is added, when it looks like corn meal. The evaporated milk is not as solid as condensed milk, and when water is added it cannot be distinguished from natural milk.

Drainage of Medullary Cavity.

In a case of chronic diffuse osteo-myelitis of the humerus, Bleckwenn resected the head, and drained the shaft, by trephining the lower diaphysis, and removing the medulla. Recovery, with a useful arm, resulted. The case is reported in *Centralb. f. d. Med. Wis.*, February 24, 1883.

Uræmic Coma Hastened by Morphia.

Dr. E. T. Hubbard, of Madison, N. H., sends to the *Med. Record*, March 10, 1883, the case of a man with Bright's disease, who had suffered with renal colic for fifteen years. He was given half a grain of morphia in the course of an hour, fell into a comatose condition, and died in three days.

Syphilis in the Monkey.

M. Martineau has inoculated a monkey with syphilis. On the fifteenth day mucous patches and constitutional disturbance were manifest. We await further developments.

Resorcin for Chancres.

In the *Ann. de Gyn.*, January, 1883, MM. Lebland and Fissiaux give an account of six cases in which the chancre was brushed over with a solution varying from a weak to a saturated ethereal solution. Rapid healing took place.

Correspondence.

Iodide of Potassium Poisoning.

Eds. Med. and Surg. Reporter:—

E. B. C., æt. 45, American machinist. Mr. C. presented himself for the treatment of a growth situated on the back to the left of spinal column, and between it and the left scapula. Not being satisfied as to the nature of the growth, I ordered application of an ointment of potassium iodide (℈i–℥ of vaseline) and internally a mixture of the drug, each dose containing about 10 grs.

After taking the first dose in the evening of February 25, 1883, patient exhibited coryza, laryngitis, conjunctivitis, and much œdema of eyelids. Naturally, he supposed he had contracted a severe "cold." The following morning, after having taken another dose, the symptoms rapidly increased in severity until the eyes were nearly swollen shut; the sense of smell being abolished, and dyspnœa so great that respiration was with difficulty continued. I gave him tinct. aconite in small and repeated doses, with diuretics; also ordered mustard to throat over larynx and trachea, and also strong mustard paste to the plantar surfaces of the feet. Then, after placing him in the kitchen, where the atmosphere was charged with steam, I left.

He rapidly improved, and in a couple of days the symptoms of inflammation had nearly disappeared. Then, thinking that I would try smaller doses of the iodide, I began with $\frac{1}{2}$ gr., when the symptoms again reappeared although not in such a severe form. I then withdrew the drug, when the symptoms disappeared.

I will not burden your readers with the progress of the growth, as this is written merely to recall to mind the idiosynerasy of some patients respecting the iodide. I might state that Mr. C. had previously enjoyed excellent health, having boasted that he had scarcely ever seen a sick day excepting when the subject of "colds."

Horace R. Powell, M. D.

Poughkeepsie, N. Y.

Opium Addiction.

Eds. Med. and Surg. Reporter:—

In your journal of February 3 is a brief letter from Dr. W. S. Martin, on "The Opium Habit," citing the case of a young man addicted to morphia to the extent of 2 to 3 drs. per week, for more than two years, who, it was asserted, "stopped it at once, without any inconvenience, or the ill effects so usually experienced from its use. Had no effect on him perceivable. Says he feels as well as ever he did in his life, and has from the day he stopped."

During the decade in which we have been giving attention to opium addiction, we have met many habitues, but never such a remarkable young man as this; and feeling convinced that the fellow was lying, we wrote to Dr. M., expressing our *entire disbelief* in his patient's story, even though supported by a sworn statement, unless proven *true* by a *chemical examination* of the young man's *urine*, showing *absence of morphia*.

To this no reply was given.

Dr. Martin closed his letter by saying, "Any light that I can procure on this subject would be gratefully received by me."

Well, the "light" has reached him, and he is a wiser man, for here is the sequel of the Munchausen tale.

A medical gentleman, several years addicted to morphia, who had recovered under our care, wrote to Dr. M., expressing an opinion similar to ours, and received in answer: "Undoubtedly you are correct. I was never more deceived in humanity than I was in this case. I could have taken the young man's word as far as most men's oaths; but he deceived me, for I have taken the pains to learn since that he is procuring the drug from another source."

So endeth the first chapter.

J. B. Mattison, M. D.

Brooklyn, N. Y., March 31, 1883.

News and Miscellany.

The New Code.

To the Members of the Regular Medical Profession in the State of New York.

Gentlemen: Representing a large number of physicians associated to uphold the National Code of Medical Ethics, we beg leave to ask you to consider the importance of the object.

The so-called new code recently adopted by the Medical Society of the State of New York sanctions fellowship by means of consultations with all practitioners who are "legally authorized to practice medicine." This sanction extends to practitioners who have adopted designations intended to distinguish them as belonging to sects apart from, and hostile to the regular medical profession, and who are organized in order to lessen public respect for this profession and for its members. Will you not seriously consider the question whether under the circumstances affiliation by any act with sectarian or irregular practitioners is consistent with a due regard for the honor of the profession, or with a proper self-respect?

The new code has dissevered all connection by representation, of the Medical Society of the State of New York and its auxiliary county medical societies, with the American Medical Association, and also with the state medical societies of the several states of the Union. At the last meeting of the American Medical Association (1882), the Judicial Council decided as follows: "Having carefully examined the Code of Ethics adopted by the New York State Medical Society at its annual meeting in February, 1882 (as furnished by the secretary of said society), the Judicial Council find in the said code provisions essentially different from, and in conflict with, the Code of Ethics of this Association; and, therefore, in accordance with the ninth by-law of the American Medical Association, they unanimously decide that said New York State Medical Society is not entitled to representation by delegates in this Association." The following is the by-law referred to in the foregoing decision: "No state or local medical society, or other organized institution, shall be entitled to representation in this Association, that has not adopted the Code of Ethics, or

that has intentionally violated, or disregarded, any article or clause of the same."

We submit for your consideration that the substitution of the new code for that adopted by the American Medical Association has inflicted upon the medical profession of this State a great injury and disgrace.

It is believed that the recent action of the New York State Medical Society in relation to the code of ethics is not sustained by the sentiments and judgment of the great majority of the medical profession in the State. But, even granting that they who are opposed to this action are in the minority, it must be admitted that the number is very large. The effect of the action of the State Society, if persisted in, will be a division of the profession of the State into two parties. In view of the evils which cannot but follow such a division, and the many advantages of harmony, we appeal most earnestly to those who have been led to approve of the substitution of the new for the National, to reconsider the matter, and we solicit the active coöperation of all who are in favor of the National code, in concerted efforts, to effect, as speedily as possible, a reversal of the action of the Medical Society of the State of New York at the annual meetings in 1882 and 1883.

Communications from societies and individuals who are in sympathy with associations for upholding the National Code of Medical Ethics, and resisting any modifications of that code which do not emanate from the American Medical Association, may be addressed to John H. Hinton, M. D., No. 41 West 32d street, New York city.

Abram DuBois, M. D.,
J. W. S. Gouley, M. D.,
Wm. T. Lusk, M. D.,
Austin Flint, M. D.,
John H. Hinton, M. D.,
Samuel S. Purple, M. D.,
Austin Flint, Jr., M. D.,
Samuel T. Hubbard, M. D.,
T. Gaillard Thomas, M. D.

Body Snatchers.

Apropos of our recent excitement over grave robbery, the following will prove of interest. An "old correspondent" sends it to the *Med. Times and Gaz.*, March 24, 1883:

"The following are extracts from my books, Sir. The highest price I paid for a subject from October, 1825, to 1831–32, when the Anatomy Bill came into operation, was fourteen guineas.

"June 1, 1826.—Paid Holliss and Vaughan, for getting a subject from Beccles in Suffolk—a man that Sir Astley Cooper tied the iliac artery on twenty-one years ago. Coach for two there and back, £3 12s.; guards and coachmen, 6s.; expenses for two days, £1 14s. 6d.; carriage of subject and porter, 12s. 6d.; subject, £7 7s.; total, £13 12s. N. B.—A surgeon residing at or near there had watched the case for years, and immediately his death took place wrote to Sir Astley, who sent for or came to me to spare no expense, but at the same time to make an arrangement with the above men to obtain it at the least expense I possibly could. The surgeon gave them every facility to obtain it.

"One preparation in the Museum, the Treasurer's books.

"May 10, 1827.—Paid Mr. Blewett, for Mr. Cooper. Vaughan, Holliss, and Llewellyn (Nottingham), for Mr. Rogers. Mr. Rattenboro, £17 17s. 10½d. Paid Holliss, Vaughan, and Llewellyn, *finishing money*, £6 6s.

"January 29, 1828.—Paid Mr. Cock, to pay Mr. South, half the expenses for bailing Vaughan from Yarmouth, and going down, £14 7.

"1829.—May 6, paid Vaughan's wife 6s. Paid Vaughan for twenty-six weeks' confinement at 10s. per week, £13. June 18.—Paid Murphy, Wildes, and Naples, *finishing money*, by order of Mr. Cooper, £6 6s. November 9.—Two males and two females (Murphy), at £12 12s. each, £50 8s. November 25.—Page, etc., for one male and one female, £25 4s. Ditto, one opened female, abdomen only, £8 18s. 6d.: total, £34 2s. 6d. November 30.—Returned to Vestry Clerk of Newington, by order of the Treasurer, one male and two females, purchased of Page, etc., on the 25th, who had broken open the deadhouse to obtain them.

"N. B.—Sir Astley, great friend to Naples, wants young subjects from two to eight or ten. Coach Sunday morning service (perhaps to observe fresh interments in the burial ground)."

U. S. National Museum.—Lectures upon Materia Medica.

Dr. D. W. Prentiss has been invited to deliver a course of lectures in connection with the department of Materia Medica of the National Museum.

This course, which will consist of eight lectures, will be illustrated by specimens and other material from the collections of the Museum.

They will be delivered at 4 o'clock on successive Saturday afternoons, beginning Saturday, April 7.

These lectures are free. Persons desiring to attend must be provided with tickets, which may be obtained by application through the mail or in person to Mr. S. C. Brown, Registrar of the Museum, at his office in the northwest pavilion of the new building.

Spencer F. Baird,
Secretary Smithsonian Institution,
Washington, D. C.

Astley Cooper Prize.

From the *Lancet*, March 10th, 1883, we learn that the next triennial prize of $1500 will be awarded to the author of the best essay or treatise on "Diseases and Injuries of the Nerves and their Surgical Treatment, together with the operations performed upon nerve-trunks in the treatment of various diseases, and descriptions of the changes which ensue in other structures as well as in the nerves themselves from these operations." The condition annexed by the testator (the late Sir Astley P. Cooper, Bart.) is, "That the essays or treatises to be written for such prize shall contain original experiments and observations which shall not have been previously published, and that each essay or treatise shall (as far as the subject shall admit of) be illustrated by preparations and by drawings, which preparations and drawings shall be added to the museum of Guy's Hospital, and shall, together with the work itself, and the sole and inclusive interest therein and the copyright thereof, become henceforth the property of that institution, and shall

be relinquished and transferred as such by the successful candidate." The essays must be written in the English language, or, if in a foreign language, accompanied by an English translation, and must be sent to Guy's Hospital on or before January 1st, 1886, addressed to the physicians and surgeons of Guy's Hospital.

A Chinese Physician in New York.

Dr. Chew King Fong, who has a large practice among Chinamen in New York, recently applied to the Board of Health for recognition. The *Med. Record* tells us that he can talk no English, but showed a certificate issued by the Harbor Department, Hong Kong, and affirming his qualifications as surgeon of a Chinese emigrant ship. The certificate was not recognized, and Dr. Fong will have to be examined, and the *Record* sarcastically adds: Assuming that he passes, the serious question arises whether it would be proper to consult with a person who practices, it is said, on strictly Oriental principles.

A Sharp Retort.

Dr. John Woodward, a famous English physician of the early part of the last century, quarrelled with the celebrated Dr. Mead, and, meeting him accidentally under the gate of Gresham College, they drew their swords. Woodward's foot slipped, and he fell. "Take your life," said Mead. "Anything but your physic," replied Woodward, with his usual sarcasm.

How to Win Success.

Sir James Y. Simpson says: Do not vainly flatter yourselves, as is too often done by the younger members of our profession, that in the chances of our calling fortune may, while you repose in drowsy sloth and idleness, search you out in order to lay her gifts at your feet. To obtain these gifts, you must arise and actively pursue her.

The College for Medical Practitioners of St. Louis.

The College for Medical Practitioners of St. Louis opens its third and last session for 1882–83 on May 7.

Items.

—The Library of the Royal Medical and Chirurgical Society of London contains 33,500 volumes.

—The people of this country consumed 95,000,000 gallons of beer last year, at a cost of $250,000,000.

—In Vienna they're first rate at diagnosis; but then, you see, they always make a point of confirming it by a post-mortem.

—*The Wiener Medicinische Blätter* has been confiscated by the Austrian authorities on account of an article which appeared in it criticising the sanitary arrangements of the army.

—A surgeon once jeeringly asked a Quaker if he could tell the difference between "also" and "likewise." "Oh, yes," said the Quaker; "Sir William Fergusson was a great surgeon—his skill as an operator was admitted by almost every one. You are a surgeon *also*, but not *likewise*."

—The government of Brazil has awarded a gratuity of about $17,000 to Dr. John Baptist Lecerda for his discovery of the antidotal virtues of permanganate of potash in the poisoning of snake bites.

—The venerable Sir Moses Montefiore will, on October 25 next, enter upon his hundredth year. According to "Webster's Red Book," there are at least twenty baronets living who were born before the commencement of the present century.

—Professor Nordenskjold, during his Arctic voyage, was perplexed by the question, What becomes of the bodies of animals which die a natural death? He very seldom found such remains, and declared that on Spitzbergen it was easier to find vertebræ of monster extinct reptiles than the bones of the seal, walrus, or bird of the present day. The problem is yet unsolved.

OBITUARY NOTICES.

DR. E. B. TWINISPEED.

Dr. Edward Beman Twinispeed, a distinguished surgeon of Columbia, S. C. died April 19, aged 52. He studied in Paris, and was a surgeon in the Russian army during the Crimean war. He was knighted and decorated by the Czar, and was the inventor of many surgical instruments now in use. He was a contributor to medical journals in America and Europe.

MARRIAGES.

CHRISTINE—HARRISON.—In the Park Avenue M. E. Church, April 12, by Rev. E. Griffiths, pastor of the church, assisted by Rev. W. Williams Christine, of the New Jersey Conference, G. Maxwell Christine, M. D., son of Prof. F. F. Christine, of the Central High School, and Miss Amanda E. Harrison, all of this city.

KEATING—WEDIN.—On Monday, April 2, by Rev. D. Seney, at St. Mary's Church, Jersey City, John Keating, M. D., and Mary Louise, daughter of N. P. Wedin, of Jersey City.

PEABODY—HUGGINS.—At Calvary Church, New York, on the 18th of April, by Rev. Henry Y. Satterlee, D. D., Dr. George L. Peabody and Jane de P. Huggins, daughter of the late James S. Huggins, Esq.

RANKIN—GRACEY.—On April 11, 1883, at the residence of the bride's father, Robert Gracey, Esq., Allegheny, Pa., Dr. Wm. D. Rankin and Miss M. Emma Gracey.

SAGEMAN—PITTS.—At Brooklyn, N. Y., Wednesday, April 4, by Rev. J. C. Agar, Dr. Lewis W. Sageman, of Mount Vernon, and Miss Laura L., daughter of Friend Pitts.

WRIGLEY—MacLEOD.—In Trinity Episcopal Church, Williamsport, Pa., March 29, by Rev. George C. Foley, J. Kay Wrigley, M. D., of Ansonville, Pa., and Susan Fenwick MacLeod, of Williamsport.

DEATHS.

BEACH.—At Dover, N. J., April 20, Dr. Columbus Beach, in the 68th year of his age.

MARVIN.—In Brooklyn, N. Y., on Saturday morning, April 14, George Howard Marvin, M. D., son of Charles R. and Mary E. Marvin, in the 44th year of his age.

MOORE.—At his residence, in New York, April 18, Charles H. Moore, M. D., in his 33d year.

PEARSON.—In Philadelphia, April 12, Dr. Charles L. Pearson, of Trenton, N. J.

RIGGS.—At Saranac Lake, New York, on Wednesday, April 18, 1883, Benjamin C. Riggs, M. D., in the 39th year of his age.

ROSENCRANTZ.—In this city, on Sunday, April 22, Dr. John Rosencrantz, in the 74th year of his age.

THE

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ORIGINAL DEPARTMENT.

LECTURE.

ON THE TREATMENT OF TYPHOID FEVER.*

BY PROFESSOR GERMAIN SEÉ,

Paris, France.

GENTLEMEN: It is now too late to speak of the efficient causes of the epidemic, now happily on the decline. It is to be hoped that before another epidemic shall rage in our midst agreement will be attained on etiological points now under dispute: whether, for instance, typhoid fever invariably or generally owes its origin to putrid infection by ordinary fæcal matters, or to blood poisoning by the specific evacuations of typhoid patients, or (as others will have it) to some unknown influence from the soil, or to some pernicious alteration in the water or milk that people drink, or to atmospheric infection by bad drainage, or overcrowding; or whether, lastly, the typhoid poison be schyzomycetes, or the typhoid bacillus of Klebs.

If, however, certainty cannot yet be attained as to causes, the question of treatment none the less demands our serious attention; for the wards of our hospitals are seldom free from typhoid patients, and sporadic cases are constantly occurring in our private practice. We must approach this subject, then, with such light as we have.

Curative Methods.

There exist three grand curative methods: the first has been from all time called expectancy, and is to-day dignified by the qualification, *armed* expectancy. The second, called the "specific method," aims to destroy the contagious germ, the supposed cause of the disease. The third, less pretentious, but in the present state of our knowledge the most rational, comprises various means for counteracting excessive heat production (antithermic remedies) and for the abstraction of pyrexial heat [divers antipyretics, of which the local application of cold is the type].

1. Expectancy.

This method makes much account of hygiene and the *vis medicatrix naturæ*, to which mainly the case of the patient is left. Nature is to be watched severely, rigorously, and whipped into line at the least deviation from the normal march of the disease. Every exaggerated symptom is to be repressed. Has the patient diarrhœa of colliquative form? Opium must be given. Is there constipation? A little Hunyadi Janos. A congestion or catarrh from pulmonary blood-stasis and general weakness? Leeches, cups, or a large fly-blister. Are there ataxic manifestations? Musk, camphor, etc., are ordered.

[Prof. Seé gives a qualified acceptance of the expectant method in mild cases of the regular order which need little medicine, and only the supporting regimè. He adds that the rationality of this system of treatment, when applied to *all* epidemics, is not obvious. What are we to understand by "deviation from the regular type?" It is notorious that certain sporadic cases and certain epidemics do not conform to the classic description; in some the disease is marked by excess of diarrhœa, or by constipation; in some thoracic symptoms are predominant; in some the fever is pseudo-intermittent from the outset. In these cases the excess of diarrhœa, the bronchitis,

*An abstract of a lecture delivered before the Academy of Medicine, and translated from the Bulletin de l' Academie by E. P. Hurd, M. D., Newburyport, Mass.

etc., *is the rule.* The advocate of expectancy, however, has his model in his mind, and every patient is put upon the *laissez faire* or symptom-treating regimè; a little dog-grass tea, with nitre, a little vinous lemonade, with broth or porridge, a cataplasm and an enema, complete the prescription. Prof Seé thinks that when expectancy calls itself "armed," it ceases to be *expectancy.*]

The Antiseptic Method.

The antiseptic method has for its object to destroy the germinal principle of the disease after absorption, and even after the entire organism has been invaded by it. Whether the *materiés morbi* be a chemical ferment or a low organism (micrococcus, specific bacillus) antisepsis aims to neutralize or annihilate it. It must be premised that there is a wide difference between destroying a microbe of putrefaction in a flask, and in attacking the same microbe when it has pervaded the whole mass of the blood; and yet it is gravely held by the advocates of the antiseptic treatment of putrid and zymotic fevers, that the same chemical substances which destroy germs in liquids out of the body, have the power to pursue the disease parasite through the most distant ramifications of the vascular system, and into the minute recesses of the tissues. Here we have a list of specifics theoretically infallible, which, already long, receives additions every day. Let us glance at these germicides.

1. Chlorine: recommended fifty years ago by Bouillaud and Chomel, now seldom used internally.

2 Mercurials: recommended in 1847 by Lerres (inunctions and the black sulphuret). This medication still survives in the calomel treatment of Wunderlich, Liebermeister & Hallopeau.*

3. The sulphites and hyposulphites, which derive their ancient repute from the property which sulphurous acid possesses of arresting fermentations. This is Polli's famous treatment, combated vigorously in Polli's own country by Semmola, and now virtually abandoned.

4. Iodine, to which Binz has recently called attention, as a powerful antiseptic of the laboratory; Liebermeister and Vulpian have tried it without success.

5. *The Salicylic Group.*—In this class we have the following acids, all of them antagonists of fermentation and decomposition: (*a*) carbolic acid; (*b*) thymol; (*c*) benzoic acid; (*d*) salicylic acid, which is the most potent, most inoffensive, and the most used; (*e*) resorcine; (*f*) kairine, the subject of recent experiments. All these have a similar chemical composition and analogous effects, being bactericides in suitable quantities.

Action of Antiseptics on Micro-Organisms.

Of the microphytes which give rise to decomposition, we may omit the torula of saccharine fermentation and the mould fungi, confining our attention to the schizomycetes or bacteria, whose infecting property is not contested. We remark that contagion operates by quantities that are infinitesimal. So minute the infectious matter, so rapidly does it multiply in the organism, that we cannot regard it as a chemical ferment, but as a product of life (contagium vivum).

Designated under the name of bacteria, the microphytes of which we are now to speak consist of simple cells, without chlorophyll (micrococci), or they have the appearance of roots or filaments (bacilli). Their fecundating power is such that in twenty minutes, at the temperature of the body, they may double in number; their vitality surpasses that of all other organisms. They multiply by bipartition, or by spores. The latter possess extraordinary vitality, preserving their properties unimpaired for years, while their filaments perish.

These bacteria live principally on albuminoids, and of the non-azotized substances that serve them as nutriment, they subsist best on the saccharine. Water is indispensable; the greater part depend on free oxygen, such as the bacillus of malignant pustule; others, however, subsist without free oxygen.

Their Place of Origin.—All are believed to come from the soil. Nœgeli and Pettenkofer, who maintain the theory of the influence of the soil on the development of microbes, consider that a great dryness of the soil is necessary, and intense atmospheric currents. This is the opposite of what is generally admitted; great epidemics are attributed especially to dampness of the soil. Soyka maintains, as a result of numerous experiments, that the schizomycetes, after undergoing development in ground moisture, obtain access to the air, especially when favored by violent winds. He affirms that he has witnessed this fact.

If this view be correct, we understand the mode of infection by water and by milk.

Concerning the micro-organisms of typhoid fever, three kinds are found with great regularity attendant on this disease:

1. Certain "micrococci," which have but a sec-

*[Note by the translator. It still survives and makes a bold front in this country, and in the practice of Dr. James C. Wilson and other eminent authorities has been highly successful. Vide New York *Medical Journal*, March 17, 1883, p. 297.]

ondary importance, being found in the blood and tissues of other diseases as well.

2. The bacillus of Klebs.

3. Eberth's bacilli.

The latter are short and thick; those of Klebs are long and thin, and found especially in the parts where the disease commenced, principally in the necrosed portions of the intestine.

According to Koch, the bacilli which are found in the necrosed parts are those of Klebs; but in general all bacilli found in the deeper layers of the mucous membrane are those of Eberth. These have the most probable etiological relation to typhoid fever.

Introduction into the Economy.—It is rare that they penetrate the system by the digestive organs; the acids of the stomach destroy them. Their germs doubtless exist in all liquids; it is then probable that we introduce them into our food and drink, but they are not absorbed, at least in a healthy state of the *primæ viæ*.

The lungs constitute the largest absorbent surface, yet at autopsies we rarely meet with microbes in the lungs. How do they get access to the blood? We know only by conjecture.

Diffusion of Micro-Organisms.—The thick, club headed rods of Eberth are the sole bacilli of typhoid fever, according to Koch and Friedlander. The filaments of Klebs are seen only in the necrosed parts.

The "micrococci" are but a manifestation and accompaniment of putridity, while the bacilli are etiological.

First Appearance of the Rods (Bacilli).—In the first week the bacilli are found in abundance at the bottom of the intestinal glands, and even in the adjacent parts. They are not found in the deeper tissues. In the second week, and the beginning of the third, they are found in the glands of Lieberkuhn, and in the mucous membrane itself, undergoing development with the progress of the disease.

Lymphatic Glands.—Eberth found the lymphatic glands full of microbes from the eleventh to the fourteenth day. Microbes were found in the spleen after the fifteenth day. Klebs has found them in the brain, and in the arachnoidean space, in great abundance. They have not yet been found in the kidneys. Eppinger has found the specific bacilli in the larynx, and in ulcerations of this organ.

Resumé.—Beginning in the intestinal glands (rarely in the bronchioles and pulmonary alveoli), the bacilli remain awhile in the bottom of the glands, then advance to the deeper parts, penetrating to the muscles of the intestine, then to the serous envelope, and the lymphatic spaces. A little later they invade the mesenteric glands and the lymphatics of the abdomen. Later still they appear in other organs. After the fifteenth day, only the debris of the mucous membrane remains.

The question now reappears: Can antiseptic remedies, introduced into the economy, destroy these micro-organisms? Have they any effect on the spores, so tenacious of life, as before said? Can they, at least, prevent the development of bacteria?

Bucholz has sought to determine what is for each antiseptic the minimum dose necessary to arrest the development and proliferation of bacteria. In this connection, he cites, in the first place, corrosive sublimate, which acts in a solution of $\frac{1}{20000}$; of thymol and benzoate of soda, $\frac{1}{2500}$ suffices: of benzoic acid, $\frac{1}{1000}$: of salicylic acid, $\frac{1}{600}$: of carbolic acid, $\frac{1}{200}$; of quinine, the same. Chloral, iodine, and salicylic acids, when employed to prevent the diffusion of parasitic microbes, act in more feeble dilution.

These data go to show that as far as the internal action of certain of these substances is concerned, it would be necessary to use large quantities of the medicament to rid the tissues or liquids of the organism of the morbific bacteria: these doses would certainly be toxic.

Phenic acid may be an excellent antiseptic for wounds, without having any power to act on micro-organisms which have penetrated the economy. The same may be said of many other germicides.

Gueneau de Mussy, Hèrard, Hallopeau, prescribe one to two gram doses of salicylic acid. Lille orders carbolic acid. All this is a mistake, for one of two things must be intended: either to pursue the typhoid bacillus in the intestines, which is impossible with these remedies, for they are absorbed in the stomach, taken into the blood, and reappear in the intestines under the form of salicylate of soda, with feeble or no antiseptic properties; or else the medicament is intended to antagonize the putrefaction of the contents of the intestines. In the latter case it is not given as an *anti-bacillic* remedy, but to counteract putrefaction, and prevent resorption of intestinal matters. This brings us back to the old notion (well nigh obsolete at the present day) of intestinal septicæmia.

[Prof. Seé concludes this heading by condemning the antiseptic method as irrational, and if logically carried out, dangerous. The largest doses which it is possible to give with safety, of

salicylic acid, which is the only antiseptic to be seriously thought of in this connection, neither destroy the disease germs nor prevent their dissemination. He has known of a rheumatic patient, who while taking six to eight grains daily of salicylic acid, was nevertheless attacked by typhoid fever, which pursued its usual course, in spite of such efficient preventive treatment. He would not, however, entirely banish the salicylic group from the treatment of typhoid fever, for they are sometimes useful as antiseptics.]

(*To be continued*).

COMMUNICATIONS.

SCARLATINA: THE POSITION OF THE SYMPATHETIC NERVE IN ITS SYMPTOMATOLOGY AND BELLADONNA AS A MEANS OF THERAPEUSIS.

BY HENRY BEATES, JR., M. D.,
Of Philadelphia.

Read before the Northern Medical Association of Philadelphia, March 9th, 1883.

Attendance upon a number of instances of scarlatina during the recent epidemic, has afforded ample opportunity of studying phenomena that early attracted attention, and impressed me with the fact that the materies morbi principally affects the region, the healthful accomplishment of the functions of which depends upon the integrity of the nerve designated in the title. These phenomena exist uniformly but to a varying degree of intensity in every instance of the disease. In a paper, it is impossible to describe in detail the characteristics of type or the peculiarities of individual cases, and it remains alone to be remarked that in some there may be a conspicuous absence of one or more symptoms, but invariably the principal element, *altered nerve function*, is manifested in every case. The materies morbi is a definite and distinct poison that affects mankind in *one* manner only and through *one* system, and the intensity of its effects with the so-called types of scarlatina, are but varying manifestations of *one* operative cause, differing not so much by imaginary small and large doses of the toxic agent, as individual or constitutional powers of resistance to its influence. This assertion is based upon the indisputable fact that the most malignant types, by contagion, are frequently contracted from the mildest, and vice versa. The phenomena to which attention is especially directed comprise *rapid pulse*, rise of temperature, and coincidently therewith, changes in the character of the pulse, *epigastric pain*, vomiting, gastric irritability, *diarrhœa* and its liquid character, cephalalgia, vertigo, delirium, convulsions, coma, angina, condition of tongue and the exanthem. It is not to these mere conditions that reference is made, but I desire to review their peculiar development and manifestation. Under *pulse* one fact occasionally met is, that during the first two or three hours of the stadium invasionis, it is occasionally retarded, *i. e.* when the temperature has already risen to 100° its rate remains normal. As a rule this does not obtain. Again, when the temperature indicates a bodily heat of 104° and 105° and the exanthem is manifesting itself, the pulse-rate is anywhere between 130 and 160, but when compared with the force of the cardiac action, it is *surprisingly compressible*. Vomiting and gastric irritability are differentiated because the former occurs spontaneously while the latter manifests itself by forcible emesis only when liquids or solids are ingested. The deeply seated epigastric pain is sometimes the very first manifestation of the disease, and when not complained of, can, with few exceptions, always be found by firm pressure. This symptom, when it is remembered how frequently desquamative nephritis proves a sequel of scarlatina—that diarrhœa of a liquid character is so common with the pain; that parenchymatous nephritis of a chronic type is coexistent with grave lesions of the renal ganglia; that these renal ganglia are a portion of the sympathetic nervous system—possesses a significance the importance of which will be appreciated as we advance.

It may be well to emphasize that, in scarlatina, the cortical region of the kidney is affected, and that the lesions of the renal ganglia co-exist in those instances of chronic renal disease characterized by cortical changes. Cephalalgia, vertigo, delirium, convulsions, and coma, are regarded as manifestations of the one cause, the special type of the symptom being determined by the individual peculiarities or varying powers of resistance. Angina constitutes one of the first evidences of perturbed function, still better demonstrated by the "strawberry tongue," which usually develops twenty-four hours later. The exanthem is a direct result of *vaso-motor* disturbance, and needs no especial consideration at this time. The property *irritability*, so well known to result in paralysis, if its influence be intensified and prolonged, plays an important role in the symptomatology.

Before proceeding farther, in order that our memories may be refreshed by the picture of scarlatina painted by authors, quotations will be made from those most highly esteemed.

Anderson remarks that, of the *early* symptoms, *vomiting* is sometimes the only noticeable feature.

Aitken: It has been usual to give the name simple and benign to those cases where the fever maintained an inflammatory type, and where the perceptible *localizations* of the disease are expressed by the exanthema, severe catarrhal sore throat, and simple hyperæmia with catarrh of the kidneys. The primary fever may be sudden in its attack, or the patient may complain of weariness and depression for some days, or a feeling of sickness or slight indisposition during the period of incubation. The *early* symptoms, whatever be the variety, are *headache*, pains in *back* and loins, loss of appetite, sickness, and white tongue. Especial attention is directed to the fact that the pulse is *rapid in comparison with the degree of pyrexia* in the early stages.

Niemeyer: While few suffer from prodromal symptoms, the majority of victims are attacked *suddenly*. A sense of burning heat, *nausea* or actual *vomiting*, severe headache, feeling of great relaxation, pains in limbs, with a pulse of 120 or 130, characterize this type (simplex). Observe here that this rate of pulse obtains when the pyrexia has reached 104 or 105 degrees. *Pharyngitis* occurring *prior* or coincidently with the above, should lead us to suspect the great probability that even at this time we have to do with scarlatina.

Trousseau, referring to the general characteristics of the disease, says: As a general rule, I repeat, the period of invasion is *very* short in scarlatina. Continuing, he mentions the *frequent pulse*, and remarks, this is an important fact; for in studying the disease in its component parts, in speaking of scarlatina without eruption, we find that we often form our diagnosis solely from the *frequency of the pulse*, which is rarely met with in other affections liable to be confounded with scarlatina. Diarrhœa and vomiting accompany the pyrexia of invasion, and sore throat *always* shows itself *simultaneously* with the fever!

These serve to illustrate the general tenor of the descriptions by our highest authorities, and time will not further be consumed by multiplication of similar remarks. This brief review emphasizes the fact that *early* we have the phenomena of disturbed function dependent upon irritability of a depressing nature. Now observe the descriptions of the so-called anginose and malignant types, and notice the similarity of phenomena, only, as it were, having their nature magnified and rendered cognizable. Trousseau: There is a frequency of pulse *still greater* than in simple cases; and sometimes in adults from the first day *of the fever*, even before there is any appearance of the eruption, the pulse is 130, 140, 150, or even 160. Disturbance of the *nervous system* at the same time supervenes in the form of great restlessness, convulsions, invincible insomnia, and delirium.

A case illustrative of scarlatina maligna is mentioned: A lady had been all day in frightful delirium; she had incessant vomiting, intense fever, a pulse too frequent to be counted, and extreme dryness of skin. The case terminated fatally that day.

In one of my own cases, a male child three years old was sitting at the tea-table eating, when he suddenly fell back in convulsions; vomiting occurred and high fever rapidly developed. He was seen within three hours of the accession of the disease. Coma already was pronounced; temperature 105.4; pulse somewhere above 190. Before morning the child perished. Two sisters were thoroughly convalescent from scarlatina anginosa.

Regarding the pyrexia, Trousseau and Stillé teach that it rises higher than in any other exanthematous fever. This well-known fact is emphasized!

Aitken narrates an account of scarlatina anginosa as follows: The symptoms of the anginose variety are more violent than in the preceding species; for *nausea* and *vomiting*, great *restlessness*, headache, and some *delirium*, frequently occur as early as the second day. The heat of skin is often more considerable, frequently reaching 105°, while the pulse is quick, feeble, fluttering, and indicative of the extreme debility the poison has occasioned.

Of the malignant types, sphacelation, etc., etc., still further disclose the nature of the effect of scarlatinal poison, and are demonstrations of an irritative principle that in increased activity results in paralysis of the nervous structure that governs nutrition of the area affected. That the poison is preëminently of a depressing and paralyzing nature is, by this time, apparent.

Regarding sequelæ, mention is made of only the ocular and aural. The sympathetic nerve, we know, presides over the functions of organic life, *i. e., nutrition*. It is characterized by being composed of vesicular and gelatinous tissue, and arranged in a series of ganglia that extend from the suberanial fossæ to the termination of the coccyx. Filaments supply the muscular coats of the arteries, and accompany these vessels into the interior of the cranium and supply their remotest ramifications. The *capillaries* are *entirely under the*

control of this system! Throughout its course along the cervical and thoracic spine, numerous intercommunications occur between it and the pneumogastric nerve. This fact is of interest in so far as the explanation of the occasionally seen slowing of the pulse, during the first few hours of the augmentation of temperature, is concerned. It is a well-known fact that drugs possessed of the power of increasing the heart's action by stimulation of the sympathetic or accelerator nerves, exert a similar effect upon the pneumogastric or inhibitory nerve, which action, for a time at least, is equal, the one to the other. Again, that this influence is due to an irritant, is demonstrated by the proneness to emesis and gastric irritability. The sympathetic or accelerator of the heart supplies this viscus with three pairs of trunks. The superior cardiac nerve originates at the superior cervical ganglion, which latter supplies the internal carotid artery with filaments and regulates the supply of blood, and consequently the nutrition of the area of distribution of this vessel.

In view of these facts, it requires no effort to comprehend the lesions, so common, that result in more or less destruction of the ear and hearing. Especially is this true when the continuity of structure is demonstrated by the direct intercommunication between the facial and auditory nerves, the intimate connection with the sympathetic by means of the members of the carotid plexus that unite the casserion ganglion of the trifacial, and through this, with the sphenopalatine ganglion, and again by the Vidian. The complete circle of nervous tissue is here seen, and the early manifestations of altered blood supply in pharynx, etc., are easily understood. While dwelling upon the superior cervical ganglion and its associations, it may be well to refer to the ulcerative keratitis and by no means infrequent blindness that occurs, and indicates that, through communicating filaments, the ophthalmic ganglion is a structure in continuity, and that this ganglion by its short ciliary branches includes the eye in the circle chiefly affected by scarlatina. These sequelæ further demonstrate the nature of the poison of this disease, and prominently assert its depressive influence and power to stop nutrition. The dura mater of the brain and its vessels are supplied by twigs of this same system, and one explanation of perverted intellection is thereby explained. The intimate association of the cervical ganglion with the nerves supplying the mucous membrane of the pharynx and that covering the palato-glossar and palato-pharyngeus muscles, its indirect union with the chorda tympani and filaments supplying the lingual papillæ, satisfactorily explain why symptoms of angina are so easily seen in the earliest hours of the disease. In the throat the evidences of depressed function and vaso-motor paralysis are seen, and the nature of scarlatinal poison made plain, hours before the cutaneous phenomena present themselves. The middle and inferior cardiac branches connect with the recurrent laryngeal branches of the pneumogastric, and are principally of interest in an anatomico-physiological sense, and require no especial consideration here.

The great solar plexus and especially the renal ganglia and plexus with the trisplanchnic nerves, without occupying time in detailing their points of connection, it may be stated, satisfactorily explain why, when an irritative and depressing poison like that of scarlatina affects them, we have evidences, first, of epigastric pain, and if its influence continues and is intensified, the resulting interference with nutrition is followed by the paralytic or liquid diarrhœa. We now consider pyrexia, and call to mind that increase of temperature is dependent upon two principal factors: either heat production is normal and heat elimination diminished, or heat production is increased while its elimination is normal. This applies as a general rule. In some conditions elimination is increased but production is in excess of elimination, so that the total result is pyrexia. Time will not admit of detailing the scientific and profound researches of Prof. H. C. Wood in his studies in fever, and I can but refer you to his monograph for further investigation. It remains to state the facts he has proven.

First. External heat applied externally to the body of normal animals and man, so as to elevate the internal temperature, produces derangements of the functions of innervation, respiration, circulation, etc., etc., *precisely similar to those seen in natural fever;* the intensity of the disturbance being directly proportionate to the rise in temperature.

Second. Heat applied locally to nerve centres and to the heart, produces in the functions of these organs those disturbances which are *familiar phenomena of fever; the intensity of disturbance being directly proportionate to the excess of heat.*

Third. The withdrawal of excess of heat in acute fever is followed by a relief of the *nervous* and *circulatory* disturbances. It is to be remembered that we here have to do with constitutions in other respects normal, and that the results are dependent upon the *artificial, external* application

of the essential phenomenon of fever, or that condition known as pyrexial. If the order of cause and effect be reversed, and the physiological be compared with the pathological, we will state that a poison PRIMARILY affecting the centres controlling the phenomena of heat production and heat elimination, and producing in these centres the same changes, either of structure or of functional activity, that *follow secondarily to artificially applied heat*, will be followed by fever; *i. e.*, increased bodily temperature.

Wood inquires: What is the mechanism by which the production and dissipation of *animal heat* is regulated in the animal organism; and, is this rise of temperature in fever due to the excessive retention or to abnormal production of heat, or to both combined? By an elaborate and most carefully conducted series of experiments, he has shown that section of the spinal cord is followed by increased heat elimination, and that the degree of this depends upon the proximity of the section to the brain.

In these researches it was ascertained, however, that the total amount of heat eliminated was greater than that produced, and while the surface of the subject was warmer than the norm, the total or bodily temperature was really reduced. When section of the cord is made, there is practically an organic paralysis of the vaso-motor nerves and a consequent dilatation of the peripheral capillaries, with, of course, increased cutaneous hyperæmia. Under these circumstances it is cerainly manifest that increased elimination of heat must occur.

In this fact lies the answer to the question, viz: the mechanism controlling heat elimination is the vaso-motor nerves or system. The parallelism of the phenomena attendant upon artificially induced vaso-motor paralysis and that due to the poison the manifestations of which are denominated scarlatina, is at once apparent! The variations of this one symptom in the latter from the former, it must be remembered, are due to the incomplete paralysis resulting from the materies morbi and the ability with which compensatory actions on the part of the economy can be exerted. Artificially, the paralysis is complete and irreparable; in scarlatina it is partial and susceptible of influences through compensation. It will immediately be remarked that in scarlatina we have a *total increase of bodily temperature;* while in the experiments there was, in reality, a diminution. This apparent discrepancy is explained by the following considerations: In physiological investigation a single point is disturbed and the rest of the system is normal, while in scarlatina the vaso-motor system is not the only portion affected; and it is probable that a caloric centre may, by the same influence that *paralyzes* the vaso-motor centre, stimulate the heat nucleus.

The following will prove if this hypothesis is admissible and true. Division of the spinal cord above the origin of the splanchnic nerves is usually followed by an immediate very decided increase in the amount of heat dissipated from the body, and also by a decided lessening of the amount produced. Before explaining these results, we must recollect that chemico-vital processes play an important role in calorifaction, and that active circulation, muscular action, and the consequent increased functional activity, dependent, it is true, upon the integrity of the nerves governing them, of themselves produce caloric; and when these functions are, in a measure, abolished, there is a decided diminution of heat production. This condition, do not forget, obtains only in a healthy animal, whose vaso-motor system is artificially paralyzed, and that while in this physiological condition we have heat eliminated in excess of production, in scarlatina we have the *same* eliminative factors at work, but at the same time *production of caloric in excess of that dissipated*, and a consequent pyrexia.

This increase of heat production may be stated to be dependent upon stimulation of a caloric centre, which conclusion would naturally lead us to state that the poison of scarlatina producing vaso-motor paralysis and consequent increased heat elimination, at the same time resulting in heat increase, must possess the property of stimulating the caloric centre while it simultaneously paralyzes the former; *i. e.*, the vaso-motor centre and caloric centre are differently affected by one poison. The vaso-motor centre we know to be situated in the floor of the fourth ventricle, near the apex of the calamus scriptorius, and if an effect to all the tract below this point results in increased heat elimination without any increase of production, there must necessarily follow a diminution of bodily temperature. This, it must be emphasized, will obtain only when a *depressing or paralyzing* influence exerts itself on the path indicated. Physiological investigation proves the above to be an indisputable fact, and also demonstrates that "section of the medulla oblongata, at its line of junction with the pons varolii in the dog usually leads to an elevation of temperature if the medullary vaso-motor centres are not in any way compromised."

To be continued.

Hospital Reports.

BELLEVUE HOSPITAL MEDICAL COLLEGE.

CLINIC OF PROF. LEWIS A. SAYRE.

Reported for the Medical and Surgical Reporter, by Edward Develin, M. D.

Case 1. Anchylosis of the Elbow-joint.

Gentlemen: I here bring before you this man, suffering from an ancient fracture at the elbow-joint, which occurred last March and has been allowed to consolidate in a most unfortunate position —the arm being flexed at an obtuse angle of about one hundred and fifty-five degrees with the palm of the hand posteriorly. Fracture of the elbow-joint forms one of the most serious fractures we have to deal with. It is liable to give more trouble than any other fracture, but if you are compelled to cure it with anchylosis, it is necessary to place the arm in such a position that it will be of use to the patient. We are in some cases satisfied if we can compromise in the fracture and effect a cure with anchylosis if you cannot cure it with motion; but if you effect a cure with anchylosis with the arm at right-angles with the forearm in the position of semi-pronation, so that the palm of the hand can be brought to the mouth of the patient, you secure a useful arm; if the arm is straight, the man can only use it to carry baskets or such articles; the arm should be flexed in such a manner that the forefinger should be capable of entering any external orifice of the body.

The question before us in relation to this man is whether this fracture is completely consolidated, or whether it is only fibrous anchylosis of the joint, and can be broken up. If there is any motion here at all, I shall attempt to break up the anchylosis; but if there is no motion whatever, I would advise exsection. I shall now make firm and strong pressure upon the arm, and endeavor to break up the adhesions. (Dr. Sayre now stepped behind the patient, and bringing the man's shoulder against his own chest, with his right hand grasped the forearm in its middle third, while with his left he grasped the upper third. An assistant now held the arm firmly while Dr. S. made strong pressure by drawing the forearm towards him. At the first attempt no movement could be detected; the attempt being again made showed no signs of movement, but at this point the patient complained of faintness, and a slight movement was then detected; the fainting condition of the patient causing the muscles to relax, and advantage being taken of this condition, still greater movement was made, until gradually the palm of the hand was brought over the mouth. The patient, having completely fainted, was then laid on a table, and both flexion and rotation of the forearm secured, all adhesions being completely broken up.)

Having now thoroughly broken up all adhesions, now comes an important point—to prevent difficulty following this operation—as I desire to cure this man with free movement of the arm; if I continue these movements of flexion and rotation, I might provoke serious difficulty, and induce inflammation and suppuration at the joint.

In order to prevent inflammation following, I shall bandage the arm snugly, and shall place a compress over the middle and lower third of the brachial artery, so as to prevent the full supply of blood to the arm, and by this means lessen the liability to inflammation; the arm must now be kept perfectly quiet for five or six days, during which time cold water applications will be made to it. Now use compression with judgment, for if it be too severe, you will provoke ecchymosis and gangrene of the parts; let the compress be applied with just sufficient force to check in part the circulation of the limb, but not to stop it completely.

In applying the compress, you observe one of my assistants places his finger upon the radial pulse, while another puts the compress upon the brachial artery, and I now secure it with a bandage. Should the pulse of the radial artery stop, the compress is too severe, and must therefore be applied with less pressure; you must regulate your pressure by the pulse. We have now bandaged the arm at right angles, and I now support it with a sling.

The House Surgeon will keep this man in the ward perfectly quiet for a time; should the arm become swollen and the fingers cold and blue, the compress must be removed at once, and reapplied as I have instructed you. In about six days you can remove the compress and bandage, and make slight movement at the joint; if you omit this the joint will certainly become anchylosed; you can then omit the compress over the artery, again applying the roller bandage to the arm, and in a few days take it down again and make passive motion. Continue this treatment, and in a few months the arm will have perfect motion and may be as useful as it was before.

I here show you a small thermometer, which is called Séguin's surface thermometer, by which the slightest rise in the temperature of any part of the body will be registered when placed in contact with the skin. Had I been unable to move this man's arm perceptibly, I should have used this thermometer upon his elbow, and if I had found an increase of temperature on the following day, I should be sure that I had made some movement of the joint, although it was imperceptible at the time it was made, thereby showing that there was not bony anchylosis, and that movement could be secured. I should then have administered an anæsthetic and broken up the adhesions; but as the man became faint, I noticed his muscles began to relax, I therefore took advantage of this condition and redoubled my efforts to secure movement, and with what result you have already seen.

I will bring this man again before you, and we will then note the result secured by this treatment.

Note at the following clinic.—This man you will remember I presented to you at our previous clinic. He was then suffering from anchylosis of the elbow-joint, at which time I broke up the anchylosis. During this time the House Surgeon has re-dressed the arm as previously directed, and informs me that no constitutional disturbance followed the operation; you observe that I can now make moderate flexion and extension of the arm. Passive motion is now to be made every day, but the movements must

not be carried to such an extent as to excite inflammatory action at the joint.

This may be known by the pain lasting more than twenty-four hours. If the pains which are produced subside during the day, then you can continue the movements, increasing them every day; but if, on the contrary, the pain lasts over twenty-four hours, you must cease further movements until all pain has subsided, and then do not make your movements quite so freely.

It is now evident that if this treatment be followed out carefully, this man will have free motion at the elbow-joint.

Case 2. Anchylosis of the Elbow Joint Induced by Erysipelas.

This patient now brought before you has been suffering from a severe attack of erysipelas in the forearm, and is brought here to-day to be treated for anchylosis of the elbow-joint.

It is possible that the inflammation may have caused this anchylosis, the House Surgeon informing me that the elbow has never suffered from any traumatic injury. The joint then, very probably, has suffered from the general inflammation also, and the anchylosis is the result. There is no active disease at the present time in the joint, as I can press upon it firmly without causing pain. Here we have then a dry joint. Now, on taking the arm firmly and endeavoring to make gradual flexion, we find a slight movement has been secured, and knowing that slight movement, though it be limited but rapid in its action, will start the secretions of the joint, we will make such movements, at the same time gradually flexing the arm; you now observe that the adhesions are gradually being broken up. During the time in which this arm has been at rest, the synovial membrane has not secreted any fluid, and hence the joint becomes dry, and anchylosis has followed. You now observe that the anchylosis is completely broken up.

Gentlemen, this is a practical case, and in relation to which I will venture a few remarks concerning those men who are so-called *natural bone-setters*. A few professional men in Europe have recently honored them by mentioning their names. Now, the important point which I desire to impress upon you, is the necessity of moving the anchylosed bones at the proper time. In this case before you, the patient might, for lack of proper treatment, have gone on for some time with the joint in this anchylosed condition, until, falling into the hands of these so-called bone-setters, they having no reputation or professional standing to uphold, by main force break up the adhesions, which the professional man should have done and would have done, had he known at what time to act. The gradual development of both bony and fibrous anchylosis should then attract your earnest attention in this direction.

Case 3. Gun-shot Fracture of Humerus.

Male, aged twenty-five years. This young man in July last was accidentally shot through the left arm, the humerus being badly shattered.

The rifle ball (No. 45 cartridge) entered at about the middle of the arm. It was then thought that the only chance for his life was amputation; he, however, refused to submit, and rode sixty-six miles on horseback through the mountains of Montana in search of surgical aid, and consulted five medical gentlemen, who all agreed that amputation was necessary: he, however, would not submit to an amputation, and it was then decided to remove the fragments of bone, and saw off the jagged portion of the upper and lower fragments of the humerus. This was accordingly done, the patient being under ether and the operation conducted under the spray. The bones removed, when united, measured two and seven-eighths inches.

A most remarkable union has been the result of this operation; it is, however, simply ligamentous union, as you observe that the back of the hand can be readily twisted to the front, he being unable to raise the forearm; but you will here observe that upon the forearm being brought up to a right angle, he has a wonderfully powerful grasp of the hand. It is, however, not as powerful as the right hand, but is undoubtedly much better than an artificial arm. He states that he was confined to his bed for twenty-five days, and then for two weeks the arm was kept in a sling, after which time it was allowed to hang straight. By this means the weight of the arm has made too much extension, and the result is, as you see, the fragments have been separated, and in this manner prevented the possibility of bony union taking place. In many cases of ordinary fracture of the arm, we have non-union of the fragments from this same reason. I desire you to note my objection to Buck's continued extension in this matter. Continued extension I do not deem the proper treatment for fracture; what you need in a fracture is to make your extension and counter-extension until you have reached the point of accurate adjustment of the fractured bones, then use your means of *retention* or *fixation*, to prevent any possibility of the fragments overlapping. All the extension that is needed is to bring the parts into exact apposition; the muscles and vessels are then brought to their normal position also. Now by retaining them in that position there is no tendency to spasm of the parts, but if you continue the extension by means of the weight and pulley, there is a reflex spasm, a struggle on the part of the muscles to regain their natural position. This goes on day by day until the muscles are overcome and the bones become separated, and non-union is the result. I do not remember the exact per cent. of cases of non-union in fracture of the femur as given me by Mr. Hudson, but I attribute such non-union as the result of the treatment by this continued extension.

If you make your extension to a certain point and there retain the limb, I know of no reason why you should not effect a cure without shortening of the limb, but I do know that in some cases of fracture of the femur I have seen the patient recover with the same length of limb as previous to the injury.

It is certainly much better to treat the case with the hope of securing the natural length of the limb, than to make up your mind at the commencement of the treatment that shortening must inevitably occur.

This probably has been the case in this instance. It is now somewhat late to form any great anticipations in this case; I however intend to apply

the plaster bandage, and by this means form a support for the elbow, and also secure a cap for the shoulder. In this manner we shall bring the fragments closer together, and thus attempt to secure bony union in the place of the ligamentous union now existing. I do not, however, endeavor to bring the upper and lower fragments together in this case, owing to the ligamentous union which has already taken place. We will, however, form a shell for the arm, retaining the forearm at a right angle, as in this position it is of the most use to the patient. I notice that the elbow-joint is perfectly sound, and you can all observe the point at which the bone was sawn across by its projection above the elbow; the section being made about half an inch above the condyles, the olecranon is retained in its natural position.

We will now apply the plaster bandage, previously enveloping the arm in a piece of flannel; we pass the bandage from the wrist upwards, it is not, however, applied tightly, but forms a complete shell. The roller is now passed from the elbow over the left shoulder, bringing it under the axilla of the right side, then passing across the chest to the left shoulder down to the bend of the elbow posteriorly, and we thus form a sling for the arm; these turns of the roller being repeated as often as the case may require, the bandage then passing around the humerus and enveloping the whole. In this manner we secure a perfect support for the arm, and prevent any dragging upon the ligamentous union; and by keeping the arm quiet, earthy matter may perhaps be deposited in this cartilaginous material and ossification ensue. As soon as the plaster is set, we remove those bands passing across the chest and back, in order that the right arm may have perfect action.

In case no bony union takes place, we can sometimes excite fresh inflammation in the parts by passing an electric current through the ligamentous junction. In some cases it is necessary to make a fresh section of the bones and wire them together; in this case we will first try what rest and fixation will do.

I will endeavor to bring this patient again before you at a future clinic, and we will then note the results secured.

Medical Societies.

PROCEEDINGS OF "THE COLLEGE OF PHYSICIANS OF PHILADELPHIA."

ewer Gas, and its Alleged Causation of Typhoid Fever.

BY GEORGE HAMILTON, M. D.

[Read March 7, 1883.]

(*Continued from page* 462.)

In this connection it must be stated that the reports of the Board of Health of Philadelphia show, unmistakably, that in the central portions of the city, where sewers and water-closets are most numerous, there is, as a rule, less typhoid fever and diphtheria than upon the outskirts, adjacent to the country; and this was the fact in regard to bilious remittent fever, before it gave place to typhoid. Neither is it matter of surprise, for, just in proportion as the streets have been extended into the suburbs, graded and paved, houses erected thereon, and sewers constructed to carry off the surface drainage, a diminution of fever, whether intermittent, remittent, or typhoid, has been the beneficial result of such improvements. In support of this view we have the testimony of the late Dr. J. K. Mitchell, the distinguished and brilliant Professor of the Theory and Practice of Medicine in "Jefferson Medical College," as follows: In December, of the year 1850, he was called to consult with the late Dr. Gebhard and the writer in a fatal case of typhoid fever, in a house on 10th above Summer street—at that remote period an outskirt of the city. On his first visit the doctor informed us that he was scarcely ever called upon to visit a patient affected with typhoid fever in a large circle of practice in his own section of the city, but that nearly all such cases were, like the present one, in the suburbs, and in consultation. Now the important fact in this connection is, that in his own central position sewers, water-closets, and the usual well in the yard, were almost everywhere, whilst in the suburbs they were comparatively few in number, the water-closet exceptionally rare. Does it not seem singular then, that, despite the improved, the scientific, the sanitary plumbing of the present day, "nine houses out of ten, on Fifth Avenue, New York, are not safe to live in;" and that all the actual appliances for the exclusion of sewer gas should be torn out, and others of an effective character be constructed in a separate building or annex? Dr. Mitchell also made allusion to the greater prevelance and fatality of fever in the country, as related to him by students from different sections of the United States.

In the paper by the writer upon this subject before the College of Physicians of Philadelphia in 1879, Mr. Henry Dupont, in reply to a note, stated that his impression was that, in the years 1840–1–2–3, there were but few cases of typhoid fever among the thousands of operatives and their families on the Brandywine; and this impression was corroborated by a note from Dr. Jos. P. Chandler, a practitioner of that section, in which he said that whilst a very few cases *seemed* to owe their origin to local causes, his experience was perfectly in accord with that of the writer, that the disease nearly always showed itself in the houses of the farmers, and that no matter how well situated upon an eminence, with drainage in all directions from the residence, this did not secure them from attack. This is but a confirmation of the views long ago expressed by Dr. James Jackson, of Boston, and Dr. Nathan Smith, whose opportunities for observing the origin, development, and progress of the disease, were exceptionally abundant. In a note sent to me a few days after the reading of the paper just alluded to, the writer declared that nothing was more erroneous than the current of popular opinions in regard to the causes of typhoid fever, and, in proof of this, cited the condition of the streets of one or two of the most populous and commercial cities of Africa, abounding, as they did, with every conceivable

species of filth, emitting a stench nauseous to the last degree, and yet typhoid fever prevailed to a very slight extent. This statement is in accord with one quoted by Prof. Hamilton, in his paper, before alluded to, to this effect, that in Canton, filthy beyond measure, typhoid fever and diphtheria are almost unknown.

In further support of these views, a physician of New England has informed the writer that a few years ago he addressed letters to about fifty practitioners, in different parts of the State in which he practiced, asking their experience in reference to outbreaks of typhoid. The answers, with very few exceptions, were, that the rural sections suffered the most, whether in regard to proportionate number of cases or fatality. Thus it now appears, as it did in the time of Nathan Smith and James Jackson, that typhoid fever outbreaks occurred without the possibility of referring them to the conjectural local agencies now in favor. Physicians who have not enjoyed sufficient opportunities to observe the origin and progress of tyvhoid fever, and sanitarians, without medical experience, are the most positive in opinion in regard to the primary causes of typhoid fever; whilst Trousseau, Flint, Sr., Murchison, and many others of similar experience and sagacity, freely admit the obscurity of this subject, and the difficulty of determining the influence of local agencies in the production of typhoid fever as compared with causes of a general character, over which we have no control, as in telluric or atmospheric conditions, involving thermometric, hygrometric, and electric states and their influence, singly or combined.

As pertinent to this point, reference may here be made to an article in the Medical and Surgical Reporter for January 1, 1881, entitled "The Limited Effects of Sanitation," from the pen of Dr. John Syer Bristowe, President of the Society of Medical Officers of Health, as follows: "If we look to the remarkable influence which simple variations of temperature and peculiarities of season exert on the mortuary returns, in respect both of the number of deaths and the character of the fatal diseases, and compare therewith the comparatively small effect on the death-rate of even one of the most fatal of the zymotic diseases, or with the insignificant influence of deaths from enteric fever, diphtheria, pyæmia, puerperal fever, and other affections over which sanitary science is supposed to exert a specially valuable influence, we can scarcely avoid, I think, seeing that, on similar grounds, the deaths saved directly by the sanitary labors on which we are engaged must, under any circumstances, be so few annually as to produce no distinct and unmistakable effect on the mortuary rates." This sincere and ingenuous avowal of opinion by one so distinguished as an authority in medical science is well entitled to the serious consideration of the enthusiasts who never tire in predicting the suppression of the diseases in question so soon as sewer-gas and filth are banished from the houses and premises of our citizens; whilst it is a notorious fact that lavish expenditures of money, by public authority and by citizens, have for several years past been made in Philadelphia without any perceptibly important result as the consequence. In the paper of Prof. Hamilton it is distinctly stated that, during a certain period, the increased mortality in New York could not be found in the condition of the streets, for at that time they were unusually clean: nor can the unusually severe outbreak of diphtheria now prevailing in our own city be attributed to the current local agencies. If, indeed, the primary causes of typhoid fever, diphtheria, and scarlet fever in cities be due to the influence of sewer-gas and filth, then, in fact, our citizens can have little hope of an early exemption from these maladies. Yet, on this score, there is no occasion to despond. Fifty years ago typhoid fever was not common, but intermittent and bilious-remittent prevailed in the city, yet only to a moderate degree compared to the suburbs and the adjacent country. These are not regarded as special filth diseases, whilst typhoid fever, diphtheria, and scarlet fever are by many so considered. At the remote period alluded to some attention was given to cleansing the streets, but there were no such exertions and expenditure of money, even in proportion to the size and population of the city, as are now customary; and as to inspection of dwellings, out-houses, wells, and the premises, it was almost unknown. That constant attention, by the authorities and citizens, should be given to maintain cleanliness in every place, and by all possible means, no one will deny; but, when all this has been done, what comparison can there be between the condition of a large city and any well-managed rural section in this point of view? Under the most favorable circumstances the sources of filth contamination in a city are as ten to one compared with the country; and this is manifest in the single fact, that the ground on which a city rests is, of necessity, well nigh riddled with wells for the convenience of families.

During the past ten or twelve years, the average weekly deaths from typhoid fever in this city have been from seven to eight, as above stated. If this disease had prevailed here, in frequency of attacks and fatality, in proportion to population, as the writer has known it to do in the country, forty to fifty deaths per week would have probably occurred. The same feeling of gratification that the late Dr. Jos. Parrish manifested and expressed when informing his class of the slight mortality from bilious fever in this city, as compared with the country, has been experienced by the writer in regard to typhoid fever in this city, as compared with what is seen from time to time in the country. The city of Philadelphia, as shown by the reports of the Board of Health, still maintains its title as one of the healthiest of the large cities of the world, nor is it good policy, under any circumstances, to do or say aught to inspire citizens with dread, and induce strangers, who may have occasion to visit us on business or otherwise, to regard Philadelphia as unhealthy, and therefore to be avoided.

[After the reading of the preceding paper:]

Col. Waring, who was present by invitation, was called upon by the chair to discuss the subject considered in the paper. He remarked that he desired to say one word for sanitary engineers with regard to the cause of typhoid fever, and this was that they had long since abandoned the opinion that sewer-gas was the cause of the disease. He thought it very important that filth

should be gotten out of the way, so as not to become a source of contamination to the water-supply. The literature of the subject seems to prove that typhoid fever in the country is due to drinking-water which has become contaminated. Cleanliness is safe and important, and efforts should be always made to secure it.

Dr. Hamilton said the quality of the drinking water remained essentially the same from year to year, whether typhoid fever prevailed extensively or was absent; so, also, in regard to vegetables and roots for family use. These are laid up every season, generally in trenches, covered with clean straw, and earthed over. On consulting several German monographs, Dr. H. had found the experience of the writers to conform with his own, that males suffered more from typhoid fever than females, and that from the fifteenth to the twenty-first year, the period of rapid growth, the danger, in case of an attack, was augmented.

Dr. J. M. Keating said that the elaborate paper we have just heard read might mislead some of its hearers into the supposition that *sewer gas* was considered a cause of typhoid fever. It may be well for us at once to dispel such an idea, and to couple with the paper just heard the emphatic endorsement of this body that *sewer gas*, as far as *typhoid fever* is concerned, is simply a VEHICLE by which the specific germ may enter the system of one prepared to nourish and develop it. There is no need to debate the question as to the greater importance of infected drinking-water; the incidents in the paper just heard, the greater prevalence of the disease in the rural districts where privy wells contaminate the drinking water, and the remarkable statistics of the New England country towns where the wells for sewerage and drinking purposes are under one roof, the fact that these localized epidemics are usually traceable to one primary case entering the village, are all sufficient evidence in themselves.

But though *sewer-gas* may not always carry the germs of typhoid fever, it has a poison of its own equally terrible in its consequences.

The modern improvements in house-drainage—indescribable comforts where properly constructed—are unfortunately too often the means of carrying the most deadly vapors directly into the abodes of luxury and wealth. At those hours when depressing influences have disarmed their victim, these noxious gases steal insidiously into his chamber, and do such violence as to render fatal by the most serious complications such diseases as are otherwise mild and harmless in themselves. Whether the concentrated miasm from palludial emanations or the outpouring gases from a sewer through siphoned traps, the unconscious sleeper breathes poisons as potent in their devitalizing effects as if he inhaled the germs of typhoid fever in their purity, or drank water impregnated with the excreta of typhoid cases. *Sewer-gas* is not necessarily a *cause* of typhoid fever, except when it carries its germ, but it is the most potent cause of the "typhoid state;" and there is a decided choice between these two evils—in favor of the former.

Early manhood carries with it a decided predisposition to typhoid fever. I have recently read with great interest an article in the *Nineteenth Century*, by Gen. Sir Frederick Roberts, on the recruits for foreign service in the English army, in which statistics were given to show that the large mortality from typhoid fever, in young recruits, rendered advisable the consideration as to whether it was not better for foreign service to take only such as had recruited early and survived this period, or to recruit only from those who had passed the age when the disease was most liable.

The typhoid germ is certainly more deadly if its vehicle be poisonous also; and it becomes our duty to add an earnest appeal to that which seeks by proper legislation to give us pure air for our children to breathe, and pure, uncontaminated water to drink.

Dr. J. G. Richardson remarked: I am well aware that the evening is too far advanced for me to attempt to discuss the important subject of Dr. Hamilton's paper, and I will therefore content myself with suggesting how two of Dr. H.'s illustrative cases may be very plausibly explained in accordance with the modern views respecting the danger to human health from impure drinking-water, foul sewer-air, and other grave sanitary errors.

Dr. Hamilton mentioned the case of the mother of a family who contracted typhoid fever away from home, and brought it back to her farm-house, where several members of the family seemed to take the disease from her; and argued that this circumstance proved that the infection of typhoid fever was not carried by sewer-gas, because in this instance no sewers existed near the place. The true explanation of this seeming anomaly is, I believe, however, that whilst typhoid fever is sometimes carried by sewer-gas, it is more frequently conveyed in drinking-water contaminated by sewage, and that in this case the diarrhœal discharges of the mother were emptied near enough to the family well to soak through the ground into it, and, by polluting the drinking fluid, transmit the disease to other members of the household.

That some such mode of propagation may have existed is shown by a remarkable fact related by Prof. Flint, upon whom Dr. Hamilton relies as an authority against the dangers from sewer-gas, which are briefly as follows: A young man traveling by stage-coach in Vermont was taken sick, and left at a wayside inn in a small village. His complaint soon proved to be typhoid fever, and in a short time the disease appeared in each of the neighboring houses, the inhabitants of which used water from the tavern-keeper's well, *except one*, whose residents had quarrelled with the landlord, and consequently went elsewhere for their water-supply.

In the light of recent sanitary science, then, it appears that many people, many whole families, in rural districts, suffer from typhoid fever because they drink well water, polluted by direct mixture with fecal matter containing the specific fever germ, which soaks through the soil, often directly, into the well; whilst in cities a few persons, relatively, are attacked with typhoid fever, and many with diphtheria, etc., by inhaling poisoned sewer-air from stationary wash-stands and other modern conveniences. There are probably one hundred thousand villages and farm-houses in the United States to-day, where the cess-pools

feed the wells in this abominable manner, and such wells surely in their turn *feed* from time to time the church-yards in their neighborhood.

Again, Dr. Hamilton inquires, why is it, if sewer-gas is the cause of both typhoid fever and diphtheria, we now have, according to late reports of the Board of Health, only two or three deaths per week from the former disease, and thirty or forty from the latter? The obvious answer is that sewer-gas can only convey the *materies morbi* (the disease germ as I believe it is) with which it is freighted, and at the present time sewer-air in but few houses is contaminated with typhoid-fever poison, whilst in many it is loaded with diphtheria germs—precisely as drinking-water might contain both lead and copper in varying proportions, and accordingly as one or the other temporarily predominated, would persons who imbibed the fluid be liable to exhibit the symptoms of lead palsy or of copper poisoning.

Although I am not yet prepared to endorse the *dictum* of a late English hygienist, who declares "For every death from typhoid fever, somebody" (meaning some plumber, architect, or sanitary engineer) "ought to be *hung*," I do hope and believe that the time is not far distant when at least the charge of criminal negligence will lie at the door of every physician who, after being warned by the occurrence of one case of typhoid fever, diphtheria, etc., in a dwelling, does not immediately endeavor to guard the other residents of that house against the germs (or poison, if you choose) of infectious disease, by a diligent search for the sanitary defects in the water or milk supply, or in the disposal of sewage, which will almost certainly be discovered.

I have spoken of the germs of typhoid, diphtheria, etc., entering sleeping apartments from stationary wash stands in spite of traps, and in this connection I desire to show the Fellows of the College just how, as I conceive, these poisons may penetrate through such mechanical contrivances. Here I exhibit the ball of an ordinary Bower trap, covered with a coat of fungous growth, and here a portion of the slimy coating from one of the pipes of similar structure. Since these form a continuous lining quite through the trap, it is obvious, I think, that it may have crept up from the sewer itself, thus forming on the inner or house side of the trap a new starting point for the evolution of disease germs, against which, of course, the most perfect water-seal is absolutely no protection. This, I believe, is what really occurs in a multitude of instances, as I pointed out in a paper entitled "Why Sewer Traps are Unreliable" in the *Medical News* for September 2, 1882. The true remedy for the dangers of sewer-gas poisoning is, therefore, I think, as explained in that article, to be found in sterilizing the whole interior of our traps and waste-pipes with slow currents or drippings of powerful disinfectants, such as the salts of iron, zinc, mercury, or arsenic, "just as the shores of the Dead Sea and the banks of certain small streams are sterilized, by mineral ingredients or poisonous metallic substances, from manufacturing refuse, with which their waters are mingled."

Editorial Department.

Periscope.

Pulmonary Syphilis.

The *Med. Press*, March 7, 1883, thus writes: There are few diseases whose pernicious influences on the system are so universal and so diversified as syphilis. Its poison seems peculiarly inimical to fibrous structure, and consequently to the minute blood-vessels, and to the organs in which they ramify to the greatest extent. Certain recent works on this important subject have revived the interest in it which all physicians must feel; for example, the compendious memoir of Pancritius, the carefully-studied thesis of Carlier, and a series of communications made during the past five years to the Société Anatomique of Paris. These works examine exclusively the question of pulmonary syphilis in the adult. Pulmonary syphilis in the new-born is a subject totally *sui generis*, whose features have been grasped scientifically since the time of Cruveilhier, by such authorities as Baron, Billard, Husson, Virchow, Cornil and Ranvier, etc. All these authorities have reasonably concluded that the phenomena of infantile pulmonary syphilis are so characteristic that it is impossible to confound them with those of any other affection. But if on this subject, from the point of view of pathological anatomy, so much precision has been attained to, it is quite otherwise with the specific pulmonary affection of the adult. Not a few physicians have hesitated to acknowledge their existence, while some have even totally denied them. Paré, Baglivi, and Astruc conceded that syphilis might originate destructive alterations of lung tissue, to which phthisis would form the *rôle* of a *secondary diathesis*, an influence, they also maintained, common to blenorrhagia. In short, the specific nature of pulmonary syphilis has been but very tardily accepted by the profession. Morgagni was an avowed partisan of the pulmonary syphilitic doctrine, but sufficiently authentic proofs thereof failed him.

At the commencement of the present century, Lammonier affirmed the existence of a phthisis of a syphilitic nature, and curable by the ordinary anti-syphilitic treatment. During the period of thirty years, commencing with Lænnec in 1804, and which may be regarded as the Renaissance of pathological anatomy, syphilis was almost forgotten in this connection. Perhaps this was in great measure due to the influence of John Hun-

ter, who scarcely believed in any visceral complications of syphilis. It was not until 1826 that Lænnec and Andral described and recognized syphilitic phthisis. Van der Kolk maintained that syphilitic subjects sometimes died presenting "phthisical appearances, with ulceration of the lungs, situated most frequently in the middle lobe, *but without tubercle.*" To Ricord is mainly due the recognition of syphilitic phthisis as one of the most certain and incontestable sequences of venereal infection; and Gilbert, Fournier, and especially Lancereaux, have substantiated by pathological anatomy, not only the possibility, but even the frequency of syphilis of the lung. The microscope has afforded in this investigation less assistance than one would, at first thought, be led to anticipate. The structural changes of syphilitic lung appeared only as common inflammatory changes, and no light was thrown on the original specific nature of the process. Hence, consideration of the larger lesions, and the history of the special case, furnished the only reliable elements of diagnosis. In the lungs, as elsewhere, the histological changes initiated by the syphilitic virus consist of nodes and scleroses. Most frequently the scleroses are superficial; they are pleuro-pulmonary, and appear as elongated depressions, more or less deep, and more or less bound down with bands. These depressions are, however, seen in the most characteristic form in the liver and spleen. From the surface of the lung, these fibrous bands penetrate the parenchyma of the organ, and radiate towards the hilus, as the septa of the testicle towards the body of Highmore. The *gummata*, on the contrary, are almost invariably situated in the deeper structure of the lung, and especially around the greater bronchi. Not frequently numerous, they have a firm consistence, are of a yellowish color, and of a peculiar dryness, which distinguishes them from the great bulk of other morbid products. Their size is variable, but they seldom exceed that of a hen's egg. As a rule, they co-exist with sclerous induration of the parenchyma, and are encysted in fibrous rings or spheres. The large bronchial tubes are frequently ulcerated, and passage is thus sometimes afforded to the caseous substances of which the gummata are composed. In view of all the circumstances, it appears that syphilitic gummata of the lung manifest a preference for the region of the hilus, from which they spread from within outwards, toward the deeper structure of the parenchyma. It may, indeed, be questioned if this anatomo-pathological variety of gummatous degeneration may not be regarded as a kind of peribronchic mediastinitis, seeing that, in a state of disease, pulmonary lobules of the fifth and sixth division may be recognized by the naked eye, and only of about the third and fourth in health.

From the clinical point of view, certain important deductions are to be drawn from these considerations. The great difficulty of diagnosis consists in differentiating between lesions which are syphilitic, and those which are tubercular. These lesions are equally distinctive, the physical signs which accompany them are identical, the phenomena of genuine consumption are present—such as broncho-pneumonia, bronchial catarrh, and hæmoptysis—equal in quality and quantity, only the topographical distribution of the gummata and tubercle is different; for while the former show a preference for the region of the hilus, the latter does for the apex. It is asserted that in pulmonary syphilis hæmoptysis is more rare and less abundant than in phthisis; but this observation is not borne out by reliable experience. Again, in how many instances do patients die of phthisis who have never spat blood?

It is thus evident that in the presence of a destructive centre in the middle portion of the lung there is some excuse for uncertainty or timidity of diagnosis. But if, as almost invariably happens, that in the event of death from syphilitic phthisis, there exist specific lesions in the other viscera, especially in the kidney, in the bones, or on the surface of the body—if these lesions are manifestly recognizable as characteristic of syphilis, if the seat of the pulmonary destruction is other than what obtains in ordinary phthisis, there is almost incontestable proof that the initial stage has been syphilitic. In view of the signal amenability of syphilitic affections to proper treatment, it is obvious that the diagnosis of syphilitic phthisis is of the first importance; and to correct diagnosis may fairly be attributed the rarity of autopsies revealing visceral syphilitic lesions, and the *hiatus* that thus exists in visceral syphilography.

Dyspepsia.

In a very practical address on this subject before the West London Medico-Chirurgical Society (*British Medical Journal*, March 24, 1883), Dr. Hood drew especial attention to those cases of gastric lesion in which dyspepsia played an important part as a symptom, and suggested that, in many cases of so-called simple dyspepsia, there was a definite lesion. The carefully-compiled category of symptoms incidental to ulceration of the stomach suggested that the diagnosis was easy, the very opposite of that being clinically the case. In the early part of 1879, he had placed under his charge a gentleman, aged 40, who had spent many years in the colonies. For eight years he had been a sufferer from dyspepsia, the commencement of which he had attributed to irregularities of diet. He first felt pain over the region of the stomach. Soon he suffered from attacks of vomiting and acid water-brash. Failing to obtain relief, he came to England. When first seen, eighteen months after his arrival, his symptoms were much intensified. Blood was found in his vomit. Presently the stomach became intensely irritable, the patient being supported entirely by means of nutrient enemata. Slowly the grave symptoms subsided, and he regained flesh. In six weeks he went about as usual. Three weeks afterwards, while sitting, on moving suddenly he felt a pain in the stomach, and died within twelve hours. The *post-mortem* examination showed perforation of the stomach at its anterior base. A small healed ulcer, at its base no thicker than tissue-paper, had given way, and the contents of the stomach had been poured into the peritoneal cavity. The stomach, in the immediate vicinity of the pyloric orifice, was honeycombed with the remains of the cicatrices of old ulcers, that presented small depressions corresponding to the position of gastric follicles.

Another patient, whose symptoms bore some resemblance to those of the preceding case, was under his care at the same time. This was a German gentleman, aged 40, who had suffered from painful digestion about fourteen years. In the early days of his illness he had felt pain after taking food. Later, he began to suffer from occasional vomiting. When first seen he was rather emaciated. The stomach usually emptied itself at the end of the day. On several occasions a coffee-colored matter had been ejected, and altered blood was sometimes mingled with the vomit. The stomach descended below its natural limit, and a small lump could be felt in the epigastric region, indicating obstructive disease of the pylorus. Under treatment, flesh was gained, the vomiting ceased, and the stomach recovered its natural size: but the lump remained. Subsequently he went to his business abroad, when the symptoms returned, and he died of exhaustion. Ulceration of the stomach was of very frequent occurrence, but the symptoms of ulceration varied very greatly. Although hæmorrhage was an important symptom, it was not judicious to wait for the presence of blood before inferring the existence of ulceration. In treating assumed ulcer, the patient must be kept in a recumbent posture. Where there was much enlargement of the stomach, Dr. Hood generally used a counter-irritant, and he freely prescribed the various preparations of opium in those cases where there was no doubt that the dyspepsia did not arise from hepatic engorgement; it not only stimulated the bowels, but also made the patient less intolerant of restraint. Where the presence of ulceration was well marked, such treatment should be resorted to as would be insisted on if the ulcer occurred on the surface of the body. In the case of a lady, who at the time of first seeing him was afraid to take the simplest food, and in whom there was found in the epigastric region a spot very tender on pressure, he ordered her to bed, recommended rich milk and light broth as diet, and prescribed six drops of laudanum every four hours. Iodine was suggested as a counter-irritant. A simple soap-and-water enema was to be used every other day.

From the first, the patient's progress was satisfactory. She left her bed in fourteen days, and recently he received a letter stating that she was quite well.

Dr. Daniel said that three or four years ago he attended a gentleman who had acted as a special artist for a newspaper during the Franco-German war. He was a fine muscular man, but had contracted indigestion. He gave calomel and colocynth, but the symptoms increased, and the patient eventually died of exhaustion.

Dr. Schacht suggested that in addition to rest, an enema every other day was important. Constipation was an awkward symptom, and the enema, by relieving the stomach, allowed the opium to do its work.

Dr. Campbell Pope said that he overcame constipation with bismuth in conjunction with belladonna.

Dr. Orton said that he knew of a practitioner who had symptoms of ulceration for thirty-five years, and who at last collapsed from vomiting. The *post-mortem* examination revealed ulcers in all stages.

Dr. Hood, in reply, suggested that marked dyspepsia required the most careful examination, for early diagnosis was very difficult, The ulcers were really boils of the stomach, resulting in choked glands. He was strongly of opinion that dyspepsia demanded vigorous treatment.

Pathology of Bright's Disease.

More than once the opinion has been promulgated that the pathogenesis of the different forms of diffuse nephritis are in so far all alike, as the inflammatory process always starts from the parenchyma, viz., the epithelium of the glomeruli and of the uriniferous tubes. To decide the question, Dr. Aufrecht, in Magdeburg, has instituted a number of experiments. First he ligated one ureter. In this series of experiments* he was able to demonstrate on kidneys, the ureter of which had for some time been ligated, that in the beginning the epithelium alone was affected, by becoming granularly opaque, and by throwing off fibrinous casts. During the first few days, the interstitial tissue continued intact; on the fourth day the capsules of Malpighi were commencing to enlarge, which the interstitial spaces began to do at the same time, nuclear swelling of the local cellular tissue being in either case the cause of the enlargement. The walls of the vessels also became thicker, and mainly in consequence of the swelling of the cells of the adventitia and of the muscular fibres. The epithelium of the uriniferous tubes shows synchronously another alteration: it changes to small pale cells with plainly visible nucleus, but it is not destroyed. While tht lumina of the tubules become narrower, the interstitial spaces enlarge continuously in consequence of nuclear swelling and augmentation of cells.

In such a manner A. succeeded in bringing about a morbid process, beginning with affection of the parenchyma, followed by inflammation of the interstitial tissue. The cause is undoubtedly the chemical change in the epithelium, which induces the alteration of the parenchyma. While he was so fortunate as to produce a true interstitial nephritis with preceding disease of the epithelium, his experiments would not as yet have been decisive, had he not been able to show as final consequence a cirrhotic or atrophic kidney in which the process began with a lesion of the epithelium. And A. really has succeeded in producing by the subcutaneous injection of small quantities of cantharidin (0.0025 pro dosi) suspended in oil, all the different forms of nephritis, viz: the so-called acute parenchymatous, the diffuse parenchymatous, interstitial, and the cirrhotic or atrophic kidney, the latter being characterized especially by irregular, deep contractions (or drawn-downwards) of the surface of the organ; these contractions (similar as in cirrhotic liver) were varying in size, and between them the less affected tissue of the kidney appeared prominent. These elevations were sometimes not larger than a pin's head.

All these alterations had the same pathogenic cause, with the only difference that the most pro-

* Pathologische Mitth., 1 Heft., p. 11, and Cbl., 1878. No. 19, and Die diffuse Nephritis, Berlin, 1882.

gressed stage—the cirrhotic kidney—is in direct relation to the most frequent application of the drug employed. Generally the most vigorous animals withstood the largest number of injections; but the accident favored A. in as far as one of the most vigorous female rabbits, which had just concluded its lactation, died already after one injection of the quantity of cantharidin mentioned above, of acute parenchyamatous nephritis. Mostly strong animals did not succumb until the kidney-lesion, after a number of injections, had progressed to the later stages; and it was usually in weak and small animals only that the beginning lesion could be studied and followed up without bringing about the death of the animal in a different manner. First, the capsular epithelium began to swell, and the glomerulus was thereby pushed away from the wall. The epithelium of the tubules becomes turbid, swells and contains brilliant formations all over the cell; if on the basis, then the cell is pushed away from the membrana propria. Out of these brilliant formations (bright, shiny) the fibrinous tube-casts are formed—the same process as noted after ligation of the ureter of one kidney. But that this was not only a disturbed nutrition of the epithelium, caused by the cantharidin, was proven by the following parenchymatous intestitial nephritis, where the epithelium of the tortuous tubules was changed in a higher degree than than of the straight ones. Nowhere was wanting in the uriniferous tubes an epithelial cell. The epithelium of the capsular wall and of the glomerulus was not so much swollen in this stage, but often partly destroyed. The vascular theory of Cohnheim cannot be considered as wrong, after this, because the capillary vessels mostly were found to contain very little blood, the swelling mentioned of the epithelium narrowing the caliber of the vessels and preventing the passage of the blood, and white corpuscles were never noted to extravasate.

The scientific explanation for the process described is, that in consequence of an affinity, to us unknown, of the cantharidin to the epithelium of the kidney, a chemical change takes place in the latter which later affects the interstitial tissue, the last consequence of the morbid process being the cirrhotic kidney.

A Case of Acute Yellow Atrophy of the Liver.

Dr. D. van Haren Noman, in Virchow's Archiv. Bd. xci. II. 2 p. 334, describes a case of acute yellow atrophy of the liver. C. R., unmarried, seamstress, came on the 11th of March, complaining of a feeling of malaise, some epigastric pain, headache, coated tongue and failing appetite—in short, the symptoms of an ordinary gastric catarrh. Two days later the patient was decidedly jaundiced, but the previous symptoms had ameliorated. Physical examination revealed nothing unusual, and especially was it noted that the liver dullness was normal. The urine, although bile-stained, contained neither albumen nor any morphological products. The symptoms were those of catarrhal jaundice. On the 25th, the aggravated nature of the case became apparent. The patient at first became somnolent, and this deepened into coma, from which she could not be aroused. She lay with half-opened eyes, pupils reacted feebly, and now and then short tetanic spasm of the arms, less frequently of the face and limbs, were apparent. The urine was dark-colored, and contained besides biliary coloring matter and salts, albumen and leucen styrosin. The height of liver dullness amounted to 7 cm ($2\frac{3}{4}''$) in the mammillary line, and reached 2 cm ($\frac{3}{4}''$) to the left of the linea alba. The temperature was 36 C. (96.8 F.) pulse 57, respiration 16. The symptoms continued with some fluctuations in temperature until the morning of the 28th, when death occurred, seventeen days after the beginning of the attack;

At the autopsy, $10\frac{1}{2}$ hours after death, the following conditions of the liver were noted: Breadth of the right lobe, 145 mm. ($5\frac{3}{4}''$); of the left, 92 mm. ($3\frac{5}{8}''$); the heighth of the right lobe, 146 mm. ($5\frac{3}{4}''$); of the left, 89 mm. ($3\frac{1}{2}''$). The maximum thickness of right lobe was 61 mm. ($2\frac{3}{8}''$). The capsule was smooth and shining. On the upper side were seen here and there small and larger yellow spots, which were more numerous and larger on the lower part, the rest of the surface being reddish-brown. Upon section, these yellow spots were noticed through the entire parenchyma. The boundaries between the red and yellow parts were not always sharply defined. The consistence of the liver was soft, and in shape it was very flat, with thin, sharp edges. Microscopical examination of the yellow parts revealed large, granular, cloudy cells, only in some cells small fat kernels were to be seen. There were some strongly refracting bodies, which stained deeply in the borax-carmine. The interstitial intra-lobular connective tissue was broadened and composed of a fine fibred, finely punctate tissue. In the places where the red and yellow substances joined, cellular remains were found, in which sometimes no nuclei and again remains of nuclei appeared. There was a finely punctate connective tissue stroma, in which spaces and alveoli were evident. In some of the red tissue parts, the section resembled an angioma, being composed of spaces filled with white and red blood-corpuscles, and containing small residues of liver cells, either with or without nuclei. In the red spots corresponding to the inter-lobular connective tissue were seen ramifying arteries and veins, and in the tissues rare cylindrical cell masses, and small-celled infiltration, especially near the vessels. He thinks the red atrophy is a later stage of the yellow, and not that both are the results of two different processes.

Face Presentation.

In the *Brit. Med. Jour.*, Dr. Strachan, of Sunderland, writes: "A. W., aged twenty-two, primipara, at full period, was first seen after slight dilatation of os had taken place, the face having barely engaged the pelvis, although the membranes were ruptured, and the liquor amnii was escaping. The finger touched the right malar bone and orbit. The pains were frequent but not strong, and the patient was hysterical. I gave opium, and left her, and was sent for twelve hours later, when the os was fully dilated, and the face, which had now descended to about the middle plane of pelvis, was found presenting, in the first position, the right oblique diameter,

with chin backwards towards right sacro-iliac-synchondrosis. As the forehead seemed decidedly to take precedence, I tried gently to make the head rotate on its transverse axis into the first cranial position, with the occiput towards the left ilio-pectineal eminence, but did not succeed. This was the method recommended by the late Dr. J. Clark, but is now abandoned. Next, introducing my finger into the mouth, I endeavored to bring down the chin—the proper analogue of the occiput—at the same time assisting the natural rotation into the fourth facial position—the left oblique diameter, with the chin forwards. But all my efforts seemed fruitless to move the head in any way, especially as the pains were weak. So, after waiting two or three hours longer to see what course nature intended to adopt, and as the fronto-mental diameter still remained impacted in the same position, I gave chloroform, and applied the long forceps with double curve; the upper blade, which had to be introduced first, being rather difficult of introduction between the prominences of the face and the maternal parts, so as to avoid injuring either. The long straight forceps are recommended in these cases with the view of better assisting rotation, but in this instance the double-curved ones answered remarkably well, as under rather powerful traction, accompanied by a gentle twist in the desired direction, rotation took place into the fourth position, and the face was born chin forwards, the hollow of the forceps pointing backwards. Had rotation not taken place, the case would most likely have ended in craniotomy. The child was born alive, and although slightly disfigured at the time, with the caput succedaneum over the right cheek and orbit, which were both considerably swollen, it has done well; the mother has also made a good recovery."

The Essential Nature of Diseases of the Heart.

The *Med. Times and Gaz.*, March 17, 1883, says: M. Martin, in an elaborate paper on the pathogeny of heart diseases, in the *Revue de Médecine* for February, 1883, divides all heart affections into two groups, viz., those of valvular origin, and those of vascular origin. These groups resemble each other in that each has an acute and a chronic stage,—the latter being almost always a consequence of the former; in both groups, too, the original lesion—whether it has a chief valvular focus, or whether it depends upon a number of minute vascular foci—may be the starting-point of a twofold inflammatory process, partly muscular and partly interstitial. The former process is always compensatory. As regards the latter, whether the process has commenced in one of the valves and spread thence to the muscular wall of the heart, or whether it has commenced as a periarterial lesion, is a matter of little moment, for the ultimate result is the same, viz., diminution of the power of the heart, and finally asystolism. But, granting that no hard and fast line can be drawn between the two groups, or even that ultimately it should be shown that all lesions of the heart have their origin in some vascular change, still M. Martin thinks that his proposed classification might be retained with advantage, as corresponding with unquestionable differences in the etiology and mode of evolution of these changes.

Practical Applications of Koch's Discovery.

From the *British Medical Journal*, March 3, 1883, we learn that Dr. Gairdner, of Glasgow, is of opinion that the practical applications of Koch's discovery are to be looked for chiefly in two directions. First, in that of prevention. "This discovery," he remarked at the Glasgow Medical Society, "imposed on medical men the necessity of looking to the observance of the most scrupulous cleanliness. They must have clean hospitals, clean wards and walls, clean rooms and floors. More than ever must this now be the order of the day. They must keep in view that no man was safe unless he got everything round him as clean and as pure as could possibly be managed. Another possible direction in which what they had learned might be applied (though the question was so obscure that probably even Koch would not push it), was in making experiments to ascertain whether the tubercle-bacillus could be cultivated into a milder form. Were this possible, the question might arise whether, as in the case of small-pox and anthrax, the milder form might be utilized as a prophylactic against the more virulent form. In the matter of cure, too, attempts must be made to apply the discovery. For the next year or two, there would be a run on the indiscriminate use of antiseptics in the treatment of phthisis: and probably this would result in disappointment. But this ought not to discourage them, as they might feel sure that, whatever residuum of utility there existed in the antiseptic treatment of phthisis, would eventually be made clear."

Chronic Diphtheria.

In the *Berlin Klin. Woch.*, Dr. Wall reviews twelve cases of chronic diphtheria. He says the course of the disease is different in the pharynx: the membranes are not removed there so soon as from the tonsils, and there is a constant source of contagion. If the secretion is profuse, the disease cannot be overlooked, but that is not always the case; he had twelve cases where his rhinoscopic examination revealed the nature of the discomfort. Large ulcers and destructions were detected. Impaired hearing and pain in the eyes have caused an examination. There was always a pain in the eye, generally on one side, spreading over the head, especially when true ulcer was at the basis of the cranium. The ulceration resisted sometimes every treatment, and came down to the soft palate and even the œsophagus. Local complaints became very severe sometimes, with a general debility without fever. The ulcers were similar in character to those of syphilis or tuberculosis. Dr. Wall says diphtheria gets its most destructive character in cases where hereditary syphilis, scrofulosis, or tuberculosis could be traced.

The treatment is tedious; a solution of carbolic acid, five to eight per cent, powdered iodoform, and boric acid, are the best remedies, assisted by the frequent use of the nasal douche. These strong solutions must be used strictly at the place; weaker solutions might be used in the atomizer. The anti-syphilitic treatment in doubtful cases must always be postponed.

The Cure of Strabismus by Glasses.

The *Practitioner*, March, 1883, says that M. Boucheron (*Annales d' Oculistique*, December, 1882), recommends the use of corrective glasses in cases of convergent strabismus, an affection that is usually associated with hypermetropia or long-sightedness. The employment of appropriate corrective glasses must, however, be preceded, as Green recommended long ago, by the instillation of atropine to paralyze the accommodation, and the effect of the atropine should be continued for two or three months, if the case is seen at the outset; or for ten or twelve months if the affection has lasted some time. In fact, the employment of the atropine should be continued as long as there is any tendency to strabismus. The glasses ordered should be of sufficient strength to neutralize completely the hypermetropia present. When no further tendency to strabismus is observed, the atropine may be discontinued, but the glasses must still be employed. The strength of the atropine solution he uses is one part of the sulphate to 300 of water. If atropine produces any irritation, he uses duboisine. When strabismus is fairly established, he resorts to tenotomy, but even after this is performed, he instils atropine.

Hernia Reduced by Electricity.

The *Practitioner*, for March, 1883, says that Dr. Suprunenko mentions an experience of interest in the *Wratsch* (No. 17, 1882). A right inguinal hernia, strangulated for three hours, had resisted half an hour's taxis. A moderately strong induction current was then tried; the positive electrode being pressed against the tumor, while the negative was applied first against the lumbar vertebræ, afterwards over the umbilicus. The hernia at once began to diminish, and in less than two minutes disappeared entirely. Another case is given in the same journal (No. 40, 1882). An old man of eighty had suffered from a strangulated hernia for twelve hours. Persistent taxis had altogether failed, though Dr. Pergamin kept it up for over two hours. The induction current was then used for fifteen minutes, the pole being applied to various parts of the tumor, but this also failed. The current being still maintained, he again attempted manipulation, and in two minutes the bowel returned into the abdomen with a gurgling noise. (*Centralb. f. Chirurgie*, Dec. 9, 1882.)

Reviews and Book Notices.

NOTES ON CURRENT LITERATURE.

——*Harper's Monthly*, Harper & Brothers, New York, for May, is before us. We cannot say unusually attractive, for *Harper* is always first of the monthlies. This number has an exceedingly attractive description of San Francisco, finely illustrated. The second of the series of historical articles, "The Treaty of Peace and Independence," is extremely interesting, with well-executed portraits of some notable men of those times. "The National Academy of the Arts of Design," by Benson J. Lossing, gives a vivid description of the trials of New York artists in establishing their National Academy, telling how much they owe to S. F. B. Morse, who is seldom associated with the Arts of Design in the mind of the general public. The short sketches of the artists, Durand, Ebers, and Cummings, add much to its interest. The sketch of Anthony Trollope, with its fine portrait, the article on the Brooklyn Bridge, and the Middle Colonies before the Revolution, are all of much interest. The short stories are good, as usual, and John F. Weir's Art Study at Home and Abroad should be carefully read by all art students. Not the least valuable of its contents is the Editor's Easy Chair and Literary Record.

——*The Agriculturist*, much improved artistically, and in many other respects, is a necessity for the farmer's family, and its price puts it within the reach of those of the most moderate means. Price $1.50 a year.

——*Littell's Living Age* is certainly the very best of all weeklies. No other publication can supply its place. It contains not only the best solid literature, but also the best serials of the day. For readers of limited leisure and purse, it is the most available means of possessing themselves of the very best current criticisms, philosophy, science, and literature, at the very reasonable price of $8.00 a year.

——*Harper's Weekly*, which stands first of all illustrated papers, has become a necessity to every intelligent family. The illustrations, by the best artists, are unequalled by those of any other paper in the country. Price, $4.00 a year.

——We would recommend as religious newspapers, the *Independent;* the *Evangelist*, of New York; the *Presbyterian Banner*, of Pittsburgh; *Christian Advocate*, of New York; *Zion's Herald*, of Boston, and the *Presbyterian*, of Philadelphia.

——Of family newspapers, the *Germantown Telegraph* is unsurpassed, and in many respects, the *Vermont Journal*, published in Windsor, Vt., is equally good. They should be in every family of the country. Full of interest to old and young; and free from everything the youngest member of the household might not read, they are the model newspapers of the day.

——For lively and interesting social news and talk, *Progress*, by Forney, is one of the most charming of weeklies. Other regular and valuable exchanges are the *Trenton Gazette*, and *Cincinnati Gazette and Commercial*.

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THE EFFECT OF SALICYLATE OF SODIUM ON THE HEART.

The question, what effect preparations of salicylic acid have on the heart, is still not solved; experiments instituted to decide it having given contradictory results. According to some, the systolic action of the heart is strengthened: according to others, weakened. We only need to refer to the investigations of Bartels, Welyki, Bochefontaine, Köhler, Danilewski, Oltremare, Cattani, Chorone and Petrucci, and to the chapter of Liebermeister* in V. Ziemssen's Cyclopædia. The latter seems to be of the opinion that the effect is a depressing one, as he mentions at the end of his article that he does not prescribe salts of salicylic acid to patients with a weak heart.

Prof. Ed. Maragliano, Director of the Clinical Institute in Genoa, has recently taken up the subject again, and instituted in the interest of practical therapeutics a series of investigations, the results of which are rather interesting, and seem to decide the question finally.†

Three different kinds of experiments were made by the assistants of Maragliano under his direction.

The first concerned persons to whom the salicylate of sodium was given for several days consecutively. The curves of the pulse were noted with the sphygmograph during and after the use of the remedy every morning and evening.

The second series were individuals in whom the curves of the pulse were noted before and after a single doses of salicylate of sodium of about 75 grains (5 gramm).

The third series embraces persons in whom the arterial pressure was determined after Basch's method, before and after the administration of a single dose of the same remedy of about 75 grains.

These investigations gave the following results:

1. Salicylate of sodium, if administered for a number of days *in refracta dosi* causes a progressive increase of strength of the beat of the pulse, and the systolic line becomes progressively higher.

2. After a single large doses there was observed,

*Vol. I., pt. 2 and 3, page 74.

†Centrlbl. f. d. Med. Wiss., 48, 82. Page 865.

one hour after the administration of the remedy, an augmentation of force of the beats of the pulse, and the systolic line ascended higher; two to three hours later this effect had reached its maximum, and disappeared three to five hours later. The normal dicrotismus usually becomes accentuated. Sometimes the pulse becomes tricrotic.

3. The intra-arterial pressure increases about an hour after the administration of a single large doses, and becomes again normal about three hours later. The increase varies between ten and twenty mm. mercury.

This triple series of investigations seems to exclude, therefore, all thoughts regarding a possible depressing effect on the heart of the salicylate of sodium.

Certainly in all these investigations we may take for granted, as no mention is made to the contrary, that the individuals selected for these experiments did not suffer from any organic lesion of the heart. To judge from analogy, as, for instance, of the effect of digitalis on a heart the seat of some lesion, we would infer that the action of salicylic acid and its salt is always a stimulating one, and therefore the remedy contraindicated, whenever the impulse of the heart is already too powerful. It should not be administered in hypertrophy, nor in diseases like meningitis, where, in the beginning, at least, the heart is overacting, if anything. Whenever we wish to depress the circulation, salicylic acid is contra-indicated.

PROSTITUTION.

An evil, undoubtedly, yet it would seem in the light of human morality to be almost a necessary evil. Legislation has been from time immemorial impotent to eradicate it, while the older countries, as the result of centuries of experience, have given up the effort, and direct their legal enactments rather towards keeping it within bounds than to do away with it.

As its regulation, in our new country, constitutes a question of paramount importance, we may derive some valuable hints from the following, which we take from the *Medical Press*, March 21, 1883:

Dr. Moriz Kraus, Secundarartz of the Royal Krankenhause Wieden, Vienna, recently published an article in the *Wiener Medizinische Zeitung* on the above subject. From it we learn that some time between the years 1860 and 1870 a health-book was introduced as a check upon the spread of venereal diseases. Every registered prostitute possesses one. On the one hand, its possession is an indisputable legitimation, and on the other, a tolerably perfect means of control on the part of the authorities. The book contains (*a*) the nationality of the person to whom it refers, together with her signature; (*b*) residence; (*c*) name and residence of the examining physician; (*d*) the examiner's decision as to her state of health. Section 1 explains the intention of the health-book, which is to show proof of her having undergone regular and satisfactory medical examination. Section 7 fixes the remuneration of the examiner at 1s. at the examiner's own house, 2s. at the prostitute's. Section 8 provides that, if the prostitute on examination be found sound, the fact, together with the date of the examination, be entered in the book; but if, on the other hand, she be found to be suffering from any affection of the genital organs, or from any contagious disease, the examiner is empowered and required to detain the book. He is then to offer her her choice of the three Royal Krankenhäuser, and in case of her refusal to enter any of these, she is to be detained in a hospital by the police. Finally, she is to be sharply warned that, if she still pursues her calling, a penal prosecution will be the result. Treatment of such cases of venereal disease at the prostitute's residence is unconditionally forbidden. There is finally (*e*) a tabulated appendix, which contains the condition in which the possessor of the book was found, the date of the examination, and the signature of the medical examiner. By means of this the police commissary has proof at once that the bi-weekly examinations are regularly submitted to in accordance with section 2 of the health-book. Dr. Kraus proposes to render the book more complete, and less liable to abuse, by affixing to it the photograph of the prostitute to be renewed every three years, her age, and finally a small appendix of instructions on the nature and symptoms of the various maladies to which she is, by her calling, of necessity exposed. He cannot help mentioning an interesting circumstance, viz., that of late syphilis has occurred with the lowest possible frequency in the syphilis divisions of the three Krankenhäuser, and he attributes this *erfreuliche Thatsache* on the one hand to the health-book, and on the other to rigorous control on the part of the police.

ACCIDENTS PRODUCED BY LUMBRICI.

At a recent meeting of the Societé de Therapeutique, a member mentioned a case where a large number of round worms were found in the hepatic ducts, and several encysted in different parts of the liver.

The patient was a little girl, five years of age, who was brought to the hospital in an alarming

state, presenting choleriform symptoms. The physician learned that the child had passed three round worms, but did not pay any particular attention to the circumstance. The child succumbed three days later. At the autopsy a perforation of the stomach and general peritonitis was discovered; several lumbrici were found in the abdominal cavity. Very little attention is paid to lumbrici at Paris, as the water in common use is filtered, and worms are not often found. M. Archambault recalled a curious case which occurred in his practice. Three children, newly arrived in Paris, after partaking very freely of spiced cakes, were suddenly seized with alarming symptoms, one with convulsions, another with very painful colic, and the third with diarrhœa and vomiting. As the matters vomited contained several lumbrici, santonin (20 centigrammes) was given, and caused the expulsion of a large number of worms.

It is evident that in these cases, the alarming symptoms were induced by the violent reaction of the worms, irritated by the spiced food.

Many cases of arthralgia in children are due to the presence of lumbrici, and the pains disappear on the administration of santonin.

THE PROPER WAY TO USE IODOFORM.

When an antiseptic is employed in the treatment of wounds, the form or manner in which it is used is generally considered of little importance. M. Wiskemann, in a memoir in the *Berliner Klin. Wochenschrift*, mentions the recent experiments of Koch, which prove that carbolic acid dissolved in alcohol or oil has no deleterious action on the malignant charbon germs. He himself affirms that it is by no means a matter of indifference whether iodoform be applied over the surface of an ulceration, specific or otherwise, in form of crystals, as an amorphous powder, dissolved in ether, or as an unguent.

Iodoform acts, not only as a chemical combination, allowing the escape of iodine in a free state; it has also certain mechanical properties. When the surface of a wound is covered with a layer of iodoform in crystals, a certain degree of absorption of the liquids secreted takes place. These products of secretion, penetrating the interstices between the minute crystals of iodoform, soon lose the liquid form, and produce with them an impermeable crust. Under this crust, cicatrization soon occurs, without any retraction of the tissues. Iodoform should then, according to this author, be employed in the form of crystals when used as a dressing for wounds, or for ulcers, syphilitic or otherwise.

TREATMENT OF SYPHILIS COMPLICATED WITH MALARIA.

Malaria is not, perhaps, a frequent complication of syphilis in this country, but the treatment employed in such cases by Sigmund will, without any doubt, prove applicable in many cases occurring in our large cities, where the individuals are, to use a common expression, considerably run down.

The essentials of treatment are as follows: 1. Each morning rub into the groins or elsewhere, five grams of mercurial ointment. 2. At bed time the patient will take two pills, prepared according to the following prescription:

R.	Ac. arsenious,	gr. ij.
	Ferri protochlorid,	gr. xv.
	Quiniæ sulph.	gr. xlv.
	Ext. gentianæ,	q. s.

Et. ft. pil. No. 100 of three grains each. Augment progressively the dose from two to six pills.

PARIS HEALTH REPORT.

M. Du Castel, at a recent séance of the Soc. Medicale des Hopitaux, presented his report on the reigning diseases during the last quarter of 1882.

The general mortality was rather elevated, as there occurred 4,247 deaths instead of 3,146, the average for the same quarter during the preceding ten years. About 21,000 patients were received into the hospitals.

Pneumonia and pleurisy were less frequently observed, and were of less gravity than usual, while pulmonary phthisis caused a large increase of mortality.

303 cases of diphtheria were received in the hospitals, with 188 deaths; in the city 432 deaths from the disease were noted.

There was a marked remission as regards typhoid fever. The cases were not so numerous, and were of less gravity; the mortality 13 per cent.

Notes and Comments.

Bacillus Mounting.

In the *Med. Press*, March 28, 1883, Dr. F. J. B. Quinlan thus describes what he considers the best method of preparing tubercular bacilli for the microscope. Take a button of phthisical expectoration in an advanced case—the first expectoration in the morning is the best; pour upon it a few drops of liquor potassæ, and work it with a glass rod until it becomes a homogeneous fluid. Put a drop of this fluid upon a microscopic cover-glass, from .006 to .004 thick, and allow it to dry. Now pass it lightly through the flame of a spirit-lamp, filter upon it a few drops of magenta aniline solution, and let it lie for twenty minutes. Place it in a mixture of one-third nitric acid and two-thirds of distilled water until it bleaches, which will take about five minutes, and wash it with water. Next drop upon it a little methyl blue solution, and let it stand for five minutes; and finally get rid of all aqueous fluid, by dipping it in absolute alcohol. To mount it, put a small drop of Canada balsam and benzine upon a glass microscopic slide, and put the cover-glass on it with the bacillar surface immersed in the balsam. This will soon harden, and will preserve the preparation indefinitely. The plan depends upon the fact that once the bacilli are stained red they cannot be decolorized by the nitric acid, which bleaches everything else; it is much facilitated and hastened by doing it at a warm temperature. By this method the bacilli are seen scarlet, and the other elements of the sputa blue. The bacillus is about one-third the size of a red blood corpuscle, and requires a power of at least 500 to exhibit it satisfactorily. The process is delicate and a little tedious; and from my own laboratory experience of it, I doubt if it will become a clinical test in general practice.

Cancer of the Ileum.

In the alimentary canal malignant growths are most frequently found in the buccal cavity, respectively, tongue, etc., in the œsophagus, stomach and rectum. But that also other parts of the intestines, and especially the ileum, may oftener suffer from this complaint than many imagine, we learn from the report of Dr. Du Castel (Archives Générales de Médecine, 1882, ii. 7.)

The cancer of the ileum has its origin in the lowermost end of the small intestine, near the Bauhin's valve and its near neighborhood. Experience has shown that it may be limited to the valve alone, which latter then loses its elasticity, and is changed into a solid plate, by which the locomotion of fæces is prevented, and sometimes totally ceases. In case the cancerous masses break down during the course of the disease, the passage is again open, and diarrhœa instead of the former constipation becomes the rule, as is always the case whenever any inflammation exists near the ileo-cœcal valve, which does not totally occlude the opening. Upwards this cancer rarely spreads farther than 5 to 10 ctm., but if of long duration it will extend to neighboring tissues, the peritoneum, lymphatic glands, and especially the colon. The primary seat, however, of the carcinoma, in such cases, is always the ileum, and so all cancers in the intestines are at the end of a segment: cardia, pylorus, rectum.

The Curability of Cerebral Aneurism.

Dr. James Grey Glover reports an unusual and interesting case in the *Lancet*, March 31, 1883. Nine years ago the patient had an aneurism of the internal carotid artery, which ruptured, the extravasated blood was absorbed, and she recovered. After nine years a second aneurism developed near the old one, just as the vessel leaves the carotid canal at the base of the brain, within the cranial cavity, of course. The only symptom she had during her illness was paralysis of the third cranial nerve. She was perfectly well until three weeks before her death, when she was taken sick. She suddenly became unconscious, and remained so for twenty minutes. She came out of this, and the attack passed off, leaving only ptosis, dilated pupil, and strabismus. Ten days later she had another attack, similar to the first, but more severe. From this attack she rallied, but the third attack followed. She became suddenly unconscious, and remained so fourteen hours. The autopsy revealed the aneurism which had ruptured, and the obliterated sac of the old aneurism which ruptured nine years ago.

Muscular Atrophy Following Affections of Joints.

The occurrence of a case, where in a young man after a contusion of the right knee-joint debility and atrophy of the quadriceps m. of the same side followed causes Charcot to discuss the fre-

quent appearance of such lesions after affections of joints, especially of a surgical character, in the *Progrès Méd.*, 1882, Nos. 20 and 21. Most authors are of the opinion that in consequence of the sensory nerves being irritated by the affection in the joint, in a retrograde manner, a change takes place in the place of origin of the motor and trophic nerves in the spinal cord. They are "dynamic" disturbances without deeper lesions; the electrical treatment, therefore, is usually followed by recovery. Charcot seems to confirm this idea, and mentions that the reaction of the atrophic muscular structure to the electrical irritant is quantitatively only decreased. Reaction of degeneration, as noticed in cases of muscular atrophy due to morbid organic changes in the motor nerves or in their centre in the spinal cord, is never observed in the cases in question. Charcot also lays stress on the fact that the electrical spark of an electrical machine induces very strong and energetic contraction in such muscles, which respond very feebly only to the stimulus of the induction coil or of the coustant current.

On the Connection Between Disease of the Eye and Affections of the Sexual Organs in Females.

Dr. C. E. Fitzgerald read a paper recently on this subject (*Med. Times and Gaz.*, March 24, 1883). He related a case in which a violent neuro-retinitis occurred some time after a sudden cessation of the menses. The vision improved under treatment, and with the reappearance of the menses. In a case of disseminated choroiditis with floating opacities in the vitreous, multiple fibroid tumors of the uterus were found; and it was suggested that possibly these tumors affected the circulation, so as to react injuriously on the delicate vascular tissue of the eye.

Referring to masturbation, he thought that the habit was practiced by females much more frequently than was generally supposed, and mentioned three cases in which he believed it had acted most injuriously upon the eyes. He considered the subject one of grave importance; and that, however unpleasant it might be, it ought to be thoroughly investigated. He believed that the majority of cases of asthenopia in young women which were not benefited by glasses were due to this cause.

Osteoma of the Corpus Striatum.

We frequently note cases where persons since childhood had a paralyzed limb, the nutrition and development of which never progressed since the time the lesion first made its appearance. The usual history of such cases is, that the individual, when in his earliest childhood, became suddenly sick with fever and irregular pains, when, mostly after a day or two, without any apparent cause, the gradually increasing helplessness of the affected limb becomes apparent. It is rare that we have the opportunity of recording after the death of the person the pathogenic morbid condition, and two cases, therefore, reported by Dr. A. Bidder in Virchow's Arch., lxxxviii., p. 91, are of decided interest. At the post-mortem of one of these cases, that of a man æt. 39, who since his childhood had suffered from paralysis and contracture of both extremities on the right side, the development of which had also continued in *statu quo*, an irregular shaped bony body was found in the substance of the left corpus striatum. The microscopic examination revealed it to be an osteoma. B. gives besides the history of a case, where the individual is still alive, and where exactly the same pathological condition exists, and also since early childhood.

Atropia for Ear-ache.

The *Boston Jour. of Chemistry* says that Dr. A. D. Williams recommends its use as follows:

The solution is to be simply dropped into the painful ear, and allowed to remain there from ten to fifteen minutes. Then it is made to run out by turning the head over, then being wiped with a dry rag. The solution may be warmed to prevent shock. From three to five drops should be used at a time. The strength of the solution must vary according to the age of the child. Under three years one grain to the ounce, and over ten years four grains to the ounce of water. In adults almost any strength may be used. All ages will bear a stronger solution in the ear than in the eye. The application should be repeated as often as may be necessary. Usually, a few applications will stop the pain. In acute suppurative inflammation of the middle ear and acute inflammation of the external meatus, atropia will only slightly palliate the suffering, but in the recurring nocturnal ear-aches of children it is practically a specific. *Med & Surg. Reporter*

Glio-Sarcoma of the Cerebellum.

A case presenting prominently the following symptoms, viz.: 1. The history of a fever, which at first came on periodically; 2. Marked splenic enlargement; 3. Great muscular soreness; and, 4. Incomplete paralysis, was diagnosed by Dr. L. Emmett Holt (*Med. Record*, March 31, 1883,) to be

due to chronic malarial poisoning. The patient (four and a half years old) improved for a week, under the use of quinine (gr. xx. per diem). She grew worse, however, and diagnosis of tumor was made, which the autopsy confirmed. The growth was situated on the inferior surface of the cerebellum. This case teaches that we should not be too ready to atrribute obscure nervous symptoms to malarial poisoning, even in patients in whom indubitable evidences of such poisoning exists; and that a failure of full doses of quinine to affect the symptoms should lead to a careful examination for organic disease of the nerve centres.

New Treatment of Phagedenic Chancre.

The treatment proposed by MM. Vidal and Ferrillon against this ordinarily intractable form of the disease, has already proven successful in the hands of other practitioners. The preparations recommended by M. Vidal are the following:

℞. Acid. pyrogallic, ʒ v.
Vaseline, ʒ xx.
M.

This is employed in the treatment of superficial ulcerations without deep sinuses or pockets; for the treatment of the latter form the following powder may be dusted into all parts of the ulceration:

℞. Acid. pyrogallic, ʒ v.
Amyli pulv., ʒ xx.
M.

M. Ferrillon considers the following preparation as better adapted for general use:

℞. Ac. pyrogallic, ʒ x.
Vaselinæ, ℥ iv.
Amyli, ʒ x.
M.

The dressing should be renewed twice daily.

A Prescription for Acute Rheumatism.

In the *Brit. Med. Jour.*, April 7, 1883, Dr. J. Mortimer Granville says: In acute rheumatism, as early as possible in the case, give the mixture described below, in the diluted form in which I have prescribed it. Do nothing else, except to pack the painful joints in wraps of very loose cotton-wool, covered with light flannel; not oil-silk or any other vapor-proof material.

℞. Tincturæ aconiti, (*P.B.*) ♏ xij.
Ammonii sulphidi, ♏ xvj.
Aquæ menthæ viridis destillatæ, ʒ vj.

The dose is a fourth part, every fourth, or, in severe cases, every third hour, until the pain is relieved and the "fever" has abated. The mixture should not be prescribed in larger quantity than will suffice for four doses, on account of the tincture of aconite, and, more especially, the tendency of the sulphide of ammonium to decompose and deposit sulphur.

Extract of Calabar Bean.

This medicament has been recommended as an heroic remedy in obstinate constipation. Recent experiments undertaken in the service of Prof. Leyden, of Berlin (*Deutsch Medic. Woch.*), demonstrate that this extract has a very rapid and sure action in atonic states of the intestine, characterized by flatulence, meteorism occurring just after meals, a sensation of weight in the epigastrium, habitual constipation, etc. The medicament was given in this form;

℞. Ext. calabar bean, 1 centigram.
Glycerinæ, 30 grams.
M. Et. S.—Ten drops daily.

The patients are greatly relieved, but the benefit is rarely durable, and if the remedy is continued for any length of time, toxic accidents are apt to supervene.

Pruritus Urethræ during Gonorrhœa.

In the *Journal of Cutaneous and Venereal Diseases*, April, 1883, Dr. Wm. L. Axford mentions a most intense itching of the urethra often observed during the third stage of gonorrhœa. All treatment was unavailing until he found that distention of the urethra afforded relief. The passage of a catheter, however, increased the inflammation, so he resorted to the following expedient, which he has found successful. The patient was directed to hold the end of the penis firmly between the thumb and index finger in such a way that no urine can escape, then to make an effort to micturate, thus thoroughly distending the urethra and keeping it so for one or two minutes, the sensations of the patient to be the guide as to the amount of force to be used.

Iodoform Suppositories in Puerperal Septicæmia.

In the *Canada Med. Record*, March, 1883, Dr. Alloway presents the records of six cases of puerperal septicæmia, three of which had been treated by a new method, viz., the introduction into the uterine cavity of iodoform suppositories. In carrying out the treatment he uses a Sims' speculum, washes out the uterus first with plain or carbolized water, and then, with a tent-inserter, passes the suppository far up into the fundus. He uses them of the strength of ten, fifteen, or twenty grains, and usually introduces one night and morning. No poisonous effects have been noted.

Climacteric Dyspepsia.

Mr. Prangley read a paper on this subject before the Norwich Medico-Chirurgical Society. It occurs in women between the ages of forty and fifty. The symptoms are those of great nervous depression, with pain on the top of the head, noises in the ears, hot flushes and chills, with curious sensations in the abdomen. The dyspeptic symptoms are those of præcordial distress, with palpitation, costive bowels, coated tongue, and foul breath. The treatment consists in the administration of bismuth, bicarbonate of potash, and ammonia, adding valerian if the nervous symptoms predominate, followed by quinine, strychnia, and the dilute nitro-hydrochloric acid.

Condensed Milk.

Dr. Richard Neale raises his voice in the *Brit. Med. Jour.*, March 24, 1883, against giving condensed milk to infants. "At times, given medicinally, it is of great value; but, as a food, it is unnatural, and sooner or later the infant must suffer if thus fed. I have in so many instances seen the fatal results of bringing up infants on the condensed milk, that I invariably warn patients against its continuous use. The most robust-looking child thus fed has no vitality, and is frequently cut off by an illness that, under other circumstances, would have proved very trivial." We can corroborate his experience.

Phosphatic Incrustations of Urethra.

Though rare, yet it sometimes happens that, after lithotomy, phosphatic concretions form in the urethra, interfering with micturition and the passage of a catheter. Dr. S. S. Kahn, of San Francisco, reports such a case in the *Medical Record*, March 31, 1883. The perineal wound not having entirely healed, he introduced a catheter and injected two ounces of a one per cent. solution of boro-citrate of magnesia, and gave internally a teaspoonful of this solution every hour. Shortly afterwards, these concretions were passed, in consistence like putty, and in two days the urethra was clear.

The Treatment of Rheumatic Cardiac Complications.

Dr. Maclagan, of London, endorses the views of those who hold that salicin possesses the power of preventing cardiac complications in rheumatism. He considers small doses ineffectual, and recommends twenty to forty grains every hour for six hours, or until relief from pain is experienced; by its *early* use he thinks we may *prevent* valvular inflammation. Since *endo-cardial* complications frequently do not cause any pain, it would be well to incorporate the salicyl compounds in the treatment of *all* cases of rheumatism as a precaution.

Salicylic Acid in Rheumatism and Typhoid Fever.

In the course of a case of rheumatism in a child, related by Dr. J. P. Thomas, of Pembroke, Ky., in the *Louisville Med. News*, March 31, 1883, the author states that the following formula has proved to have so many advantages that he urges the profession to give it a trial.

℞. Acid salicylic, ℥ss.
Potass. acetat., ʒij.
Aquæ aromatic., ℥iv
Syr. limonis, ʒij.

M.—The usual dose for adult in rheumatism or typhoid fever, one tablespoonful every two or three hours, largely diluted with water.

Salicylic Acid in Typhoid Fever.

M. Valpian (*Med. Press*, April 4, 1883,) prefers salicylic acid to sulphate of quinine. The former was not only an anti-thermic but also an anti-pyretic. He never found it to produce a deleterious action on the heart, nor arrest the albuminuria which was almost constant in a more or less degree in typhoid fever. He had particularly remarked the absence of bed-sores and the abscesses of convalescence when salicylic acid was administered.

The Poison of Ergot.

In a recent communication read before the Chemical Society of Russia, (*Med. Press*, April 4, 1883), the author, A. W. Pehl, attributes the toxic properties of ergot to putrefactive changes set up during decomposition of the vegetable fibrin of the wheat. The poisonous products of putrefaction, denominated ptomaines, are due to the peptic action of the ergot, which is exerted to a very considerable extent, and so contributes to the splitting up of the elements of flour and their subsequent putrescence.

Fatal Vomiting of Pregnancy.

The *Proceedings of the Medical Society of the County of Kings*, for April, 1883, has a report by Dr. A. H. P. Leuf of a case of death from absolutely uncontrollable vomiting in a single woman aged 22. The autopsy revealed the third month of pregnancy, which condition was totally unsuspected. The moral of this case is to look for pregnancy in cases of inexplicable and persistent vomiting; for, had its true nature been recognized, this girl's life might have been saved.

Indurated Chancre between the Toes.

The *London Med. Record* notes that M. Leloir relates (*Ann. de Derm. et de Syph.*, Nos. 9 and 10, 1882), the case of a medical student in whom the initial manifestation of syphilis was situated between the second and third toes of the right foot. The patient was suffering from eczematous fissures between the toes, and acknowledged contact of the affected part with the lips of a woman who was afterwards found to be suffering from mucous patches of the mouth.

Second Infection with Syphilis.

Though rare, yet it is abundantly established that a man *can* have syphilis twice. Dr. Taylor presented a case to the New York Dermatological Society (*Jour. Cut. and Ven. Dis.*, April, 1883,) which adds another to the proof cases. The patient had a chancre in 1874, followed in two months by large elevated red blotches all over the face. The second chancre was contracted in 1881. In both attacks he had roseola, papular eruption, crusts on scalp, alopecia, and iritis.

Pencils of Sulphate of Zinc.

A demand having arisen for the above in ophthalmic practice, the *Pharmac. Zeitung*, February 28, 1883, says that they may be prepared by melting ordinary crystals of zinc sulphate in a porcelain dish in their water of crystallization, and then very quickly pouring the liquid thus obtained into cones of wax paper, similar to those used in the preparation of bougies.

Coffee in Typhoid Fever.

Recently Dr. Guillassee, of the French Navy, has given coffee in the early stages of typhoid fever with marked success. Three teaspoonfuls were given adults every two hours, alternating with one or two teaspoonfuls of claret or Burgundy wine. A beneficial result was immediately apparent.

Cauterization of Clitoris for Hysteria.

In neuropathic females, Dr. N. Freiderich (*Virch. Arch.*, vol. xc.) believes that an over-sensitiveness of the sexual organs, acting upon the spinal and cerebral centres, may cause hysterical symptoms. He has treated eight such cases by cauterization of the clitoris, and, though a painful operation, every case has been ultimately cured.

The Cold Douche.

Dr. W. H. Broadbent reports in the *Lancet*, March 24, 1883, a case of delirium tremens in which the nervous system failed to respond to drugs, and where the patient was reduced to the last extremity, and one case of sleeplessness and pyrexia after child-birth, both cured by the cold douche.

Iodoform in Laryngeal Ulcers.

Schrötler, of Vienna, says that in many thousands of cases of tuberculous ulceration of the larynx, he has never seen iodoform do any good. Some of our correspondents have found it to answer admirably in diphtheritic complications.

The Period of Incubation of Measles.

Dr. W. E. Green writes to the *Brit. Med. Jour.*, April 7, 1883, corroborating the statements of Mr. Vacher, and citing many illustrations to prove that the period of incubation in measles is fourteen days.

Hyperidrosis of the Hands and Feet.

The *Druggist* recommends moistening the parts once or twice daily with a mixture of naphthol 5 parts, glycerine 10 parts, and alcohol 100 parts; after which they are to be dusted with a mixture of naphthol and starch 2 parts to 100.

Supposed Hydrophobia Treated by Chloral.

Dr. W. H. Broadbent reported to the Clinical Society of London (*Brit. Med. Jour.*, March 3, 1883), four cases of supposed hydrophobia, treated by chloral, one of which recovered.

News and Miscellany.

The Struggle for a Living.

The following is taken from the presidential address to the Maine Medical Association by the late Wm. Warren Greene, M. D. (*N. Y. Med. Record*, March 24, 1883):

"Witness the large number of doctors in every city struggling for mere existence, and see how few out of the whole number really do the work. See how in almost every country village a full practice for one or two good men is piece-mealed by sharp and often acrimonious competition, to the detriment of all.

"It would seem that in a calling so high, so noble, so sacred, men fit for such ministry should be sought for; but the great question of the young graduate is not 'Who wants me?' but 'Who will employ me?' not 'Who needs me?' but 'Where can I get a living?' In the case of four physicians dying, each in a country village, during the last year, I am credibly informed that in one instance two, in another three, in the third five, and in the fourth case seven new men came to look the field over within ten days after the doctor's death, sometimes before the burial. In

one case ten attended the funeral, and in another the widow had three letters from aspirants for the vacant place while the dead body of her husband still lay in the house.

"It is a hackneyed saying, with which too many ears are tickled, that 'there is always room for good men.' Applied to the present condition of our profession, it is false. Were only good men and the best men admitted, it would undoubtedly be true. But all over the land, in city and country, are well-educated, cultured gentlemen, honest and loyal, striving in vain to secure a competence—yes, a bare living even—and too often is disappointment mingled with shame and mortification at the success of ignorant and unprincipled rivals. I have said that the evil results of this excess in numbers are manifold. It leads to over-practice and to bad practice. The man who is hard pushed, who has few patients, and needs more, is tempted to make much of little; to magnify the importance of his cases, both in his own mind and to his patrons; to make uncalled-for visits, and to give too much medicine; and unnecessary medication soon ceases to be rational. Patients are injured in mind and body. The community is injured by teaching the people to attach undue importance to trivial diseases, and to over-estimate the value of treatment therein. Legitimate, honest practice suffers in reputation; money is obtained under false pretences."

Arkansas State Medical Society.

The Eighth Annual Session will be held at Little Rock, on Wednesday, May 30, and Thursday, May 31, 1883, commencing on Wednesday at 10 a. m.

Each county or municipal society shall be entitled to one delegate for every five members, and one for a fraction over five.

The subjoined are the committees to report at the next meeting:

Committee on Medical Education: T. W. Hurley, Chrirman; W. B. Welch, W. A. C. Sayle, W. H. Hawkins, W. H. Hardison, D. C. Ewing, D. H. Dungan.

Committee on Practice of Medicine: J. A. Dibrell, Sr., Chairman; D. H. Dungan, T. D. Nichols, Z. Orto, G. W. Hudson, A. N. Carrigan, G. M. D. Cantrell, P. H. West, J. F. Simmons.

Committee on Surgery: J. A. Dibrell, Jr., Chairman; J. R. Dale, C. L. Kirksey, Wm. B. Lawrence, J. E. Bennett, J. M. Keller, W. B. Welch.

Committee on Gynæcology: Edward Cross, Chairman: R. N. Ross, W. H. Heard, J. F. Blackburn, D. S. Williams.

Committee on Medical Legislation: R. G. Jennings, Chairman; G. B. Malone, A. A. Horner, C. Watkins, P. Van Patten, W. W. Hipolite, A. B. Loving.

Committee on Necrology: A. N. Carrigan, Chairman; R. B. Gladden, J. T. Jelks, J. F. Blackburn, G. S. Brown, E. H. Alexander, R. C. Wallis.

Board of Visitors to the Medical Department of the Arkansas Industrial University: Isaac Folsom, Chairman; J. E. Bennett, W. W. Hipolite, W. H. Hawkins, Z. Orto.

Committee on State Medicine: Z. Orto, Chairman.

Secretaries of local societies are requested to forward, as soon as appointed, a list of the delegates, together with a complete roster of officers and members of their respective societies.

Arrangements will be made by which reduced rates can be obtained by all who may attend the meeting.

L. P. Gibson, M. D.
Little Rock, Ark. Secretary.

Ohio Health Legislation.

The following bill was recently passed by the legislature of Ohio to amend section 2135 of the revised statutes of Ohio:

Sec. 1. Be it enacted by the General Assembly of the State of Ohio, that Sec. 2135 of the revised statutes of Ohio be so amended as to read as follows:

Sec. 2135. The Board of Health may take measures and supply agents, and afford inducements and facilities, for gratuitous vaccination and disinfection; may afford medical relief to and among the poor of the corporation, as in its opinion, the protection of the public health may require; and during the prevalence of any epidemic, may provide temporary hospitals for such purposes; and the said Board is hereby required to inspect semi-annually, and oftener if in the judgment of the Board it shall be deemed necessary, the sanitary condition of all schools and school buildings within the limits of the corporation.

Sec. 2. That the said Sec. 2135 be, and the same is hereby repealed.

Sec. 3. This act shall take effect and be in force from and after its passage.

Investigation of Cattle Diseases.

Commissioner Loring has decided to institute a series of investigations into the diseases of cattle, and for this purpose has designated Dr. D. E. Salmond, who has for years been connected with the Department of Agriculture. Experiments in inoculation, etc., will be made. The Pasteur system, and such modifications of it as have suggested themselves to Dr. Salmon, will be used. The investigation will be conducted with a special view of ascertaining the nature, and the means of prevention and cure of Texas cattle fever, pleuropneumonia, and hog and chicken cholera. The results of the researches already made by Dr. Salmond are such as to make him feel reasonably confident that he will eventually be able to discover remedies which will enable any farmer to prevent or cure the diseases mentioned.

State Board of Health of Wisconsin.

The State Board of Health of Wisconsin calls the attention of all town boards, village boards, and common councils of cities in Wisconsin, to the provisions of Chapter 167, of the laws of 1883.

This law makes obligatory—

1. The organization of a Board of Health in every town, village and city in the State, within thirty days after each annual election.

2. The appointment of a Health Officer by every Board of Health, within ten days after its organization.

3. The report of contagious diseases by all physicians.

The French Method of Collecting Statistics of Contagious Diseases.

In order to obtain daily statistics of the occurrence of contagious diseases in Paris, the Préfet of the Seine has distributed to all the medical practitioners of the city books of cards with counterfoils, on which are printed forms, leaving a few blanks to be filled up announcing the locality, the nature of the disease, where and how it was contracted, and so on. These cards as they are filled up are to be dropped into the post, and will be forwarded to the central bureau, where the statistics thus obtained will be classified day by day.

Leeches.

The *Chemist and Druggist*, March 15, 1883, says the plan that seems most uniformly successful in keeping leeches is to place them in a vessel of water about half full, with about half a dozen rough stones the size of oranges, changing the water about once in six months. If the sides of the vessel get covered with vegetation, clean them down with the water, but do not change it. If a leech dies and taints the water, it must be changed. As a rule, it has merely a fishy odor. Some prefer to grow water-plants, such as *Anacharis* or *Vallisneria*, in the vessel.

Items.

—On November 15, 1882, a polyclinic was opened in Rio de Janeiro, under the direction of Dr. Moncorvo.

—Governor Cleveland, of New York, has signed the bill prohibiting the manufacture of cigars in tenement houses in New York city.

—Judge Landen, of New York, recently ruled "that if a prescription of a regular practicing physician is put up as written, the druggist is not responsible."

—The Medical Department of the State University of Iowa will insist in future that all applicants for admission must pass a preliminary examination in the English branches.

—The Châteauvillard prize of the Paris Faculty of Medicine has been divided between Dr. Giraud Teulon for a work entitled "Vision and its Anomalies," and Dr. Cadial, for a "Treatise on General Anatomy."

—According to the statistical report of the State Board of Health, there were 25,942 deaths in New Jersey in 1882, an increase of 5,000 over the previous year. There were 8,837 marriages and 23,108 births.

The stiffest-necked boy in Schuylkill county lives in Pottsville. He fell off a farm sleigh and the runner passed over his neck. When a crowd from the corner store ran to pick up the supposed corpse, the boy scrambled to his feet and ran after the sleigh.

OBITUARY NOTICES.

J. C. DUNDAS, M. D.

Dr. J. C. Dundas, of Cambridge, Dane county, Wis., died of pneumonia April 17th. He was born in Norway in 1815, and after receiving a thorough medical education and traveling extensively, finally settled down in Cambridge, Wisconsin.

He was an intimate friend of Henrik Wergeland, the Norwegian poet, and also of Ole Bull, and J. L. Runeberg, the Finnish poet.

The doctor was himself a poet of no mean ability. He has contributed many poems to the Scandinavian press, and had intended soon to publish a volume of poems.

MEDICAL DIRECTOR J. C. PALMER.

Medical Director James C. Palmer, on the retired list of the navy, died in Washington, April 24, 1883. He had seen thirty-eight years of active duty in the navy, and had sailed all over the globe. He was a native of Maryland, and received his appointment from that State on March 26, 1834, entering the service as an Assistant Surgeon. He was attached soon after to the frigate Brandywine of the Pacific squadron. In 1836 he made the trip around the world in the schooner Vincennes, and afterward was connected with an exploring expedition from 1838 to 1842. He received his commission as surgeon in October, 1841, and served in the Home and Pacific squadrons until 1856. He was then ordered to the frigate Niagara, accompanying that ship in the cable expedition of 1857. After a short service at the Naval Academy at Annapolis, he was made Fleet Surgeon of the West Gulf squadron during the earlier part of the war, with his headquarters on the flag-ship Hartford, and was present at the battle of Mobile Bay, August 5, 1864. In 1866 he was ordered to the Naval Hospital in this city, and from thence was delegated to special duty at Newport until 1872, when he received the appointment of Chief of the Bureau of Medicine and Surgery. This office he filled for a year, and retired from active duty in 1873.

QUERIES AND REPLIES.

B. C. R., "Day on Headaches" is a very good book.

MARRIAGES.

HALBERSTADT—MOORE.—On Thursday evening, April 26, 1883, at St. Luke's Church, Germantown, Pa., by Rev. W. Maule, LL. D., assisted by Rev. W. Lewis, D. D., Dr. George H. Halberstadt, of Pottsville, Pa., and Edith, daughter of the late Dr. Thomas Moore, of Germantown.

LAFFERTY—TOWNSEND.—On April 10, 1883, by Rev. A. Donaldson, D. D., J. H. Lafferty, M. D., of New Florence, Westmoreland county, and Miss Anna M. Townsend, of Maysville, Armstrong county, Pa.

MARSH—ATTRIDGE.—On April 9, 1883, in Keene, N. H., by C. Fred Webster, Esq., Dr. David Marsh and Mrs. Catharine Attridge.

PUTNEY—YOUNG.—On April 17, 1883, at the residence of the bride's parents, Brooklyn, E. D., by Rev. Dr. Eddy, Helene S., daughter of Dr. John Young, and Dr. Willis S. Putney, of Bethel, Conn., son of Rev. R. C. Putney, of the New York East Conference.

DEATHS.

ROSENCRANTZ.—In this city, on Sunday, April 22, Dr. John Rosencrantz, in the 74th year of his age.

SHARPLESS.—In this city, on Sunday, April 22, Dr. John T. Sharpless, in the 83d year of his age.

WEBB.—In this city, on Tuesday, April 24, James P. Webb, M. D., in the 84th year of his age.

THE

MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

PRESIDENTIAL ADDRESS DELIVERED AT THE MEETING OF THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

BY WM. VARIAN, M. D.,

Of Titusville.

Gentlemen: Thirty-five years ago there met in the city of Lancaster a small and earnest body of medical men, who organized "The Medical Society of the State of Pennsylvania," and announced as their object "the advancement of medical knowledge; the elevation of professional character; the protection of the professional interests of its members; the extension of the bounds of medical science, and the promotion of all measures adapted to the relief of suffering, the improvement of the health, and the protection of the lives of the community."

More than a generation of human beings have accomplished their earthly pilgrimage since that meeting was held. Yet still it is our privilege to see in the audience here assembled more than one of the original founders of this Society, who, in the year 1848, were present at its organization.

These men have worked for full thirty-five years to advance the noble object of their incorporation. They have encountered much discouragement in their enterprise, and have overcome many obstacles in the opposition incurred from the misapprehension of motives, or the conflicting of selfish interests which have arisen from without, as well as in the friction necessarily developed within the Society itself. God grant, that for many years to come, the few who still survive that small body of pioneers, may be privileged to meet with the hundreds who now throng to the annual meeting of this Society, and, while watching with pride the result of their work, be annually greeted by us with loving reverence, as we profit by their counsel and ripened experience.

And what do these, our fathers, see as the result of the generation's work to which they have devoted themselves?

Instead of the half dozen counties in which societies were organized at the time of their first assembly, they now behold an active, living county society in almost every one of the sixty-six counties in the State.

In lieu of the few members, who could then easily be counted by tens, and but few of *them*, nearly eighteen hundred physicians are now enrolled upon the list of members; and the meetings are thronged by hundreds of the best men and women in the State, who yearly assemble to read and discuss papers on every branch of medical science and State medicine. Here they come to sift each others brains and garner for themselves the medical wheat which has been grown in every corner of this great Commonwealth. Here, too, they grind and bolt this grain which, made into bread, furnishes food to every medical mind of the eighteen hundred members of this truly great "Medical Society of the State of Pennsylvania." Our fathers see this Society always keeping in prominent view the last clause of that great object with which it was founded, and yearly becoming a greater power in influencing legislation for the establishing of hospitals for the insane, the feeble-minded, the sick, and the af-

flicted. Never ceasing their efforts to obtain wise and efficient legislation in behalf of State hygiene; educating themselves, and those about them, in the true method of preventing disease; how best to build, to drain, to ventilate, and to heat their public buildings and their dwellings; how to properly clothe and feed their children and themselves; how to avoid the dangers of contagious diseases and to strangle or stamp them out when they arise; all this, and much more, do these, our fathers, behold as the result of their small beginning, and can now grasp each others' hands in hearty congratulation on seeing their work pushed forward by clear brains, strong hands, and willing hearts, and feeling that it will never cease so long as human weakness and human blindness continue to outrage nature's laws, and thus make medical science necessary to their physical salvation.

Fellow-Laborers in the Science of Healing! We have still a great burden of work to accomplish.

Charlatanry, superstition and ignorance still roam almost unchecked throughout our state, and are ravening upon the spoils to be gathered from those whose bodily afflictions render them credulous of the vaunting assertions of Empiricism. And as yet, there is no, or at least insufficient, legal protection for our wards.

People of all sorts and conditions of life, in town and in country, daily sin against the laws of health, originating and disseminating the seeds of disease which endanger themselves, their neighbors, and even the entire community in which they live; and as yet there is no State Board of Hygiene, which would render it possible to invite them to the marriage-feast of health and pure living, and compel them to come in. We need, and we must have, a State Board of Health, strengthened and supported by local boards in every city, town, and borough; that we may be enabled to carry out our object to promote the well being of our fellow-citizens. The great aim and object of our being, as physicians, is to prevent disease. Our duties as healers of the sick are but secondary. In order that this aim can be accomplished we need a body endowed with legal powers to enforce sanitary laws in all public and private enterprises. In the construction of our school buildings, our churches and our hotels; in the regulation of public funerals; in the drainage and water supply of our towns; in the arrest of the spread of contagious diseases; in the supervision of vaccine farms; in *every* particular in which the public health requires protection; these sanitary laws should be enforced, and this State Board of Hygiene should be empowered to enforce them. Let us then continue to wage the conflict with ignorance, selfishness and indolence. No matter how frequently repulsed, let us never be disheartened. Every time we are thrown to the earth let us rise with renewed vigor and return to the conflict, until we have succeeded in our object, and have at our command the means to prevent the preventible diseases to which man is subject, within the limits to which human knowledge permits us to go.

Among the hygienic problems of the future whose claims we can now see looming upon the horizon, and whose demands for solution become more imperative as time passes away, none is of more importance than the disposition of the dead. The steady increase in the presence of zymotic diseases, and their widespread and almost universal diffusion wherever civilized man inhabits the earth, is a subject of grave thought and serious alarm. However much scientists may differ as to the entity of the germ or the malaria which constitutes the primary poison of diphtheria, scarlatina, typhoid fever, and other systemic diseases, they are all agreed in looking for the sources of this poison in the water that we drink and the air that we breathe, contaminated, as they are, by the gaseous, fluid, or solid results of the decomposition of animal and vegetable debris. Whether these destructive influences are the product of telluric operations of a mysterious character, or of subtle changes in the chemical laboratory of nature which we are not yet able to explain, or to the germination of microscopic beings, whether animal or vegetable, which find their nidus and habitat in the hot-bed of decomposing matter, and when transplanted to the vital tissues, exercise a destructive influence, we will not now stop to inquire. But it is not too soon for us to begin to consider whether self-protection does not demand of us that we should abstain, so far as lies in our power, from adding to the constantly accumulating mass of animal debris which is steadily supplying nature's magazine with an increasing amount of material for the manufacture of these lethal influences. Is it not time that a sentiment hitherto fostered by a long continued but dangerous custom, should yield to practical scientific common sense, and that we should take measures to prevent future generations from being obliged to inhale or swallow the exuvia of the charnel-house or the grave, and so lessen for them the evils to which we are exposed? It ought to be very easy for us to solve this problem, since the solution is given in the single word *cremation*.

Let all refuse animal matter, whether human remains or those of the lower animals, be promptly condemned to the ordeal of fire, and we will be doing a great deal to lessen the dangers and ills of the human race. Let the Crematory take the place of the Cemetery, and we will in some degree protect our children's children from being obliged to suffer the loathsome and deadly diseases which in this age afflict ourselves. Nor, on due consideration, ought this suggestion to shock the sentiment of the most refined and delicate mind? Think! To what does sepulture condemn these mortal shells we call our bodies? To a slow and gradual resolution into their elements of gases and earthy matter. And while this process of resolution is going on, requiring, as in many instances it does, years of time, the foul decomposing mass is but a putrid abomination to all humanity, a festal hall for the most loathsome forms of created beings, a source of horror and disgust to the minds and thoughts of loving friends and relatives. But expose this same semblance of mortality to the purifying chemistry of the crematory, and in a few short minutes you have accomplished the work which has required months by the slow process of nature. The same resolution of animal matter into the elements has taken place, but not in the same protracted manner, and unaccompanied by the same disgusting surroundings, and without danger of producing the same destructive and lethal results. "Dust thou art, and unto dust shalt thou return," would then be made a rapid and literal fulfilment, instead, as now, a partial carrying out of the Divine decree. Our cemeteries would then be lovely and healthful pleasure grounds, where the contemplation of the last resting-places of our beloved dead would be indulged in without danger, and free from the shuddering consciousness of the horrors of decay adding its harrowing and loathsome reminders to our grief. Public funerals would cease to be the media of the spread of contagious disease. And when the cinerary takes the place of the coffin, the most sensitive and affectionate of human beings can calmly contemplate the last resting-place of mortality without danger and without disgust. Let it be our mission to educate the opinions of both ourselves and the public towards this disposition of all animal remains as a measure both of public hygiene and of æsthetic fitness.

Within the domain of State Medicine, and belonging specially to the department of those who make a study of mental and nervous diseases, there still remains a form of disease which has too long received insufficient attention, and whose claims I wish to urge upon you in a few brief remarks.

As a question of political economy, and because of its effects upon the social fabric of society, none of the problems of civilization have aroused greater interest, have demanded more thoughtful consideration, have excited the passions and fanaticism as well as the earnest prayerful enthusiasm of mankind, to a greater degree, than the abuse of alcohol in all its kaleidoscopic forms. How to use it, and how not to abuse it, are questions in the answering of which as individuals and as citizens we must necessarily take a more or less degree of interest, in proportion to the sense of duty towards our fellow-man which actuates us, or the keenness of perception of its importance to the State, the community, and the family, with which we are gifted. But it is not my intention to dilate upon this aspect of the question, as this is not the time or the place for its consideration, or for a dissertation upon the civil, social, and personal effects of alcohol. Neither, if it were, would I have the inclination to write, or you the patience to listen to, any such discourse. But there is a problem connected with the subject which has a purely medical aspect, and which belongs to us as a professed body of healers of the sick, to endeavor to solve. By its solution we will do not a little to lessen the difficulties which stand in the way of our legislators and reformers, to reduce the number of criminals and paupers, and tend to reduce the number of inmates in our county houses, jails, and insane asylums.

The question is, what can we do to restore the inebriate to a condition of moral, mental, and physical health? Let us successfully answer this question, and we at once reduce crime from sixty to eighty per cent., largely diminish the expenses of the commonwealth, add immensely to the wealth of our State, and greatly reduce the death-rate consequent on diseases of the liver, stomach, kidneys, lungs, and brain. And this I look upon as purely a medical question. Upon us as medical men rests the responsibility of satisfactorily answering it. Shall it be said that we are, and always will be, unequal to the task? In view of the stupendous benefits to be obtained, are we just to ourselves and to others if we longer delay in fairly grappling with the difficulties, and by care and study overcoming them? Although we have ever been fearless in the pursuits of our art, eager to grapple with the mysteries of pestilence and disease, pursuing our investigations regardless of personal risk, alike through the slums of the city, the purlieus of the camp, and the pesti-

lential holds of the ship, we seem to have relegated this disease to the care of the political economist, the poor-law commissioner, or the civic judge.

We are all familiar with the result of treating the inebriate as a felon—thrusting him into the work-house or the jail for a few weeks or months, and then sending him out with enfeebled mind and body to encounter the temptation of his appetite, without having obtained any physical or mental strength to resist its depraved instincts. The frequent repetition of this course soon produces a real criminal, or else ends in a pauper's grave, or an insane asylum. We have also seen the effects of expending large sums of money in the maintaining of elegant asylums, which will serve as delightful retreats within whose pleasant and even luxurious retirement the inebriate can recover from the effects of a season's indulgence, and from which he issues after a period of enforced abstinence, with his physical energies recruited, but with moral and mental faculties still enfeebled, only to resume his evil habits after a brief interval of reason. Neither the penitentiary, nor the asylum—the one a representative of physical force, the other of moral suasion—has as yet proved effective. Yet, perhaps, it will be to the latter, in its proper development, that we must turn to accomplish our end. What is the medical problem which we have to encounter? Given: A man diseased in mind and body, with his nervous system debilitated and deranged, and his physical organs changed and disordered; how can we cure him? The investigations and careful studies of Dr. Crothers, of Hartford, would seem to throw light upon the direction in which we should begin our efforts, and I would suggest the careful study of his thoughtful papers on this subject to those who have not already perused them. My own aim is not to elaborate a plan of treatment, but simply to suggest the subject as one worthy of the attention of those able and experienced men who make mental diseases a study, who, when their attention is once elicited, will doubtless soon demonstrate a practicable course of treatment for the accomplishment of so important a purpose. Since our efforts during the past fifty years have resulted in such remarkable benefit to the insane, the feeble-minded, and other wards of the people, let us study to accomplish as much in the near future for the equally unfortunate and irresponsible victims of alcohol.

Among the boons which the science of medicine has conferred upon the human race, none has proved greater, or has better endured the critical tests of time and experience than the prophylactic power of vaccination. Yet even here the fashion of the day has made its changes; the experience of years has been overslaughed by the desire for novelty, and the well-proved powers of humanized virus have been buried, and almost forgotten, under the plausible theories and loud assertions of the advocates of exclusive animal vaccination. During the past ten years humanized virus has been nearly driven out of use, and, in spite of generations of experience, has been almost entirely supplanted by the presumably purer and more potent animal virus. But unless greater care is exercised in the production and preservation of this favorite virus, and intelligent inspection and jurisdiction is exercised over all vaccine farms, the time is not far distant when the advocates of exclusive animal vaccination will see their "vaccine boom" share the fate of the numerous plausible theories which have had a brief existence, but have failed to endure the crucial test of long-continued and careful trial by the profession. A brief recital of my personal experience with animal vaccination, although doubtless identical with that of most, if not all, here present, will not be out of place, and will serve to explain my remarks on this subject. Although entirely satisfied with the purity and efficiency of humanized virus as cultivated and carefully selected by myself, I had, during the past ten years, at first partially, and then entirely, abandoned its use; yielding my experience and convictions in part to the theoretical purity and efficiency of animal virus, and in part to the fashionable outcry for its employment. The uncertainty of the action of animal virus, and the frequently recurring necessity for its renewal, I found wearisome and discouraging. The brief period which elapsed after a successful vaccination before the subject became susceptible to a revaccination argued a weak prophylactic power, which argument was not weakened by the occasional occurrence of varioloid shortly after a successful vaccination. But I still persevered, for I felt it my duty to give my patients what was considered the purest and best means of prophylaxis that could be obtained. Still I could not but feel that the entire failure of at least thirty per cent. of all my primary vaccinations was discouraging, and the necessity of going over the same ground again and again was, to speak mildly, monotonous. During the winter of 1881 and 1882, small-pox was epidemic, and its loathsome wave rolled over the entire country. Almost every individual in my section demanded

vaccination, and it was necessary to obtain material from every source of supply within my reach. The result in many cases was the production of an unhealthy and poisonous sore, often phagadænic, and always inflammatory, which gave great trouble and frequently took weeks to heal. These cases all suffered from severe systemic disturbance, which in some cases was not without danger to life. When finally healed, the cicatrix in some cases became the seat of an erectile tumor which resisted all measures of destruction, and was finally removed by extirpation with the knife. Had this experience been personal to myself alone, it would have proved disastrous to my practice and reputation; but it was a common experience to all practitioners in my neighborhood; and the universality of the misfortune was our protection from public reprobation. An experience of nearly thirty years use of humanized virus had shown me that it possessed great protective power against variola, together with certainty of action, and freedom from any such effects as above described. Less than ten years' use of animal virus has led me to believe that it is uncertain in its action, that its protective power is not so lasting, and that at times it was not free from a liability to produce disastrous effects. I have strong doubts whether any protection from variola has been obtained in those cases wherein the inflammatory sore above described was produced; but I have no doubt whatever, that it would now be difficult, if not impossible, to induce the sufferers to submit themselves to another vaccination. So far as I have collected the testimony of the medical men in my vicinity, their experience has been similar to my own, and their faith in animal virus has received a rude shock. I repeat, then, my assertion as to the necessity of expert inspection and control of the sources of animal vaccinia, as a necessary feature of State medicine, and as a protection against the possibility of diseases scarcely less to be dreaded than small-pox itself.

The subject of medical education has been so often discussed before you, that were I to occupy your time with an elaborate presentation of its necessities, I would, I fear, only weary you by a repetition of remarks with which you are already familiar. The importance of a firm foundation being first laid in the preliminary education of the student is recognized by all; and the best means of effecting this, and the standard which shall be required of all who essay in the future to enter the profession, is a subject of consideration and action by you at this session. I have no doubt that you will arrive at a conclusion both wise and practicable. I simply allude to the subject with a view to making a single suggestion. It is that the importance of establishing a chair of State Medicine and Hygiene be urged upon all our medical schools; that attendance upon the lectures on this subject be made obligatory; and a satisfactory examination thereon be made one of the requisites of graduation. If we use the influence of this Society for the accomplishment of this advance in medical education, we will do not a little to raise the status of the medical man to a higher grade, as well as to greatly increase his usefulness. If in addition to this we can influence all of our medical schools to insist upon not less than three full years of attendance upon medical lectures before a diploma will be granted, we shall have taken a long step forward on the path of improvement in medical education.

The dilatory appearance of the Transactions of the Society in a published form is a subject of great complaint, and it behooves us to see whether some measures cannot be taken to obviate this in the future. Frequent allusion has been made to this subject, and that it is a serious evil is universally acknowledged; but as yet no successful steps have been taken to seek out a better or speedier way of bringing the valuable papers yearly read before this Society into the hands of its members. Many a practical suggestion which seems to meet a daily or frequently recurring want in the practice of some individual member, can be but imperfectly recorded upon the tablets of memory whilst listening to the rapid reading of a paper, and when required for use the recollection of it has become so blurred and vague as to be of little value. Month after month passes whilst anxiously awaiting the appearance of the Transactions, so that he can read and digest at his leisure the numerous valuable papers to which he had listened in such rapid succession that their impressions were blended upon his mind in one panoramic picture, the individual features of which he is unable to fix and retain. But he waits in vain. The impressions received grow dim. The interest excited on special points of importance in his own practice passes away. And when finally he receives a copy of the Transactions just as he is arranging his business, and his linen, to again take his seat in the State Society, his interest in it has vanished, and he lays the work upon his table with regret that its usefulness to him has, in part, gone by. Is there no remedy for all this? Which one of you gentlemen would submit to such delay in the publica-

tion of a work of this size, were it the creature of your own brain and handiwork? What publisher would dream of protracting the issue of so small a volume beyond a period of sixty or ninety days, were *you* or *I*, as individuals, its author, and interested in its publication? Why then should the 1800 members of this Society be obliged to suffer from such delay? But if it is said, and *proved*, that as now published this delay is unavoidable, and arises from sources outside of the printing-house, then we should inquire some better and prompter way of distributing among the members the numerous valuable and practical essays which render our sessions so interesting. One way might possibly be to reduce the number of the committee on publication to one active member, and paying him a suitable compensation for his work, proportioned to the promptness with which it is executed. Another method would perhaps be to learn a lesson from the course about to be undertaken by the National Medical Association. I do not mean that this Society could advantageously establish a journal of its own, nor do I believe any such course necessary. But I think it not impossible that an arrangement could be made with one of the already well-established weekly journals of the State, which would prove of advantage both to the Society and to the Journal. I am informed that the expense of publishing our Transactions in their present form is about $1600. The payment of but little more than half this sum, together with granting the exclusive privilege of publishing the valuable papers which are read before the Society, would probably be a sufficient inducement to one of our medical journals to lead them to to furnish a copy of their journal either free or at a greatly reduced rate. Increase of circulation and of advertising facilities, together with a liberal supply of the best of material for their journal, would result to the advantage of the journal. The early access in print to papers of personal interest, and a weekly journal at a cheap rate, would redound to the advantage of the members of the Society. Our Minutes could then be published by the Society in a small and inexpensive pamphlet, over the production of which the publishing committee would be allowed to spend 364 of the 365 days which elapse between our sessions, and never hear a whisper of complaint. Neither of the measures here suggested may in your judgment be suitable; but if my remarks shall have any influence in causing you to evolve a feasible means of removing this source of complaint, they will have fulfilled their end.

The action of the medical society of a neighboring State in throwing down the barriers which have been so long maintained between the science of medicine and legalized dogmatism, received from you at your last session an expression of unanimous disapproval. The renewal of this action by the same Society, together with their refusal to appoint delegates to the National Association, and thus practically seceding from its fellowship, demands that you should again express your reprobation at their persistence in wrong-doing, in language that cannot be misunderstood.

Action which has met with remonstance, and unqualified disapproval, from every other medical society, cannot but result in placing that society in a position of antagonism to the opinion of the entire medical world. Let us speak then in no uncertain tone of voice when we express our condemnation of action which arrogates to a subordinate body powers which belong only to the highest associated medical authority in our land, and which renews in a medical form a conflict which, in its political aspect—within the memory of every person here present—deluged our land with blood and exhausted the treasures of our country. I wish here to record my personal protest against that action, as being *unnecessary*, *unjustifiable*, and *revolutionary*.

And now permit me to pause and say a few words to that portion of this audience who do not belong to the profession, but who have been attracted here to-night either by interest in the progress of science, or by curiosity to ascertain the reason for the assembling of so large a number of the best medical men in the State.

If you have listened with patience to the few remarks that I have made, you have learned that, in the main, our object is to consult together and to devise the best measures that science and thought can contrive, to protect you from the onslaught of disease, and to relieve you from its effects when you are attacked. In this battle of ours, which must be waged so long as "human flesh is subject to human ill," you cannot stand by as idle spectators calmly awaiting the result. Your own interests and those of your loved ones are too intimately blended with our aims, to make it safe for you to show any indifference or indecision in action, when such a vital conflict is in progress. Permit me then briefly to show you how you can aid in promoting the noble aims and objects of this Society, and become co-laborers with us in this conflict with disease.

And first, let me request your aid in the proper education of physicians, so that they may be

thoroughly fitted for the work that lies before them. How can you render efficient help in this direction? I answer: by forbidding and discouraging your sons, brothers, and acquaintances from commencing the study of medicine before they have undergone such careful preliminary education in classics and the natural sciences, as will fit them to understand and fully master the intricacies of the art and science which they expect to make their life-long work. Urge upon them that they become well grounded not only in the elements of a good common school education, but also in mathematics and the natural sciences; and that they also obtain a familiar knowledge of Latin and Greek, and if possible, of the modern languages. All of these studies are but a necessary preparation to the proper study of medicine; and without the preparation of mind by this preliminary education, the student is obliged to accept as dicta of his teachers, by faith alone, much that is beyond his comprehension, and which, being the ground-work of all scientific thought and research, should already be familiar to him. Without this he will be forced to go through life handicapped by a lack of education which prevents his mastering his profession, and renders him unworthy of the full trust and confidence of his patients, because ill-fitted to do his duty by them. With as much propriety could you send a soldier into the heat of battle without cartridges, as a student to a medical college without the broad intelligence and trained habits of thought only to be obtained by a broad academic, and if possible, collegiate education. In the one case you expose the soldier to almost certain destruction; in the other you expose yourself to equal danger from the mistakes of a half-educated physician.

With your sons thus properly prepared to enter upon the study of medicine, encourage them to seek for a mastery of that profession which should honor those who enter it, and be honored by every one of you who are so dependent upon it. To this end discourage in them all desire for the hasty obtaining of a diploma, as a license to attach to their name the empty title of doctor, and be privileged by the mystical letters M. D. to feel a pulse and look at a tongue, before they know the true interpretation of the varied beat of the one, or have learned to translate the language of the other. The day has gone when by the graduate of a medical school, which turns loose upon the world a half-educated licentiate, who has spent a few months in a confused attempt to understand a couple of scanty courses of lectures, can take rank with the alumni of those schools which demand three and more years of the closest application from their students; and encourage them if possible to devote, at least, two additional years to the study of their profession ere they launch themselves upon the rough sea of professional life. Demand as your right the highest possible education for the physician of this day; and enforce your demand by refusing to entrust your health and your persons in the hands of the uneducated; and by sending your student sons and brothers to those schools only which afford every facility to obtain a complete education, and which exact of their graduates a complete mastery of the course prescribed.

Again, you can assist in the great aim and object of our work by using all your influence, whether social or political, in favor of all legislation which has for its aim the arrest of the spread of contagious diseases; the purification of the sources of water supply; the abatement of nuisances prejudicial to health; the sanitary inspection and control of school-houses and buildings of public accommodation and resort; and the care and cure of those who, by misfortune or disease, have become incapable of self-protection, and so are wards of the people. By so doing you will be helping and protecting yourselves, as well as us. As individuals, our pecuniary interests conflict with the arrest of the spread of disease. But our moral duties, as physicians, demand that every measure within our reach shall be employed by us which tends to promote the health and well being of our fellow-men. We ask of you, then, to insist upon the passage of all well-devised laws which have this end and object in view. Since no political end can be obtained by the passage of such laws, we are constantly opposed and defeated by the legislators of the State, who raise the empty outcry of "war among the 'pathies" as an excuse to refuse legislation whose sole object is to promote the welfare of the citizens of this Commonwealth. If you will arise to a sense of the importance of such legislation to yourselves and your families, and will bring to our aid all the force of your political, social, and personal influence in demanding such legislation as yours by the divine right of necessity, these laws will be promptly passed; and you will reap your reward in the assured health of your families, and the happiness which is health's sure accompaniment.

Again: Should there happen to be in this audience any persons who, being largely endowed with this world's wealth, are desirous of being

almoners of God's bounty to them, and of promoting the welfare of their fellow creatures by facilitating and cheapening the means of education to our noble profession, it would be the part of wisdom if they were to use such portion of their wealth in endowing chairs in some medical school which has already achieved a well established and deserved reputation, and thus enlarge its usefulness, and lessen the expense of a generous medical education. A few hundred thousands thus bestowed to enlarge the usefulness of such reputable schools of medicine as pertain to the University of Pennsylvania, or to Jefferson College, would be of more widespread benefit than ten times the amount devoted to the establishment of a new college, the necessity of which is only apparent to the mind of the founder, while it would prove to be an equally glorious memorial of the benefactor.

It would be easy for me to add many more hints to the few that I have here outlined, attention to which will make you valuable assistants to us in our efforts of general beneficence, and will return to you in an increase of health and the duration of life, and thus restore fourfold to your bosoms.

Fellow members, in this large gathering of physicians who greet me to-night, it gratifies me to recognize so many individuals, members of each of the two classes of doctors whose labors redound in such honor to our profession.

In the one class are those whose natural bent of mind induces them to pursue the path of minute investigation and research, and with the assistance of the various instruments of precision, chemical analysis, and the numerous measures of physiological and philosophical investigation, carefully search out the secrets of nature, and endeavor to wrest from them the primary cause of sickness and disease. The glorious results of their labors prove beyond a cavil the falsity of the assertion that medicine is not a science. If this were ever true, it certainly is not true in this, our day. A shrewder, more skillful, and more indefatigable body of trained scientists than those who are working in the medical ranks to-day, and so many of whom I see before me to-night, cannot be found in the ranks of any other profession. Full of eager enthusiasm and care-taking determination, they are investigating every branch of their profession, seeking for the primary cause of, and the remedy for, every disease which tends to shorten life. Although sometimes misled when apparently on the right path, there is no discouragement and no retrograding in the general advance. Each one advancing clears some ground for him who follows, and the aggregate of progress constantly adds to the glory of the profession, as well as to the welfare and comfort of man.

To the other class belong those practitioners of medicine, who, starting from the same goal with the first, prefer to devote their lives to the pursuit of their art instead of the science of the profession. These men are the true healers of the sick, who carefully and industriously study the signs of disease and the methods of its cure. By carefully investigating the physical aspects of disease, and studying the effect of the therapeutic means within their reach, they are enabled to store up and record an amount of practical knowledge that at times seems in its insight to be marvellous, and is really that true and only genius which is the result of labor, observation, and thought. These men test and weigh the discoveries of others, and assign them their practical value in the prevention, the amelioration, or the arrest of disease. Possessed of bold and fearless yet cautious minds, trained to self-reliance and judgment by many a single-handed conflict with the many-sided phases of disease, they accept no person's dictum as law, but welcome every plausible suggestion or theory, and weigh, study, observe, and experiment with it until they are prepared to accept and adopt it as a well-proved truth, or reject it as unable to endure the crucial test of practical application.

These two classes of medical men are necessary corollaries of each other. Each is alike an essential element to the progress of our science and art. And although medical thought, as exemplified in the current literature, will naturally vacillate first in one direction and then in the other, true progress is only found in the steady advance of each, side by side and shoulder to shoulder. At the present moment, the advance of the scientific investigator is perhaps the most rapid. Outside of the surgical branch of our profession, which is making such wonderful progress, the microscopist, the chemist, and the physiologist are probably making the most marked impression upon the medical thought of the age. These men are accumulating material with such rapidity that the others can scarcely sift and test it. But the equilibrium will not be long displaced; and meanwhile let it be our aim, each in his own chosen field, to so do his individual part to advance and sustain the noble science of medicine, that those who come after us will look upon our work with gratitude and reverence, as that of men who did their duty to their profession, and who lightened the labors and the cares of their successors.

ADDRESS IN OBSTETRICS,

Read before the Medical Society of the State of Pennsylvania.

BY GEO. O. MOODY, A. M., M. D.,
Of Titusville, Pa.

If there is any position within the limits of our profession, where the physician should be held rigidly responsible for neglect or incompetency, it is when he stands at the bedside of a woman in the perils of child-birth. He should never be allowed by law or custom to assume the responsibilities of this position until perfectly prepared, promptly and intelligently, to meet every emergency which, without a moment's warning, an attendant in such cases may be called upon to face, with the ever-present conviction that any mistake or indecision on his part may cost a human life, or doom his patient to months, and perhaps years, of helplessness and suffering, with little hope of relief, and too often with little encouragement or sympathy. To give back to her family the wife and mother escaped from these perils is the highest office of the physician, and one to which he should never dare voluntarily to aspire until he not only fully comprehends the principles which must govern him in his duties, but also the peculiar conditions of the organism with which he is dealing. If there is anything of truth in the recent assertion of a distinguished obstetrical writer, that science is constantly recording new facts, which lead us to the conclusion that there is not a single fibre of tissue nor a single drop of fluid in the organism of the pregnant woman which does not pass through some modification, surely the so-called physiological processes of pregnancy and parturition border too closely upon a pathological condition to admit of being neglected or lightly considered. Nor with the conviction that such is the truth, can any intelligent and honest physician convince himself that his responsibilities are at an end when his patient is safely delivered—an idea which custom has made too prevalent in many localities. Not only the thousand external dangers which now surround his patient, and the vitiated state of solids and fluids, but the essential changes through which the organization of every lying-in woman must pass to free itself from the refuse of the excessive material required up to this time for fœtal sustenance, demand days of close and intelligent watchfulness to see that every organ is performing its proper duty. To those of my hearers to whom a résumè of obstetrical work may seem uninteresting and unprofitable, I offer these thoughts in excuse for occupying the time kindly but injudiciously granted me by the President at our last meeting, in examining some of the more important subjects in obstetrical practice and endeavoring to gather up a few of the crumbs that have fallen from the tables of our masters since any such review has been offered in this Society.

ABORTIONS.

Abortions, from causes unavoidable and from the hands of those harpies, male and female, who hang on the skirts of the profession and earn their daily bread by the nightly murder of the innocents, unquestionably result in more fatality and leaves behind them a train of more serious consequences than any other accident of pregnancy or parturition. Current medical literature abounds in reports of fatal cases, yet it is undoubtedly true that a very large per cent. are never reported. A recent writer has made the statement that over six thousand women die annually in the United States from attempts at induced abortion. In some such cases death probably results from violence, but there can be no question that nearly all cases of death from abortions, avoidable and unavoidable, are the results of retained secundines. Our standard works on obstetrics almost universally leave too much to the discretion of the accoucheur, as to their immediate delivery, and with such authority, joined with the entreaties of his patient and a fear of harmful interference, an inexperienced attendant is too strongly tempted to adopt an expectant treatment. Obstetrical and other journals have been replete, during the last year, with warnings against the fatality of such a course, and the opinion is rapidly becoming universal among the members of the profession that immediate and complete evacuation of the uterus by dilatation, forceps and curette, if need be, is the only protection against hemorrhage, septic poisoning, and many other accidents liable to arise from their retention. J. Braxton Hicks, in the London *Lancet*, advises this course under all circumstances, except when the patient is utterly exhausted from hemorrhage, which can be temporarily checked, when it is better to wait till the effects of the shock have passed. This able writer utterly condemns our venerable friend, the vaginal tampon, as inefficient, uncleanly and dangerous, recommending in its place the cervical tampon in the form of a sponge tent or some substitute for it. Dr. T. J. Alloway, of Montreal, in the *American Journal of Obstetrics* for February, 1883, also discards the tampon entirely, and strongly advocates immediate dilatation and the use of the curette in all cases of retained placenta in abortion; and in the same journal, Dr. Paul F. Mundé uses this forcible language: "The future safety of the patient demands that the secundines should be at once removed after expulsion of the fœtus in every case of abortion in which such removal can be accomplished without force sufficient to injure the woman." In support of this assertion Dr. Mundé reports fifty-seven cases in which he resorted to immediate use of the curette and forceps in thirty-one, and to the tampon in only two. Notwithstanding this high authority, I think a large majority of the profession are still in favor of an early use of the vaginal tampon in abortions, but if not used *early*, all agree it is worse than useless. The general practitioner, as a rule, can have no knowledge of his case until he finds himself confronting a violent hemorrhage, which will admit of no delay. The tampon can readily be obtained, and when properly applied, can be relied upon to control the hemorrhage. It can be easily removed and reapplied as often as cleanliness or disinfection may demand. By pressure and reflex irritation it becomes a safe and valuable aid in dilatation of the os, and in a majority of cases where it is used, before possible danger can threaten, we shall find the entire contents of the uterus lying in the vagina, thus rendering further operative interference unnecessary. If this does not occur within thirty-six or forty-

eight hours, we cannot too strongly urge without further delay the dilatation and complete evacuation of the uterine cavity. I have always found the sensitive and educated finger the safest and most convenient instrument for this purpose when the os can be sufficiently dilated, otherwise I would resort to the curette and placental forceps.

FORCEPS.

Nowhere, unless perhaps in antiseptic midwifery, have we a more forcible illustration of the progress in obstetrical science than in the use of forceps. While a medical student I was told by a distinguished teacher of obstetrics, that in a large practice of more than forty years' duration he had applied the forceps only three times, and I was taught to regard it as a difficult and dangerous operation, only to be attempted as a "*dernier ressort.*" Happily the day for discussing their value is passed, and they are universally accepted as among the most efficient aids of the obstetrician, although there is still reason to believe that in some localities too frequently the agonized cry for help—the lifeless form and desolate home — may justly charge its needless suffering and its lost hopes to an almost criminal timidity in their use. I can offer no more forcible argument against too long delay in the use of forceps than a brief reference to the record of my own practice, where I find no less than seven cases, mostly taken from the hands of midwives, in which the child was ascertained to be dead before the forceps were applied. We cannot fail to express our conviction from personal observation, that when greater reliance is placed upon a skillful use of the forceps by every practitioner and less dependence upon the use of ergot, the mortality in obstetrical practice will yet be not a little reduced. Since any review of obstetrics has been given in this society, Dr. Tarnier, of Paris, has offered to the profession a forceps constructed, it is claimed by the inventor, on scientific principles, with separate traction rods designed to facilitate traction in the axis of the pelvis at the point on which the head impinges; while in the handles he claims to have a sure index to that point. Tarnier's forceps, with its modifications, have excited much discussion among obstetricians, and seem to have been received with favor by many, both in this country and abroad, but so far as I am able to glean the opinions of its American defenders, they all agree that the range of its application is very limited. Prof. Lusk says, "For the upper two inches of the pelvic canal they are applicable, but for the inferior strait and the perineal groove they are most dangerous instruments." The eminent teacher, Fordyce Barker, says, "Tarnier has supplied a want in obstetrical forceps which has never before been supplied, but its application must be limited to just that class of cases where immediate delivery is required and the head is at the brim of the pelvis, or in cases of moderately contracted pelvis. After you reach the curve of the axis of the outlet the instrument becomes a dangerous one, and should be removed." And Prof. T. G. Thomas adds to this testimony: "I have used the instruments where I have had to deliver the head at the superior strait, and have been exceedingly pleased with them, but would not apply them when the head is low in the pelvis under any circumstances. My plan has been to draw the head well down and then complete the delivery with the ordinary forceps." Robert Barnes, Prof. Simpson, and other English writers cordially endorse a modified form of Tarnier's instrument. Certainly an enthusiastic endorsement from such high authorities of different nationalities, must compel us to acknowledge that Dr. Tarnier has presented to the profession an instrument of unquestionable value, and one which will undoubtedly maintain a permanent place in the armamentarium of lying-in hospitals and physicians of a large consulting obstetrical practice. But the important question to be decided by the general practitioner will be, not whether with Tarnier's instrument he may be able to deliver with less expenditure of his own time and strength, but whether its use is absolutely essential to the safety of mother or child—whether without regard to his own convenience, the same result may not be safely attained with the forceps in ordinary use, to which he has always been accustomed, as with the heavier and more complicated instrument of Tarnier in the hands of one whose experience in their application must necessarily be very limited. To aid him in his decision he has the opinions of a large number of able obstetrical teachers decidedly in favor of the older instrument. Prof. Braun, of Vienna, pronounces the forceps of Tarnier of little practical value, and still clings to his old forceps. Prof. Lazarewitch, speaking of the claim that they indicate the direction in which traction is to be exerted, declares that such direction can be indicated by no mechanism possible in the construction of forceps. Drs. Taylor, of New York, Wilson, of Philadelphia, and Reaney, of Cincinnati, do not recommend Tarnier's forceps to the profession for general use, and J. Matthews Duncan, of London, thinks they will never supersede the older form of instrument. Dr. Albert H. Smith, in an exhaustive paper read before the American Gynecological Society, asserts that the principle of Tarnier's instrument is by no means new, and that all the advantages to be gained by it are possible with the ordinary forceps. He thinks no traction should be made in the length of the handles, but that the extractive force should be expended in a firm and steady pressure with the palmar surface of one hand upon the lock in the direction of, or parallel to the axis of the pelvis at the point on which the head impinges, and a steady lifting upward of the handles in an opposite direction. This simple and comprehensive direction of Prof. Smith certainly commends itself to our consideration, and whether or not he succeeds in convincing the advocates of Tarnier of the truth of his claim, surely in his defense of the simpler form of instrument he will have the sympathy of a large number of the profession, so long as the endorsers of the new forceps unanimously admit, that it cannot replace, but must become an adjunct only, to the older form. So far as I am able to determine from my own experience, I think that the simpler forceps, properly constructed and skillfully used, are sufficient to deliver any case to which the forceps are applicable, without serious injury to mother or child. In a tabulated record of nineteen hundred cases of childbirth and abortion, taken from the private practice of my former colleague, Dr. Geo. W. Barr, and myself, I find forty-one cases of forceps delivery

without a single discovered injury to the parturient canal, except an occasional ruptured perineum. I say *discovered* injury, because we have only been taught within the last few years to search for a lacerated cervix after the use of the forceps; and this accident may have happened without being discovered. Dr. Alexander Duke presented at the meeting of the Dublin Obstetrical Society, in June of last year, an appliance consisting of tractors to be attached to any long forceps; and when additional tractile force is required, he attaches to the tractors a belt to be placed around the waist, and thus bring to the aid of the arms all the force of the whole muscular system.

Dr. Cole, of California, and Dr. Grainger, of Massachusetts, each presented a new form of forceps before the obstetrical section of the American Medical Association at the last meeting.

PUERPERAL CONVULSIONS.

The number and variety of therapeutical measures presented to the profession for the relief of puerperal convulsions is conclusive evidence of the inscrutable mystery which continues, despite all research, to surround this dreaded disease. Venesection, the hot bath and pack, quinine in ten grain doses repeated every two hours, morphine hypodermically in two grain doses, jaborandi, pilocarpin, tincture of stramonium in ounce doses, oleum tiglii, bromide of potassium, chloral hydrate, nitrite of amyl, and veratrum viride, are among the remedies which have been extolled, some of them as specifics, during the year just passed by members of the profession anxious to serve science and mankind, and yet, "*mirabile dictu*," statistics show that the death-rate remains practically unchanged. The theories advanced as to the pathology of the disease are so various as probably to render it quite impossible to decide upon any one which will be entirely acceptable to a majority even of the leading obstetricians. It must, however, be evident to all, that no single cause can account for the phenomena in all cases, although undoubtedly in all cases a predisposition to the attack exists in the abnormal condition of both fluids and solids of the pregnant woman. I infer the opinion predominates among the profession, that there is a form of puerperal convulsions in which the nervous system is mainly implicated, and which generally recovers with almost any or almost no treatment, and the suspicion has sometimes forced itself upon me, that many of the reported recoveries, under the use of remedies for the favorable action of which no explanation is given, may belong to this form. That there is a second form, apoplectic in its character, the brain being the principal seat of the lesion, and in which venesection and cathartics are the remedies *par excellence* although in my own hands, possibly from errors in diagnosis, venesection has been almost universally disastrous.

In the records of our private practice already mentioned, I find the report of fifteen cases of eclampsia, in four of which all the symptoms pointing to the apoplectic form, blood-letting was early and freely resorted to with a fatal result in three of the four cases. I can only claim the consolation of hoping, not on account of, but notwithstanding the treatment. In the MEDICAL AND SURGICAL REPORTER of January 6, 1883, I find a report of four cases treated by venesection, resulting in two deaths and two recoveries; nor are these the only records that have fallen under my observation during the year, in evidence that venesection is no specific in this disease. A third form, more fatal in its immediate results, and more serious in its remoter consequences than either of the former, is the uræmic puerperal convulsions. Many prominent contributors to recent medical literature, among whom I find Schröder, of Berlin, Ingerslev, of Copenhagen, and Halbertsma of Utrecht, consider a large per cent. of puerperal convulsions to be of this form, due to retention of the urea from pressure or other interference of the renal circulation. I must confess my inability to discover any generally accepted plan of treatment in this form of the disease. I have seen about thirty cases reported during the year, and the variety in treatment has been nearly equal to the number of reporters. Prof. Schröder considers it an extremely dangerous and fatal form of the disease, and most urgently advises to terminate labor at once when albuminuria makes its appearance during pregnancy. (*Amer. Jour. of Obst.*, 1881). A prominent English writer on this subject says, "with our present knowledge of the disease we have no better plan than to follow the same general line of treatment as in uræmic poisoning in other forms of acute nephritis." Carl Breus, of Vienna, expresses great confidence in the hot bath and pack, and reports several cases promptly relieved of the œdema by this treatment, while for the eclampsia he considers chloral hydrate the sovereign remedy. Combined with such remedies as circumstances in each individual case might indicate, I believe no more rational plan of treatment has been proposed for the uræmic form of convulsions. Venesection also has its advocates in this as in other forms of the disease. When our cases can be watched and venesection be resorted to as a prophylactic at the first warning of trouble, I have no doubt, by relieving the blood pressure and thus arousing the organs of excretion into renewed activity, it may be of much value in warding off the attack, but for the relief of an established uræmic eclampsia, I must confess I should approach this remedy as a doubting Thomas. Dr. Barr and myself in our small experience of fifteen cases, have made it our invariable rule when pregnancy was near its term to deliver as rapidly as was consistent with the safety of the patient. We seemed to have obtained better results from large doses of chloral hydrate and bromide of potassium than from any other internal medication, in which our field of experiment has been somewhat extensive. Dr. Thomas Wilson has recently reported in an English journal, the rapid disappearance of albumen and a marked improvement in all the attendant symptoms in two cases of albuminuria in non-pregnant patients following the use of this remedy. This, of course, cannot be accepted as deciding anything, but should further trial confirm the observation, it may lead to an explanation of the favorable action of chloral hydrate in uræmic convulsions.

SUPPORT OF THE PERINEUM.

If to support means to watch over and protect

from harm, I have failed to observe in recent medical literature any expressed opinion which would lead me to the conclusion that perineal support has any opponents. I have been able to distinguish in the various discussions very little more than a difference in methods to attain the same results.

Dr. Theophilus Parvin advises placing the woman on the left side during the second stage of labor, encouraging frequent respiration, and preventing all bearing down efforts, by anæsthetics if necessary. He objects to the use of the fingers in the rectum, as tending to increase excitability and nervousness, and advocates direct support of the perineum with the naked hand. If rupture seems inevitable, he would resort to episiotomy to save the anal sphincter.

Dr. A. H. Smith finds a solution of the problem in the management of the head rather than in direct support of the perineum. He diverts the strain from the raphé to the lateral parts of the perineum by making pressure with the thumb and fingers upon the presenting part of the head as it presses upon the raphé, thus changing the shape of the head, and relieving the tension at the threatened point. When the danger of rupture is imminent, he does not hesitate to make the lateral incisions, but applies to the cut surfaces a strong solution of carbolic acid to protect against absorption.

Dr. W. T. Howard, of Baltimore, has found nothing in his experience which acts so promptly in relaxing the perineal tissues, and permitting a safe passage of the head, as placing his patient profoundly under the influence of an anæsthetic. I have frequently convinced myself of the value of this plan, but would suggest strongly emphasizing the modifying adverb, lest the inexperienced thereby come to grief. Anything less than profound anæsthesia loses control of the patient's will, and the natural inclination to expulsive efforts becomes uncontrollable and irresistible.

After a fair trial of several plans, I have found no more efficient method to control the head and protect the perineum than that described in this society, I think by Prof. Goodell, of passing the fingers into the rectum, the patient being on her back, and directing the head into the axis of the vulva by pressnre on the forehead and face as they are forced down, and at the same time watching the presenting part with the thumb, making backward pressure upon it when required. I think also that we should always recognize the fact that variations in the pelvic formation, as well as in the part presenting, must, in some measure, modify the amount and direction of the counter-pressure used. I do not hesitate to say it has been my experience to observe more serious injuries from the head being forced violently through the vulval orifice with an unprotected perineum, than from a careful use of the forceps. Immediate operation is almost universally advised in torn perineum, and not least among arguments in its favor is the aphorism, "a bird in the hand is worth two in the bush." I now know several women who drag out a weary existence with a floorless pelvis rather than submit to a secondary operation. To obviate this misfortune, Dr. Dyhrenfurth, in two cases of primary union, has powdered the surface of the wound with iodoform, and immediately reapplied the sutures, with a favorable result.

EXTRA-UTERINE PREGNANCY.

Until within a few years, the unhappy victims of this misfortune were considered almost beyond the aid of science. Early diagnosis was exceedingly uncertain, and later interference a forlorn hope; but thanks to the introduction and perfection of antiseptic measures, a new era has dawned in operative surgery of the abdominal cavity, which is now explored with a boldness and confidence that a few years ago would have been considered little less than criminal, and the successful treatment of extra-uterine pregnancy has been one of its brilliant results.

Dr. A. D. Rockwell, of New York, has recently published an interesting report of seven cases in which the vitality of the fœtus was successfully destroyed by the use of electricity.

Dr. Rockwell considers galvanism the preferable form, and thinks the strongest current compatible with the safety of the woman insufficient to induce abortion. Several other cases successfully treated by this method have been reported, but so far as I can learn neither a failure nor an accident.

Dr. Fränkel advises the early destruction and absorption of the fœtus by the aspiration of the sac and morphine injections. As this plan in the uncertainty of an early diagnosis must be attended with more or less danger, electrolysis would seem the surest and safest measure yet proposed to destroy the vitality of the fœtus, the most efficient to hasten absorption of the fœtal tumor, and in case of error in diagnosis harmless to disturb a normal pregnancy. When we consider the slight probability of saving the life of the child, and the magnitude of the dangers which constantly threaten the mother, it becomes our evident duty to resort to this safe and simple plan of treatment at the first suspicion of extra-uterine pregnancy.

From an analysis of twenty-one cases seen by himself, Prof. Thomas recommends the destruction of fœtal vitality by electrolysis, if discovered before the end of the fourth month. If operative interference were demanded later, he would resort to laparotomy or elytrotomy. In abdominal pregnancy, he would wait for the full term of gestation, and deliver by the same methods; but when the full term is passed, and the fœtus dead, he would allow nature to choose an outlet, standing by to aid or anticipate her as circumstances might demand. In rupture of the fœtal nidus, he would still intrust the case to nature, but with the strictest vigilance, and if hemorrhage or blood poison threaten the life of his patient, he would promptly resort to operative interference. The hemorrhage inevitable in the removal of the placenta and the danger of blood poison from its being left behind, renders laparotomy, in the opinion of Prof. Goodell and other operators, extremely hazardous during fœtal life.

Dr. Martin, of Berlin, has endeavored to meet this danger by ligating the placental base *en masse* before removal. He then resects, as far as possible, and closes the sac-walls, cutting off all connection with the abdominal cavity, and draining through the vagina.

OXYTOCICS.

The use of ergot as a uterine stimulant in labor can claim few if any advocates in medical literature, although its value in maintaining post partum contractions and hastening uterine involution is attested to by many of our writers. Dr. Chahbazian, of Paris, has described an alkaloid of ergot which, given hypodermically in a maximum dose of one-fiftieth of a grain, is followed by no abscess or induration, and produces certain and firm contractions in from two to five minutes after its introduction. Such an alkaloid, if easily obtained and preserved, would be of great value in post partum hemorrhages, in which ergot, in its usual form, is almost valueless, from its slow and uncertain action.

There has been much and earnest discussion during the year as to the value and danger of quinine during pregnancy and labor. Dr. Bardell, of Colorado, is positive that it is not only harmless during pregnancy, but is one of our most trustworthy resources in threatened abortion, and after a trial in more than sixty labors, he pronounces it the safest and most reliable oxytocic at our command.

Dr. Campbell, of Georgia, after a long experience, writes, instead of withholding quinine from a fear it may produce abortion or premature labor, "I give it most punctiliously to prevent abortion in the malarial district of the south. Others have urged with equal earnestness that it is dangerous during pregnancy, and useless during labor. With such diversity of opinion, it would seem that until the medical millennium dawns, we must mainly rely upon our own experience and observation. I have given it in moderate doses in all stages of pregnancy for more than twenty years without observing a single unfortunate result, and in protracted labor with uterine inertia, I have thought it rendered positive and substantial aid."

LACERATION OF THE CERVIX.

The causes, symptoms, effects and the operation for the relief of this lesion, were so fully treated at a recent meeting of this Society, that no extended review will be in place or attempted by me. The subject has called out much discussion both in this country and abroad, and since Prof. Goodell's able address many data have been collected bearing on the results of the operation. While it seems evident that the operation may have an important influence as a cause of sterility, we cannot, on this account, condemn it, as it is by no means certain that the condition which demands it may not be as disastrous to successful pregnancy as the operation. So far as I can form an opinion from published reports, I conclude the liability to a second laceration in subsequent labor is very little increased. Evidence has accumulated that carcinomatous degenerations frequently take their origin from this lesion, and the possibility of preventing this dreaded disease alone justifies the operation.

To the accoucheur, we briefly suggest, as precautions, the same watchfulness in the use of the forceps within the os, as he employs to protect the perineum—the substitution of tireless patience for the injudicious use of ergot—anæsthetics in precipitate labors, and opium or other sedatives in tedious first stage of labor.

POST PARTUM HEMORRHAGE.

I can offer no more conclusive evidence of the dangers from post partum hemorrhage than the official report that four hundred and ninety-seven women died, in Great Britain alone, during the year 1881, from this accident: and many who survive, says a celebrated obstetrical writer, if they ever regain their health, do so after a long and perilous struggle. Several valuable papers have been added to the literature of this subject during the last year, which rather discuss the remedies already before the profession, and attempt to settle disputed questions as to their value and safety, than to present any new methods of treatment.

In reviewing the literature of the accident, I could but be forcibly struck with the truth of Prof. Thomas' remark, that so many individual remedies for hemorrhage have been brought forward, that the student is utterly dazed when he comes to the scene of action; and even men of large experience are often seized with hesitation concerning the common-sense line of practice by which they should be guided at the bedside. Failing by ordinary means to produce firm uterine contractions, Prof. Thomas carries the hand, thoroughly cleansed and dipped in strongly carbolized water, into the uterine cavity, sweeps everything out, and irritates its walls by passing the palps of the fingers over their internal surface. He believes no remedy to be compared to this simple plan in producing prompt uterine contractions, and, if resorted to before the nervous system is entirely prostrated, it will check post partum hemorrhage in ninety-nine cases out of a hundred. In one case, where all other means had failed, he produced immediate and firm contraction, and probably saved the life of his patient, by passing a strong current of electricity through the womb, and he urges a more extensive trial of this safe and easily-obtained remedy. He does not favor intra-uterine injections, but when resorted to, prefers tincture of iodine, or still better the common vinegar, as recommened by Dr. Penrose, of Philadelphia, to the iron, as introduced to the profession by Dr. Robert Barnes which he would utterly reject, except as a last resort.

Dr. F. M. Madden, of Dublin, makes the statement of practical value, if supported by other observers, that the condition of the circulation is of much importance as an early indicator of probable hemorrhage. He has never observed a permanently quickened pulse during labor—that is, a pulse not regaining its normal rate during the interval of pains, that post-partum hemorrhage did not follow unless avoided by proper preventive treatment. Dr. Madden admits the dangers attending the intra-uterine injections of iron, but thinks we meet with cases in which the immediate danger of death from hemorrhage outweighs the dangers from the use of the styptic. Many prominent obstetricians still condemn, under all circumstances, the iron injections; but I believe a large majority of the profession agree with Dr. Madden that when other treatment fails and death seems imminent, we are justified in its use, with proper precautions.

PLACENTA PREVIA.

In no emergency which the physician is called

upon to meet in the discharge of his duties can it be said with more truth than in placenta previa, that the first requisite of the accoucheur is an ability to recognize instantly what can and what cannot be done. My own experience in this alarming accident has been very limited, but sufficient to convince me that no fixed plan of treatment can be followed in all cases. Hofmeier, of Berlin, has recently published a report of thirty-seven cases under his care, with the unprecedented mortality of only 2.7 per cent. He rejects the tampon, and relies mainly on the Braxton Hicks method of version, bringing down the feet, checking the hemorrhage by the pressure of the buttocks. In all cases, he gave ergot hypodermically, and washed out the uterine cavity with a five per cent. solution of carbolic acid. Among general practitioners I think eight out of ten still adhere to the tampon, unless special indications point to some other line of treatment. I have seen no more simple plan than the one advised by Prof. T. G. Thomas, of a tampon formed of a conical linen bag, stuffed with carbolized cotton (possibly styptic cotton might take the place of the the carbolized), the apex of which is forced into the os as far as possible, the vagina packed around it, and firm pressure maintained by means of a T bandage. We thus aid coagulation, dilate the cervix, and compress the bleeding vessels. As soon as the os is dilatable, if the hemorrhage is not entirely controlled, deliver at once. When the tampon fails, he resorts to Simpsom's method of removing the placenta, and leaving the child to be delivered by nature.

ANTISEPTIC MIDWIFERY AND ITS RELATIONS TO PUERPERAL FEVERS.

In no other department of medicine or surgery does antisepsis, in its broadest sense, play so important a role as in midwifery. Many physicians with a large surgical practice, embracing severe fractures and lacerated wounds of a character so extensive and serious as to jeopardize life, have rarely, or perhaps never, met with pyæmia as the result of such injuries, while there are very few who have not seen more or less fatality from the justly dreaded diseases, puerperal fever, septicæmia and pyæmia in women who have passed an easy confinement, without prostration or cause for alarm. In seeking for an explanation of the causes for the extraordinary dangers which overshadow the puerperal woman, it at once becomes evident that the external causes are far less potent than some intrinsic condition to be sought for within the organism of the patient herself; and when our attention is turned in this direction, we cannot fail to discover the object of our search. During the months of pregnancy the maternal organism is called upon to perform a double task, of self-support and the providing and elaborating material for the nutrition of the fœtus. The increased work of nutrition must necessarily be supplemented by an increased exertion on the part of the excretory organs, to free the system of the excess of débris resulting from the additional demand for constructive material. As the term of pregnancy approaches, these organs, encroached upon by the expanding uterus, are pushed from their normal positions and crowded against the surrounding tissues, their circulation is interrupted, and their energies are paralyzed to a degree that renders the proper performance of their duties impossible; and too often the system, overcome by the accumulated refuse, falls a prey to an attack of eclampsia. If the pregnant woman escape these dangers, the final act of parturition leaves the system prostrated by its preceding herculean labors, the blood under the most favorable circumstances vitally impaired, and if perchance a severe hemorrhage has occurred, in a still more deplorable condition.

The importance of post-partum hemorrhage in this connection, and the accepted fact that puerperal fevers are very liable to follow this accident, is too frequently overlooked in the immediate triumph of having delivered our patient from a present and alarming danger. It would seem that the overworked system might now be permitted to recover its exhausted energies, but physiological laws have otherwise ordained. The processes of building up and maintaining a new life have now been completed, and the material required for this purpose has not only become superfluous, but is rapidly to become an active source of self-poison, unless promptly removed, and the organs of absorption and excretion are required to perform this extra service. We here have an organism in the most unfavorable condition to resist the shock and ravages of an inflammatory process, but in the most favorable condition for the lighting up of such inflammation at the least indiscretion. If I have succeeded, however imperfectly, in reproducing a recognizable picture of the female organism during the pregnant and puerperal state, a slight examination of its salient points cannot fail to discover why a *materies morbi* which a non-puerpera will resist with slight disturbance, will in the puerpera light a fire which all the skill of medical science may fail to extinguish.

To this disturbed condition during pregnancy, and a failure to maintain a proper balance between the organs of absorption and excretion during the puerperal state, must be attributed most of the fevers of a more or less serious character which are so frequently observed after confinement, and for which we can discover no assignable external cause; and if antiseptic midwifery in its widest significance means an attempt to prevent blood-poisoning, whether *endosepsis* or *exosepsis*, it is evident its surest foundation must be laid during the latter months of pregnancy. Added to these certainly not fanciful dangers, are other important factors. Within the uterus we have an extensive wound with its open vessels, caused by the cleavage of the placenta, and along the parturient canal lacerations more or less severe, probably in nearly all cases present in some degree, all open doors for the unobstructed entrance of any poisons left within their portals or conveyed to them from without by the hand or instrument of the careless accoucheur or ignorant nurse. Dr. Barnes has suggested a still more extensive, and it seems to me, dangerous route for the transmission of poisons, in the whole surface of the mucous tract, denuded of its epithelium and constantly bathed in the infected fluids.

When we seriously reflect on these inevitable dangers, the important question must force itself upon us, how is the lying-in woman to be best

protected from them? and recent experience in medicine and surgery would seem to indicate that it is to antiseptic midwifery we are mainly to look for a solution of the question, preceded and rendered more effective, as I have already said, by the strictest watchfulness during the later months of pregnancy.

Having brought our patient to the moment of labor under the best conditions to resist the effects of poisons from within or from without, we should, during labor, rigidly adhere to the antiseptic laws which govern surgical operations within the abdominal cavity. The hands of the accoucheur and every other instrument which is to come in contact with the parturient canal, during or after labor, should be thoroughly disinfected, and as soon as labor is terminated, the uterus should be firmly and permanently closed by external irritation, oxytocics, and the pad and binder. This Dr. Barnes considers the foremost measure in the scheme of antiseptic midwifery, and says he has for several years been in the habit of giving three times daily for two months after confinement a mixture of quinine, ergot, and digitalis.

The next, and in my opinion by far the most important step, and one which must be taken before putrefactive changes can possibly set in, is the frequent and thorough washing out of the vagina with disinfecting injections of carbolic acid or permanganate of potassium, the application to every fresh rent or fissure in cervix or perineum, where it is possible for septic poison to gain admittance, of a strong solution of carbolic acid; and finally, the closure of the last portal against external infection by a constant application to the vulva of a thoroughly disinfected napkin. These measures are simple, easy of execution, and perfectly safe, and we have abundant proof in support of their efficacy in the reports of several lying-in hospitals published during the last two years. After the second day, Dr. Barnes strongly emphasizes the daily use of intra-uterine injections of a solution of carbolic acid, iodine, or perhaps better than either, sulphurous acid, one part in forty of water, and the same distinguished authority thus summarizes antiseptic midwifery:

"1st. Keep the door shut against the enemy by maintaining uterine contractions.

"2d. Prevent the enemy from forming and collecting by irrigating the parturient canal with antiseptic fluids.

"3d. Eject the enemy as fast as he effects an entry by keeping the excretory organs in activity.

"4th. Guard the lying-in chamber against the approach of foreign poisons.

"5th. Fortify the patient against the attack of the enemy by keeping up due supplies of wholesome food."

The habitual use of intra-uterine injections as a precautionary measure against puerperal fevers, seems to be almost universally condemned in this country, and to number among its opposers many of the leading writers in Germany, where it has been very extensively tested. Hofmeier, in the *Zeitschrift für Geburtshülfe und Gynäkologie*, reports having treated two hundred and sixty cases by intra-uterine injections, many of which suffered from attacks of puerperal fever which he could only attribute to the treatment: and Dr. Max Runge clearly ascribes an epidemic of puerperal fever in the Berlin lying-in hospital to the same treatment resorted to as a prophylactic measure. But when through neglect or from any other cause septic poison has found access to the circulation, testimony of the favorable results of intra-uterine injections has been so voluminous and positive as to render it impossible to reject it.

Unfortunately, no definite course of internal medication for puerperal septicæmia has yet been proposed, which by its success can claim such universal support from the profession. Opium, stimulants, quinine and iron still hold their pre-eminence as remedies. I have noticed several cases recently reported as rapidly recovering under the use of iodoform and salicylic acid. Of the latter I have had no experience, but that the former too often proves ineffectual has been my bitter experience. I think there are many who do not yet despair that more extensive research into the relation of micro-organisms to septic poisons may lead to practical results in the discovery of a more successful plan of treatment in puerperal septicæmia and pyæmia, and cases have been reported which lend encouragement to this suggestion.

At a meeting of the Obstetrical Society of New York, April 4, 1882, Dr. W. M. Polk reported the rapid recovery of a case of puerperal septicæmia in the lying-in wards of Bellevue Hospital under hypodermic injections of phenic acid, which had failed to improve under the routine treatment of quinine, cold affusions, uterine injections, etc., and at the same meeting Dr. R. F. Weir reported having used the same treatment with the most gratifying results in cases of septicæmia in the surgical wards of the same hospital. Dr. Sloan, of Glasgow, in the *Lancet* for December, 1882, reports a well established case of puerperal pyæmia, despaired of under the usual methods of treatment, which promptly recovered by the hypodermic use of the oil of eucalyptus, preferred by him to carbolic acid as an antiseptic on account of its non-poisonous character. May we not hope that continued investigation in this direction may eventually result in giving us a more reliable and successful plan of treatment with which to contend against these fatal diseases?

How to Administer Santonin.

The *Med. Press*, April 4, 1883, says that Herr L. Lewin, in a recent paper on the above subject, read before the Medical Society of Berlin, finds fault with all the usual methods of administering santonin. According to his views, it should be given in its least soluble form, *i. e.*, in the form in which it will be the least readily absorbed, as the effect desired is not a general, but a local one. An oily solution of santonin undergoes, according to his experiments performed on animals, not the slightest absorption in the stomach, so that under no circumstances is any trace found in the urine. Almost any kind of oil may be employed, cocoanut oil, olive oil, cod-liver oil, or castor oil. He recommends that 0.2 grm. (3 grs.) of santonin be mixed with 60 grm. (2 oz. *circ.*) of oil and given in four doses. He thinks that a useful addition to the above would be that of an oil contained in santonica, the oleum cinæ, æther., for the reason that all æthereal oils have been shown to act as poisons on the lower forms of animal life.

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THE

QUARTERLY COMPENDIUM

OF

MEDICAL SCIENCE.

With January 1st, 1883, the COMPENDIUM OF MEDICAL SCIENCE, formerly published half yearly, has been commenced as a *quarterly*, to be issued on the 1st of January, April, July, and October.

It is especially adapted to be taken with the REPORTER, as few or none of the articles in it appear in our weekly journal.

The price of subscription remains the same, $2.50 per year. But as a special inducement to subscribers to the REPORTER to take the COMPENDIUM also, we offer the two journals at the very low price of

SIX DOLLARS,

when paid for *strictly in advance* and directly to this office.

PUBLIC HYGIENE.

We desire to direct special attention to two subjects treated in the address of the President of the Pennsylvania State Medical Association, which appears in this issue.

1. In reference to a State Board of Health.

He wisely directs professional attention towards its importance, and decries, as all men ought, the flimsy excuse that "war among the *pathies*" has been the cause of its non-creation. He strikes the key-note when he says that it has not been legislated into existence because "there is nothing in it" for our law-makers.

For shame! We must again say, what we have already stated, that our own State and Ohio are the only large Commonwealths in this country that do not possess State Boards. While we are not very strong advocates of state and city health boards, believing that the millennium in hygiene or preventive science can only be reached when we have *national* administration of sanitary matters as we have national control of the postal service, yet, not being sufficiently sanguine to hope that the general public will agree with us, until they more fully realize the value of concerted action in the prevention of disease, we do feel that, under existing conditions, a State Board of Health is a great necessity.

A *good* physician has great influence with his patients; the State Society has 1,800 members; we do not fear contradiction when we assert that if earnest and conscientious efforts were made, each physician could convince at least one hundred men of the value of a board of health. This would bring conviction to the minds of 180,000 men, who, going about, sowing seed, would soon convince many hundreds of thousands more, until the pressure would be so great, and the public desire so unmistakable, that our legislators would be *forced* to give us what we *ought* to have had long since. We would therefore earnestly urge the members of our State Society to pay special heed to this advice of one in whom they have demonstrated their confidence by electing him their president.

2. Dr. Varian calls upon our medical schools

to make hygiene a part of their regular curriculum. We have repeatedly urged this step, and will continue to do so, until the dream becomes a reality. We have in our ranks many men whose span of life is nearly run; men who, by long, busy and upright lives, have amassed more than a competence. In the past, such men have frequently seen fit to erect during life everlasting monuments to their memories by endowing chairs, presenting libraries, or some similar munificence, to testify their high appreciation of our noble science.

We would suggest to such men, that the opportunity now exists to erect a monument to themselves, before the grandeur of which the famed monuments of antiquity would sink into insignificance. A great niche in history is reserved for the name of him who first endows a chair of Hygiene, in an institution whose field of instruction is as broad as is that of some of our leading medical institutions.

Let all men who realize that their sands of life are nearly run, consider seriously this suggestion of Dr. Varian's.

DIABETIC COMA.

The subject of coma and sudden death in diabetes is at present creating much discussion in professional circles in England. The *Lancet*, for April 7, 1883, gives in a leading article a resume of what has been said on the subject, principally by Professor Frerichs, of Berlin, and closes by saying:

The conclusion at which Professor Frerichs arrives is not, then, very satisfactory, but it shows how much yet requires investigation. There are probably various causes in operation, and the first group of cases differs markedly from the others. In it death takes place from cardiac failure; there are no nervous symptoms, and the characteristic odor of the breath and reaction of the urine are absent. It is due to cardiac degeneration, owing to rapid tissue-waste, and other unknown factors which may operate in preventing tissue regeneration. The symptoms of the second and third groups are those of intoxication. A series of changes take place in the blood, the final products of which—aceto-acetic acid and acetone—are known, but the initial products of such fermentation in the blood itself are unknown and difficult to ascertain, from the rapidity with which the process takes place. The value of the paper is enhanced by two elaborate appendices, one by Dr. Ehrlich, demonstrating by means of iodine the invariable presence of glycogen in the renal cells at the junction of the medulla and cortex of the kidneys in diabetes, the presence of the same substance in other tissues and in inflammatory exudations being as constant as in the non-diabetic organism; and the other by Dr. Brieger upon chemical researches with respect to diabetic coma, particularly as to acetone and its allies.

While, of course, it will be very interesting to know the nature of the toxic agency, yet what we more especially want, is the knowledge how to combat it successfully.

THE NEW YORK ACADEMY OF MEDICINE AND THE NEW CODE.

When viewed dispassionately, the scene presented at the recent meeting of the New York Academy of Medicine can only be designated as disgraceful.

The by-laws of the Academy provide that no one can become a member who does not give his adherence to the Code of Ethics of the American Medical Association.

There were among the members many who did not recognize this allegiance, the President and Vice President among the number.

Dr. Austin Flint, Jr., offered a resolution calling the attention of the Committee on Admission to this by-law. In the discussion which followed some of the *distinguished* adherents of the new Code, in their excitement, made use of language unsuited for *gentle*men, even though not directed by any code.

The motion was carried, and some of its opponents, recognizing the inevitable, immediately tendered their resignations.

We confess that we can see nothing but eminent fitness in the resolution—for of what use are by-laws if they are not observed?

TANNATE OF CANNABINE.

A few months since M. Frommüller presented tannate of cannabine as a very efficient medicament to induce sleep without any disagreeable after effects. The dangers of the abuse of morphine are so great that any other agent capable of inducing similar hypnotic effects would be a veritable boon to the practitioner.

Mr. Hiller has experimented with the medicament, and has found that it gives good results, particularly in the milder forms of sleeplessness. Its effects are less marked in serious cases of delirium tremens, in mania, and in subjects already habituated to narcotics. It may be ordered in powders:

℞. Tannate of cannabine, gr.xv.
Sacch. alb., gr.xx.
M. et divid. in cht. No. iv.
S.—One or more at bedtime.

News and Miscellany.

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

The thirty-fourth annual session of the Medical Society of the State of Pennsylvania was held in Norristown, May 9, 10, and 11.

The Society was called to order on Wednesday, May 9, at 9 a. m., by the President, Dr. William Varian, of Titusville.

After prayer by the Rev. Joseph McCaskey, the address of welcome was delivered by Dr. Hiram Corson.

Reports of committees, officers, and delegates to other bodies were made, after which Dr. Oscar H. Allis, from the Committee on Schedule of Subjects for Medical Examiners, presented the following report:

Schedule of Subjects and Requirements of the Medical Society of the State of Pennsylvania. Designed as a Guide to Medical Examiners in Ascertaining the Fitness of Candidates for the Study of Medicine.

The following resolutions from the Committee on Medical Education were adopted by the Medical Society of the State of Pennsylvania, May, 1878:

Resolved, I. That all county medical societies now existing under the regulations of this Society, or which may hereafter be organized, shall, at the next meeting to elect officers, following the adoption of this resolution, or the next meeting of officers, when such society shall have been organized, and annually thereafter, be required to elect three members, to be called Medical Examiners, whose duty it shall be to examine all applicants for admission as students of medicine, under the tuition of members of this Society, and said committee shall withhold their certificate from any applicant, unless he be of good moral character, possess a good English education, and a sufficient knowledge of Greek and Latin to enable him to pursue his studies with advantage. And no member of any county society shall receive any person as a student of medicine unless he present a favorable certificate from this committee.

Resolved, II. That every member of a county society organized or which may hereafter be organized under the regulations of the Medical Society of the State of Pennsylvania, before receiving any person as a student of medicine, shall require him to enter into a contract to pursue his studies for a period not less than three years, and it shall be the duty of his preceptor to present him a certificate, countersigned by the secretary of the local society of which he is a member, setting forth the facts as above stated.

Resolved, III. That it shall be the duty of all members of the profession, holding allegiance to the Medical Society of the State of Pennsylvania, to recommend their students to attend only such medical colleges as rigidly enforce the full three years' course of study in their curriculum, and otherwise conduce to elevate the standard of graduation.

Dr. A. M. Pollock,
Dr. J. L. Stewart,
Dr. I. Pursell,
Dr. S. M. Ross,
Dr. D. P. Miller,
Committee.

With a view to bring the foregoing resolutions again before the Society, and to devise means to make them more effective, a paper was read May, 1881, entitled,

"In what should preliminary examinations consist, and what steps should be taken to make them uniform throughout the State?"*

At the conclusion of the paper, a resolution was adopted for the appointment of a committee to report at the next annual meeting a *schedule* of subjects, on which applicants for permission to study medicine shall be examined by the Board of Examiners of County Societies.*

The chair appointed Drs. Oscar H. Allis, Traill Green, W. R. Finley, J. B. Roberts, W. B. Ulrich.

Report of the Committee.

Requirements.

I. A written statement, previously prepared, setting forth the candidate's course of study.
II. An essay.
III. Writing from dictation.
IV. Spelling—oral, written.
V. Reading.
VI. Geography—Descriptive, physical.
VII. Political Economy.
VIII. History—Ancient, Modern.
IX. Geology.
X. Botany.
XI. Chemistry.
XII. Natural Philosophy.
XIII. Mathematics—Arithmetic complete; Algebra, through quadratic equations; Geometry, through plane geometery.
XIV. Languages—English, standard school edition of English Grammar; Latin, Cæsar's Com., 4; Virgil, 4; Cicero's Orations, 2; Greek; The Reader; Gospels; Xenophon's Anabasis, 2.

At the conclusion of the report, a resolution was offered referring the whole matter to a sub-committee, who should have power to act.

No report was called for from Examiners of County Medical Societies, as many of these were stated to be waiting for the report on Schedule of Requirements.

The amendment to Rules of Order offered by Dr. Mills was adopted, as follows:

Resolved, That Rule IX. of the Rules of Order be amended so as to allow a suspension of the rules by a two-thirds vote of the members present.

Under "New Business," Dr. H. H. Smith, of Philadelphia, offered a resolution designed to express the confidence of the State Medical Society in the *old* code, and to likewise express their decided disapproval of any departure therefrom.

The balance of the morning session was consumed in the reports of committees and the transaction of routine business.

Wednesday Afternoon.

Dr. James Tyson, of Philadelphia, selected for the subject of his address in medicine,

"MALARIAL HÆMATURIA,"

chiefly as it occurs in the Middle States, although he completed his subject by a brief picture of the malignant form of malarial hæmaturia, as it occurs in our Southern States. His paper was based upon a study of seven cases, one of which was an instance of the so called hæmoglobinuria or hæmatinuria, in which there are no red discs in the urine, but simply the coloring matter of

*See Trans. Vol. XIII., Part II., pages 517 and 636.

the blood, resulting from their disintegration and solution. This patient was a negro; the remaining six were white men.

This interesting disease, mainly confined to men, is almost invariably traceable to malarial exposure, and is characterized by the paroxysmal or continuous flow of bloody urine. It may or may not be accompanied by other symptoms of malarial disease, as chilliness, coldness of the hands and feet, pallor and blueness of the face, sense of weariness, etc.

The urine is usually acid in reaction, sometimes neutral, rarely alkaline, always albuminous and contains blood discs and blood-coloring matter, or the latter alone. In the latter case, a granular debris, probably the result of disintegration of the blood discs, is present. Casts of the uriniferous tubules are frequently, but not always, present; they may be hyaline, blood-casts, or red and granular, the latter being formed of the granular debris referred to.

The pathology is theoretical, the malarial poisons being supposed to cause the alteration in the blood and blood-vessels, which permits the transudation of the former. The morbid anatomy is also undetermined, although there is reason to suppose that changes suggesting inflammation are found in the kidney.

The disease has to be distinguished from cancer of the kidney and calculous disease attended with hemorrhage, and from other infectious diseases in which there is hæmaturia and hæmoglobinuria, as well as from the effects of poisons introduced into the blood. The history of the case, and the absence of pain and cachexia distinguish it from the first two, and the other symptoms of infectious diseases and poisoning from the latter. We must first determine whether the hemorrhage is from the bladder or kidney. The presence of casts, when present, point definitely to the kidney as the source of the blood; but they are not always present. Clots of blood rarely attend hemorrhage from the kidney, while they are common in hemorrhage from the bladder.

If the diagnosis is accurately made, the results of treatment are often brilliant. It is that for malaria. Quinine, in doses of three to five grains every three hours when the hemorrhage is continuous, until it ceases. Or, if intermittent, sixteen to twenty grains sufficiently anticipating the paroxysm, should be given. Mercurials may be combined with quinine. Iron, arsenic, and astringents have not been found of much service. The natural waters containing iron and alum may be expected to be of service, such as the Orchors Acid Springs of New York, and Bath Alum and other springs in Virginia, and some have a reputation in hæmaturia.

The "malignant" form of malarial hæmaturia, of which many more cases have occurred in the Southern United States during the past fifteen years, than previously, is much more serious and more fatal. The hæmaturia is here sometimes ushered in with a chill or two, or the bloody urine may appear at once. Large quantities of bloody urine are passed, it is said one or two gallons in twenty-four hours. The urine is porter-like, and the sediment sometimes almost tarry in consistence. There is obstinate nausea and vomiting of bilious and dark matter resembling black vomit. Intense jaundice rapidly supervenes; sometimes in an hour the whole body is stained yellow. The jaundice is hæmatogenetic. There may be fever, hot skin, and temperature of 104° to 106°, but the strength rapidly declines, and the patient often dies in from twenty-four to sixty hours, and if he recovers, convalescence is prolonged. The negro seems to be exempt.

Autopsies show the same intense coloration of the internal organs, and sometimes the spleen is enlarged.

The only curative treatment is by quinine aided by mercurials. Morphia and carbolic acid have controlled the vomiting. Stimulants are necessary.

Dr. R. L. Sibbet, of Carlisle, followed with a paper entitled

"OBSTETRIC NOTES."

The inexperienced graduate in medicine enters upon this department of professional work with a greater degree of trepidation than any other. As surgeon he may call in an assistant, as physician he may deliberate or prescribe a placebo, but as an accoucheur he must be prompt. He has no time to refer to books, nor can he, except in rare cases, ask for a consultation. For these reasons and others which might be given he has need for all the information he can obtain from his preceptor, from lectures and from carefully prepared works on the subject before entering the lying-in chamber.

This paper, specially addressed to the young practitioner, is based upon one hundred consecutive cases of confinement. To show the importance of careful study, as well as the percentage of accidents to the mother and to the child, this number will answer our purpose.

The statistics are as follows:

Number of confinements	100
Primiparous cases	22
Severe labors	7
Rapid deliveries	5
Instrumental deliveries	6
Placenta previa	1
Adherent placenta	1
Inversion of the uterus	1
Unusual hemorrhage	4
Rigid perineum	2
Rupture of the perineum (slight)	1
Puerperal convulsions	1
Puerperal mania	1
Case of twins	1
Mammary abscess	1
Number of deaths	1

The Children.

Number of males	53
Number of females	48
Cephalic presentations	96
Left and right occipito-anterior positions	94
Left and right occipito-posterior positions	2
Foot presentations	2
Breech presentations	1
Left elbow presentations	1
Both hands	1
Cord around the neck causing death	4
Craniotomy	1
Decapitation	1

Syphilitic taint 2
Deaths in utero or soon after delivery 11

These results in a hundred consecutive cases in town and country practice may surprise some who are not in the habit of noticing the particulars of each case as it occurs, whether important or unimportant. I confess that it requires an effort to state before you that even one per cent. of mothers and eleven per cent. of children died in these cases of confinement. It is well known that many physicians never speak of cases which terminated unfavorably in their practice. But how can we be useful to one another if we withhold the essential facts? How can we advance medical science if we do not give the statistics correctly? If practitioners would take notes of their cases, and permit them, as here indicated, in groups of one or more hundreds for publication in our Transactions, very valuable information would be secured. The percentage of accidents would be seen at a glance; inspection and comparison would not be so difficult; the study of statistics in the aggregate would be less irksome.

The most important of these cases may be given in brief; others may be referred to.

The first I shall mention is the case of placenta previa; both hands presented. It was a second child. With the use of anæsthetics and by version, delivery was effected. There was hemorrhage before and after delivery. With the use of restoratives and careful watching, the mother rallied; the child was dead. Profuse ptyalism followed, with the absence of the mammary secretion. Dr. G. W. Reily assisted.

A case of very severe labor occurred, with normal presentation, but contracted superior strait. It was also a second child. I used anæsthetics, and delivered with the Hodge forceps a large lifeless child. I immediately placed it in a bowl of hot water, and used whisky on the bruised scalp. With perseverance in the use of hot water and rubbing, a bright crimson color came to the face and limbs, and respiration was established. The mother and child are living and well.

Another case of severe labor did not terminate so favorably. A young woman of lymphatic temperament, primiparous, distant in the country and neglected by her husband and friends, took, some weeks before her time, diabetes insipidus, which produced eczema of the vagina and pudendum. During these weeks she had neither sleep nor rest. When I was called, there was no time to do much for either complaint. Tedious labor came on, and as soon as possible, I used anæsthetics, and with great effort partially delivered the head of a large child, using the Hodge forceps. I cut the cord, which was twice around the neck, and applied a noose by which an assistant made traction until delivery of a dead child was effected. The placenta was removed without difficulty. Two hours afterwards the mother died from exhaustion.

The case of decapitation, which was also primiparous, may be given. The feet presented. The midwife, making traction too soon, perhaps, succeeded in delivering a large child, except the head. Late at night I was sent for and had to ride three miles. I found a rigid perineum and an unyielding coccyx. It was impossible to produce rotation with the blunt hook, the occiput being under the pubis, so I removed the body with the small blade of my pocket-knife; still I could not produce rotation. I then resorted to a blacksmith in the neighborhood, and succeeded in extemporizing a pair of forceps, with which I produced rotation, and removed the head.

The case of craniotomy may be mentioned. The face presented behind the pubis. The head lodged in the superior strait, and I found it impossible with the strong contractions to produce rotation. To save the mother, I punctured the head and used the craniotomy forceps. The child was removed with great difficulty. Dr. S. P. Ziegler assisted.

The other case of face presentation resulted more favorably. It was primiparous, and the labor severe. Instruments were not used. The mother and child are living and well.

One of the cases of rapid delivery referred to resulted in inversion of the womb. The mother had no time to get into bed, and knelt at the side of it. In this condition I found her. The cord was short. There was profuse hemorrhage, but the patient rallied. Steady and firm pressure upon the fundus restored the womb to its normal conditions.

Another case of rapid delivery produced a slight rupture of the perineum. Fifteen months previous an extensive rupture had occurred, which had not been recognized by the attending physician. The patient had suffered during this time. I removed the epithelium and restored the perineum, using three large silk sutures. Dr. S. P. Zeigler assisted.

These cases are sufficient to lead the young practitioner to reflect upon the responsibility of the work in which he is about to engage. His first duty, after a careful study of the subject, is to prepare for any emergency. In a country practice, he should carry with him a strong pair of obstetrical forceps, and if distant from professional assistance one or more pairs of craniotomy instruments. These should be reserved until the life of the mother is in danger. It will be noticed that I used instruments in only six per cent. of cases, and I do not now think I should have used them more frequently. Some practitioners use the obstetrical forceps in one-fourth or one-third of their cases, but I cannot endorse this practice. If they would set forth the results of their work, as indicated in this paper, we would be able to judge better of the propriety of making such frequent use of them. The lancet and the hypodermic syringe should always be carried, though in these one hundred cases I had no use for the former. In plethoric cases of puerperal convulsions, the lancet should be used first. In the case referred to, I used the syringe and the sulphate of morphia, and with good results. The repetition of the dose within five or six hours, should always be in diminished quantities. Sulphuric ether and chloroform in the proportion of two or three parts of the former to one of the latter, by weight, are indispensable. A small piece of sponge saturated with a mixture and placed in the hands of the female is convenient and safe, and is generally sufficient. Should the anæsthetic produce jerking of the limbs, it would be well to discontinue it, as I have seen one case of this kind, not included in these cases, which resulted in tetanus

and death. Ergot has been regarded as a necessary part of the accoucheur's armamentarium, but in my hands it has an uncertain value. In cases in which I desired its reputed effect, it has not given satisfaction. It is probable, that in many cases action is slow.

Thus prepared for professional work, how should the practitioner behave at the bedside of the parturient female? To this question there is but one answer; he should be a gentleman. He should be polite, agreeable, and hopeful. He is called on business of the most important character, and for the time being, he is master of the house. Inappropriate conversation should not be indulged in: the reading of a newspaper may betray an indifference which might not be pardoned. On the other hand, there may be too much attention. Digital examinations are not to be made more frequently than are necessary to determine the progress of labor.

The exposure of the female, except in extreme cases, should be avoided. The efforts which have been made by some practitioners to overcome the supposed rigidity of the perineum by the introduction of one or both hands into the vagina, before the descent of the head into the pelvis, should be limited to the half-bred Indians of New Mexico, among whom this practice seems to have originated. Nor does it appear that the support of the perineum, recommended by more respectable authority, is of much account. We should rather assist nature in her efforts to expel the product of conception unless there is great danger of a rupture. Inunction and rubbing, when the head of the child presses firmly upon the floor of the pelvis, may be useful if the parts are rigid; and in extreme cases, a lateral incision of the vulva might be made. When the head has passed into or through the inferior strait there should be no delay. The accoucheur should pass his forefingers and thumb around the neck of the child and make steady and firm traction. It may require the strength of a strong arm. A short cord around the neck may make delivery more difficult. Three things may call for immediate attention; syncope, contraction of the womb, and respiration of the child. The application of cold water with the hand is a good remedy for all. The placenta should be removed as soon as the condition of the mother will allow of it; in cases of hemorrhage it should be removed immediately. A firm contraction of the womb should be secured before leaving the patient. Her soiled clothing should be drawn away, and a binder applied if she has suffered much, and she desires it. The babe should be made comfortable in a soft woolen slip, long enough to protect the arms and the legs. Cow's milk, and no other food, except the mother's milk, should be given to it.

A few words in conclusion on two points which belong rather to the after treatment. Puerperal inflammation is a serious affliction which carries off a large percentage of mothers annually. I have seen this contagious in the hospitals of Europe, where it has prevailed to an alarming extent in the practice of others, and in three cases of abortion produced, as I believe, by the females themselves, and one of them died. My senior preceptor, highly respected and honored, gave me the particulars in one of his lessons of instruction, of three cases that he lost in less than a month by this disease. He changed his clothes, and washed himself from head to foot. He had a large practice at the time, but he had no more cases of puerperal peritonitis. I have since known a respectable practitioner to lose also three cases of this disease within twenty-four days. He too had a large obstetrical practice. Let us note also the fact, as given by Dr. Tanner, that forty cases of this fearful malady occurred in the practice of one obstetrician and his student, as an epidemic (so-called) in England. We need not look for the cause of this disease in the bacilli and micrococci of Pasteur and Lister and Koch (strain at a gnat and swallow a camel) when the causes are obvious and easily removed. The busy accoucheur, napping in his closed carriage between calls, or lolling upon his lounge in his office, is most likely to drop into careless, filthy habits. But let me say to the young practitioner, that you may be caught sleeping: you may have made an autopsy; you may have dressed some foul ulcer; you may have attended a case of erysipelas on the day previous to your call to the lying-in chamber. Would you obey such a call? There is a strong temptation. I have declined, and sent for another physician.

Agreeing that puerperal inflammation may spring up independent of any of the causes referred to and extend to the adjacent organs, what shall we use to prevent it? The old treatment of a hundred years ago—a dose of castor oil on the third day—is a miserable delusion. At no time have we greater need for our knowledge of pathology, physiology and therapeutics, and less need for routine practice, than in the treatment of the parturient female.

It has been my practice to administer from the first hour of labor, or as soon as called, cholagogues and anodynes in small quantities, often in very small quantities. These may be given in an agreeable form, in powders, in granules, in parvules, or in pellets. There should be no time fixed for the movement of the bowels. To give a compound cathartic pill or two immediately after delivery might be the best thing to do. It would certainly help to arrest any tendency to inflammation of the uterus or the mammary glands by relieving the organs of secretion, and the distended blood-vessels. The natural channels which carry away the excrementitious products of the body should certainly not be closed when several important organs are undergoing such rapid change.

Abscess of the mammary glands would very rarely occur if evacuants were used instead of tonics and stimulants. In the case referred to the mother of the parturient female thought it would not be necessary to make a third visit, and undertook the treatment with castor oil. The result was, that several extra visits were made by myself and a neighboring practitioner.

This paper is respectfully addressed to the younger members of the profession with the hope that some, at least, will be encouraged to collect statistics and to present them, as here indicated, for publication. These statistics would be specially valuable if collected from a private practice.

Dr. Hugh Hamilton, of Harrisburg, the

read a very valuable paper on "Artificial Alimentation," which will appear in full in our next issue.

Dr. R. H. Chase, of Norristown, followed with a paper entitled

"INSANE ASYLUMS IN SOME OF THEIR RELATIONS TO THE COMMUNITY."

The principal portion of this paper is occupied in the refutation of the popular delusion that persons of sound mind are frequently sent to institutions for the insane, through sinister motives, and there indefinitely detained. The writer regrets that this erroneous belief has become disseminated to an incredible extent, even in the medical profession.

A number of distinguished alienists are cited whose experience confirms his statements. A typical example in point, from his own practice, is given in detail—considerable importance having become attached to this case from its recent publication in the *Phila. Med. Times.*

He also briefly alludes to the jury system of commitment, which is advocated as a remedy for this alleged wrong; the progress made in mental science is pointed out, and he speaks confidently of the advance that will be made in psychiatry in the near future.

He refers to the revision of the lunacy laws of the State, and closes with a short plea setting forth the relations which insane hospitals bear to the causes of mental disease, remarking upon the melancholy fact that the work of hospitals in restoring the insane tends to spread the disease by the mysterious laws of heredity. Yet this need give no cause for alarm, he says, for at the proper limit nature will station her forces of controversion.

"CLUB-FOOT—A FEW SIMPLE REASONS FOR ITS EARLY RELIEF,"

was the title of a paper read by De Forest Willard, M. D., Lecturer on Orthopædic Surgery of University of Pennsylvania, Surgeon to Presbyterian Hospital.

Dr. Willard discussed the subject of congenital talipes from the standpoint only of the necessity for early treatment, and the great harm which would result from neglect. Moderate degrees of deformity became severe ones while the physician was wasting precious time in waiting for the child "to be old enough for operation." Corrective measures should be adopted from the day of birth, and the foot should never be allowed to remain in the deformed position. Manipulation and hand pressure were capable of curing the majority of moderate cases of club-foot, but as the hand could not be constantly employed, all possible adjuvants should be brought to bear. The foot should be forced into as nearly the normal position as the child's endurance will permit, a dozen or more times each day by the mother, firm traction being exercised upon all contracted tissues, whether muscular, fascial, or ligamentous. This force combined with massage and electricity, would develop the awakened muscles and elongate the contracted ones, while the opposite results would occur if the weight of the clothing were suffered to lie upon the unsupported foot: especially if the child be allowed to rest upon its feet would most serious deformity of the bones occur.

To assist the manipulations described, it was necessary that the foot be prevented from assuming its abnormal position. Various methods of securing this end were demonstrated, all simple, inexpensive, and easily attainable. Sole-leather, cut roughly to the shape of the foot and leg, fitted while wet, and then dried in position, would answer well, and was capable of easy removal for frictions, shampooing, and stretching. Felt, binder's board, or tin, would answer the same purpose. Plaster of Paris also was of great use, especially when through ignorance or inattention the proper manipulations would be neglected. At first the limb should be fixed in a position as nearly straight as it is believed the parts will sustain the pressure. When dry, the plaster case could be sawed open, and then removed three or four times a day for stretching. New casts could be applied as rapidly as rectification of the foot advances. Silicate of soda, or starch, or any stiffening material, will answer, but are not equal to gypsum, as the foot must be held in proper position during the "setting" of the material, and nothing equals plaster in rapidity, especially if table-salt is added to the water.

To secure elastic traction, which next to the hand-pressure is most efficacious, it will be found best in infants to surround the leg just below the knee with a band two or three inches in width of "printer's blanket," "two-ply," as it is known in the rubber trade—simply gum with cloth facing; this cut to the proper length and with eyelets inserted, is laced in position, and a similar band is applied to the sole of the foot. Between the two is stretched a gum band, the size being graduated according to the strength of the child—sizes : 0¼, 00½, 000¾, 0000¾, 5-inch, and 7-inch. Such as are used in holding large bundles of papers will be sufficient. The advantage of this substance consists in the fact that it does not absorb urine or fæces, that it can be easily washed, and that at the temperature of the body it is sufficiently adhesive to remain in position without slipping. Should the dressing show an inclination to turn upon the foot or leg, a strip of rubber "soling," "thin" or "medium" grade, can be used in its place, the roughness of which would effectually prevent any such tendency. "Gutta-percha sheet," one-eighth inch in thickness, also answers nicely, if dipped into hot water, and moulded to the parts. Any of these articles can be obtained by writing to either the Goodyear or National Rubber Co.'s stores in any city, and the cost would be trifling.

The great advantage of this form of dressing is found in the fact that it is capable of being frequently removed for stretching and friction, that it is light, and can be worn inside a shoe, by simply cutting a slit for the strip. Sole leather would answer for the encircling bands, but it is more absorbent, and hence not as cleanly for infants.

Another very important element in the use of this form of apparatus consists in the fact that without renewing it, the mother can, whenever holding the child in her lap, constantly exert her curative power by forcing the foot into its proper position. The pressure of the encircling leg band retards circulation less than would be the case in immovable apparatus.

Barwell's dressing, by means of which points for the attachment of a rubber band are secured, is a good principle, but can be better carried out by the plan just mentioned. Since the regular Barwell cannot be daily removed, and as it is very liable to be soiled in young infants, it is only applicable to older children. At the point of origin of a muscle, a strip of tin containing a loop of wire is fixed in position by adhesive strips and bandages: at the point of insertion another eyelet is made fast in a similar way. The rubber strap extending between these points should be as the circumstances require, an infant needing no more than a gum band used for papers, No. 0000¾ or 5-inch; others will call for elastic webbing or tubing into the ends of which hooks are inserted.

Neill's treatment could be also used, but is objectionable for more than temporary use, since ready removal for hand traction was a most important element in any dressing.

Elastic tension has the advantage of acting constantly, whether the child be asleep or awake, and in the course of a few months, by the proper combination of manipulation with the means already alluded to, it will be found that such great advance has been made in the treatment that tenotomy, at first perhaps considered inevitable, will now be dispensed with. Even in the severe cases, where section of the tendon is necessary, this preliminary treatment will prove to have been of great benefit, and the operation will be far less likely to be followed by relapse.

Where patients can afford a shoe, the same principle can be carried out by the simple plan adopted by the author, of riveting an arm to the ordinary stirrup used in steel uprights for club-foot shoes, at the end of which arm is an eye through which plays a catgut cord attached to an elastic webbing, running up to be fastened to a button at the top of the upright. The attachment to the foot is made in the shoe opposite the heads of the metatarsals. An inexpensive joint is formed opposite the metatarsal articulation, which permits motion in every direction as readily as a ball-and-socket joint, by simply paring down the sole for a half inch in front of the stirrup, to the thickness of a sheet of paper. If the child is not walking, and there is consequently no trouble from the admission of dirt, the toe portion of the shoe can be made separately from the heel, being joined to it in the sole only, and there by means of a strip of soft "upper leather." Such a shoe costs but little, and fulfills most simply and perfectly the indications required, *i. e.*, the rectification of the deformity at the calcaneo-cuboid and astragalo-scaphoid articulations, and the stretching of the contracted calf-muscles and plantar fascia. Should the case be too greatly deformed to yield to these measures, tenotomy can be subsequently performed, or other operative measures instituted, but the present discussion is purposely limited to early simple means of correction.

"THE WEARING OUT OF VACCINE PROTECTION AND THE EFFICACY OF REVACCINATION."

Was the title of a paper read by W. M. Welch, M. D., Physician to the Municipal (small-pox) Hospital, Philadelphia.

Jenner not only believed in the identity of small-pox and cow-pox, but even entertained the fanciful notion that cow-pox in the animal, was the original or parent form of small-pox in man. According to this view, vaccinia in man was believed to be small-pox in its primitive and mildest form. Hence the protection which resulted from vaccination was regarded as permanent: or, at least, as permanent as that afforded by once undergoing small-pox.

This pleasing but illusory doctrine was long entertained; but time and greater experience have developed an accumulation of facts which lead to a very different conclusion.

It is my purpose to show, *first*, that the susceptibility to small-pox, however thoroughly destroyed by vaccination, may subsequently return; and, *secondly*, that re-vaccination can be depended upon to destroy again this return of susceptibility to the disease.

Among the most valuable statistical data proving the first proposition—valuable, because there is no room to doubt the reality and efficiency of previous vaccination—are those collected in the British army from 1834 to 1838 inclusive. The regulations of the army required every invividual connected therewith to be thoroughly vaccinated, excepting only those who had had small-pox: but re-vaccination was not then enjoined. The average strength of the army during this period was (including men, women and children) about 105,000; of this number, 1,025 were attacked by small-pox, and 122 died, giving a death-rate of 11.9 per cent.

The statistics of small-pox hospitals show that a large proportion of the cases of the disease occur among persons vaccinated in early life. During the great epidemic of 1871–2, 2,377 cases were admitted into the Municipal Hospital of Philadelphia, and of that number, 68 per cent. occurred in persons vaccinated in early life. During the recent epidemic—1880–81–82—there were 1,659 admissions, and 54 per cent. of these were post-vaccinal cases. The proportion of such cases is seen to be 14 per cent. less in the late epidemic: the explanation of which is, I think, that re-vaccination was more extensively employed then in Philadelphia, than ever before.

I shall endeavor to show still farther that the deterioration of vaccine protection is progressive—increasing up to a certain period of life with the distance of time from the primary vaccination. To prove this, I submit the following table, containing a classification of 2907 cases of post-vaccinal small-pox, which have come under my own observation: showing the

relative numbers and ages of persons attacked by the disease after vaccination, also the ratio of deaths to the numbers attacked at the various ages:

		Cases.	*Deaths.*	*Percentage of Deaths.*
Under 5 yrs of age.	good cicatrix,	1	0	. . . . .
	fair	4	1*	. . . . .
	poor. . . .	5	1	. . . . .
	Total . . .	10	2	. . . . .
5 to 10 years . . .	good cicatrix,	11	0	. . . . .
	fair	9	0	. . . . .
	poor. . . .	26	8	30.73
	Total . . .	46	8	17.39
10 to 15 years . .	good cicatrix,	45	2	4.44
	fair	18	2	11.11
	poor	36	4	11.11
	Total . . .	99	8	8.02
From 15 to 20 years of age . . .		388	47	12.11
" 20 to 25 " " . . .		745	96	12.88
" 25 to 30 " " . . .		580	92	15.86
" 30 to 35 " " . . .		356	64	17.97
" 35 to 40 " " . . .		249	51	20.48
" 40 to 45 " " . . .		154	38	24.67
" 45 to 50 ". " . . .		105	22	20.95
" 50 years and over		175	63	36.
Grand Total . . .		2907	491	16.89

Doubtless, very many cases classified in the table under the headings of "poor cicatrix" were never successfully vaccinated.

The table, while it certainly shows a very gradual increase in the number of cases of post-vaccinal small-pox during the earlier periods of life, proves that the maximum numbers occur at the periods immediately following puberty; thus indicating that at this eventful epoch some change is brought about in the animal economy that lessons or entirely destroy the protective influence previously exerted by vaccination. This may be the case even where the vaccination had been most thorough and complete. I have seen small-pox occur in persons presenting more than twenty typical vaccine marks; and I have known deaths to occur when as many as twelve such marks were present. The sooner, therefore, the profession and the public fully recognize the necessity of re-vaccination in all persons at the age of puberty, if not earlier, regardless of the quality or number of their vaccine scars, the sooner shall we succeed in the noble work of preventing small-pox, or of cutting short epidemics of the disease.

If then vaccination of the highest degree of excellence fails to confer permanent protection against small-pox, how much less must be the protection which comes from vaccination of an inferior character—such, for instance, as results from the use of partially deteriorated virus. The deterioration or diminished efficacy of vaccine virus by long humanization is a question which has been variously regarded by different observers: being accepted by some as an axiom, and rejected by others as a mere fancy. For myself, I have no hesitation in saying that it is my belief that vaccine virus not only loses much of its vigor through a long series of human transmissions, but that it also suffers in the durability of its prophylactic power.

Typical vaccinia, or that type of the disease which should result from the use of animal lymph or lymph of recent humanization, requires for its fullest development and completion not less than twenty-one days, and sometimes a much longer time; while long humanized virus not unfrequently induces a form of the disease which runs its course in about two weeks. The former is followed by a permanent, well-defined and characteristic scar; the latter, by a superficial and ill-defined scar.

It is true that vaccinia of short duration will destroy the susceptibility to small-pox. I have had ample proof of this. Furthermore, I would say that for vaccination after exposure to the variola contagion my preference is for humanized virus somewhat remotely removed from the heifer, on account of the more speedy development of the vesicle and the earlier appearance of the areola. But the point I wish to emphasize is, that the protection which results from vaccinia of short duration is not so durable as that which results from vaccinia of a perfectly typical character. Or, in other words, the prophylactic power exerted by long humanized virus, is less durable than that exerted by bovine lymph, or lymph of recent humanization. To prove this, after what has been said, it is, I think, only necessary to show that small-pox is more fatal among persons showing poor, or even fair vaccine scars, than among those showing good scars. My statistics show the death rate to be 9 per cent. among patients having good cicatrices; 16 per cent. among those having fair, and 27 per cent. among those having poor cicatrices.

Having shown the necessity for re-vaccination, it yet remains to say something about its efficacy. Let me say first, however, that undoubtedly there is a great deal of confusion in the minds of practitioners as to what constitutes successful re-vaccination. Many believe that unless the vesicle pursues the course of typical vaccinia, the disease is spurious and without value. But, certainly, there is no more reason why the disease induced by re-vaccination should be true and typical. As varioloid differs in various degrees of severity from true small-pox, so does vaccinoid differ from true vaccinia.

Some of the most conclusive proof of the efficacy of re-vaccination is furnished as the result of experience in various armies. During the Franco-Prussian war, the Prussian army, in which re-vaccination was carefully and systematically performed, lost by death from small-pox, under circumstances of great exposure to the disease, only 263 men; while the French army, in which re-vaccination was not enjoined, lost 23,468 men; and the latter army was at no time much more than one-half the size of the former.

During an experience of more than twelve years in hospital work, I am enabled to say that only very few patients have been admitted to the hospital with varioloid, who presented evidence of having been successfully re-vacci-

*This case, not at all severe, occurred in a very delicate child—a foundling—one year old.

nated, and these few have had the disease in so mild a form that death has not occurred in a single instance. No person entering the hospital in any official capacity—as a resident physician, steward, matron, nurse, laundress, or other employé—who had taken the precaution to be re-vaccinated before entering on duty has suffered from smallpox in any form whatsoever. But, on the other hand, I have seen a few employés in whom re-vaccination was for some cause omitted, become infected by the disease.

With such facts as these before us, the conclusion seems inevitable, that if vaccination were efficiently performed in infancy, and re-vaccination at puberty, if not earlier, we should begin to realize the truth of Jenner's assertion, viz., "*that vaccination is capable of extirpating small-pox from the earth.*" But whether vaccination will ever be so universally and wisely employed as to confer on mankind its greatest possible benefits is doubtful.

After the transaction of routine business, the Society adjourned.

In the evening, at 7.30, the President delivered his annual address (see page 505), after which the Society was entertained at a banquet by the Montgomery County Medical Society.

THURSDAY MORNING.

After prayer by the Rev. H. M. Kieffer, Dr. A. Craig, of Columbia, delivered the address in "Surgery," which will appear in our next issue.

Dr. E. O. Bardwell, of Emporium, followed with a paper entitled

"SOME REMARKS ON SCARLET FEVER."

I have been led to prepare a short paper on scarlatina, not so much by the fact that I have made a careful study and analysis of 176 cases, as by the fact that this study has confirmed me in the adoption of some views concerning this disease somewhat different from those held by many of the profession.

I shall not attempt to give a complete history of the disease, but merely a few points in the history of these cases, and the deductions drawn therefrom.

During the winter and spring of 1878-9, 150 cases of scarlatina occurring in and about Emporium were treated by Drs. DeLong, Heilman and myself, it being convenient and interesting for us to do so. We met nearly every day and compared notes and made urinary examinations. Dr. DeLong, the microscopist of the party, is well known throughout Cameron and the adjoining counties as a physician of skill and ability in the use of the microscope.

Of the 150 cases the urine from 80 was carefully examined, and in every one without a single exception was found either albumen, blood globules or tube casts: in 21 cases albumen was found without other abnormalities, in the remaining 59 cases epithelial cells from the tubuli uriniferi. Blood globules or tube casts were found, either with or without albumen. In 9 cases only, albumen was found during the first 4 days of the febrile movement, but in no instance were tube casts or other microscopic abnormalities discovered before desquamation had commenced.

The disease as it prevailed at this time and place was neither mild or unusually severe, the temperature averaging at its maximum 105 degrees, reaching in several cases which recovered, 107 degrees, and the pulse 140, reaching in at least one case, which recovered, 200.

The throat affection was a source of much anxiety in some of the cases, and in all required some attention. Many cases were complicated by enlargement of the submaxillary and parotid glands, five of them to such an extent as to make the use of the bistoury necessary.

April 23, 1879, I was called in haste to see a case twelve miles distant, and the train being on time, I reached the house within an hour, when I was met at the door by the information that I was too late; the patient, a girl of twelve years of age, was insensible, and strongly convulsed every few minutes; her eyes were in a state of nystagmus, the pupils insensible to light and the heart pulsating at the rate of 200 beats per minute: she had voided no urine for twelve hours previously, and very little for two days; she had had an attack of scarlet fever three weeks before, but it had not been thought necessary to call a physician. The patient had been in this condition since 5.30 p. m.; it was now 8 p. m. I immediately ordered water to be made hot, and forced down her throat a large dose of compound jalap powder in solution, together with ten drops tincture digitalis. The digitalis with five grains of bitartrate of potassa was continued every half hour until 11 o'clock. The water was brought in as hot as I could bear my hand in it, and the patient was placed therein: she had her last convulsion while in the bath the first time. She was taken out shortly, wrapped in flannel blankets and a mustard plaster applied to the lumbar region. This process was repeated five times from 8½ until 11 p. m., at which time she recognized her father. At 12 o'clock a watery evacuation from the bowels took place, and her recovery from this time on was gradual but complete.

A similar case occurred about the same time, but it had been treated by a quack with irritant diuretics, and although regular medical attendance was at last called and much the same treatment pursued, the patient died comatose.

Soon after I was called to see Mrs. C. B., aged 33 years. In four days her temperature had reached its highest point, 106½°. It then gradually declined until the seventh day, when it commenced to rise again, and albumen began to appear in the urine. Her improvement was very slow, and she suffered much from insomnia. During the third week, against my better judgment, I administered morphia. She rested better the night following, but the next day she had excessive cephalalgia and uræmic vomiting. No urine being voided that day, I used the catheter, getting about two ounces, loaded with albumen, and also containing tube casts and blood globules. The next day small abscesses made their appearance in different

parts of the body. She was treated with hydragognes and hot fomentations as seemed to be required, and braced up with tonics, but improved very slowly. The ninth week, with a director, I evacuated a large deep-seated abscess in the left axilla. From this time on her recovery was continuous, though very slow, it being six months before she had entirely recovered her strength, which she finally did, however, and is now perfectly well in every respect.

I have noticed that in those cases where the temperature being high and the pulse rapid, the eruption has remained rather scanty; that the symptoms referable to kidney and mucous membrane lining the bronchial tubes, stomach, and intestines has been much increased in intensity, not as I believe by metastasis, but by a natural selection of those situations for the chief elimination of the morbific principle in that particular instance.

The pain in the chest, stomach, and bowels frequently met with would seem to indicate a certain amount of efflorescence in those cases in which it concurs, while the microscope furnishes irrefragable proof of the existence of inflammation and subsequent desquamation of the mucous membrane lining the tubules of the kidney.

The treatment of the whole number of cases was very much the same, varying only in minor details as the exigencies of the case seem to demand, but all based on the theory which the subsequent history of 176 cases supports to a marked degree.

By the study of these cases my opinion has been verified that the nephritic lesion is not a sequel, but a concomitant, and that it obtains in every case of scarlet fever to a greater or less extent. If this is true, then the kidney lesion is the most important feature to bear in mind, and is the primary source of danger, leaving out those exceptional cases where the throat affection assumes a diphtheritic character, or when the pyrexia is so excessive as to paralyze the nervous system and cause death by asthenia. Understanding the action of the kidney, and believing it contains a dangerous element, our treatment is in all cases, regardless of non-severity or malignancy, addressed to some extent to this factor.

In all febrile disorders the cardiac organ is weakened, the pulsations are weaker than normal and usually faster as well. As a direct consequence the muscular walls of the renal arterioles are lax, the high arterial tension which favors osmosis and the consequent separation of the urinary elements from the blood is wanting, and the amount of urine secreted is abnormally small. During defervescence in other pyrexia the urinary secretion becomes augmented as the condition of the circulation improves, and no bad results follow. In scarlet fever, however, the case is different: if proper remedies have not been used when the urinary secretion begins to be increased, the uriniferous tubules may be so blocked up with desquamating epithelium as to prevent the passage of any urine into the ureters, and fatal uræmia rapidly result.

Theoretically, then, we desire from the first a remedy which shall increase arterial tension in the Malpighian bodies, mildly stimulate the secreting element of the kidney, and at the same time have a demulcent effect in passing over the irritated epithelium of the tubules. We have no one remedy which meets these indications, but in digitalis and potassium acetate we have a combination which will do the work required, and more—for the digitalis slows the heart's action, and perhaps has some apyretic properties as well. Belladonna increases arterial tension, but does not slow the heart, and is not so much to be depended on. The potassium is slightly stimulating, demulcent, and increases the secretion of urea.

From a scientific standpoint, this treatment is a natural corollary from the study of the pathology of this lesion, and it is fully borne out in practice. For the throat complication, the muriated tincture of iron is an excellent remedy, and its action on the kidney is favorable, as it increases the elimination of urea. For the cephalalgia, which is frequently excessive, potassium bromide should be used, as it is not only efficacious, but has a slightly diuretic action. Morphia or any of the preparations of opium should be carefully avoided, as after the first transient effect they decrease the urinary secretion and the elimination from the blood of all its constituents. The increase of temperature will usually need attention for several days, as the insomnia, jactitation, and other nervous phenomena which may exist, are caused by the excessive pyrexia. Quinia has to be given in large doses to produce any lowering of temperature, and it is then only temporary unless the natural time for defervescence has arrived. Such doses irritate the stomach and decrease the elimination of urea. Quinia in scarlet fever is worse than useless.

In tepid water we possess an apyretic, which is harmless and of decided benefit: it may be employed either by sponging the surface or by use of the bath or pack, according to the urgency of the case. During its use, the temperature falls, the nervous symptoms disappear or are mitigated, and the patient is soothed and restful, often falling into a quiet sleep immediately thereafter. When the temperature rises again, water may be used again, and the temperature be thus kept down to a point compatible with ultimate recovery.

In treating any complications which may arise, if I am correct in my views, it is important to administer only such remedies as will not have a deleterious effect on the kidney.

During the four years following this endemic, I have attended twenty-six cases of scarlet fever, with mortality *nil*. As far as the clinical history is concerned, they may as well be classed with the others in every way, as they were of about the same severity, followed the same course, and received the same treatment, and there is no reason for wearying you with their history in detail. As before stated, the 176 cases all received essentially the same treatment—that briefly sketched above. Of the whole number, five died: the one treated primarily by a quack, two which succumbed

within twenty-four hours, overwhelmed by the intensity of the attack at the onset, and two which died from the effects of diphtheritic complication.

A quack who pretends to be a homeopathist, had during this time, as nearly as I can estimate, about thirty cases, six proving fatal, not including the one which concluded to die on a physician's hands. Now if he used Hahnemann doses, it would look as though the let-alone treatment was not the proper thing in this disease; while if he used appreciable doses, as I am inclined to believe he did, it would appear that improper medication must have been injurious and fatal.

While I fully appreciate the value of rest, diet, and cold water, still my experience with scarlet fever, unlike that with many other diseases, leads me to believe that sometimes medication is markedly beneficial.

I am fully aware that the majority of these cases would have recovered without any medical attendance; but on the other hand I am equally certain that the medical agents employed saved some lives.

A mortality of 5 in 176 cases is rather low, and I believe that treated from a false pathological standpoint no such results can be obtained; and if the pathology is correct, then the above is the rational plan of treatment, and the science and practice of medicine have met in the treatment of scarlatina as they have in few other diseases.

Dr. E. A. Wood, of Pittsburgh, read a paper entitled

"A DEFORMITY WHICH SOMETIMES FOLLOWS DISLOCATION OF THE FOOT OUTWARDS AT THE ANKLE-JOINT."

After a severe injury, as a blow or a fall, by which the foot is dislocated outward, and by which the distal end of the tibia is contused, split, or impacted, but in which the luxation is the only condition manifest, it sometimes happens that the ankle is deformed by enlargement of the distal end of the tibia, by increased malleolar space, by turning of the foot outward as in *talipes valgus*, and by the foot presenting outside the axial line of the leg.

Injury of the end of the tibia is likely to be followed by inflammation and enlargement, and the degree of each will be proportionate to the severity of the force which caused the same. Enlargement must widen the malleolar space—space which the astragalus cannot fill. In this case, deformity is obvious. But there are other elements which add to the deformity. In the case before us, the internal lateral ligaments are completely severed, while the external lateral are not. When the internal malleolar space is widened, the intact ligaments which bind the foot to the fractured lower end of the fibula will keep the foot in contact with the latter bone, while the internal malleolus will project inwards. This distance between the internal surface of the astragalus and the internal malleolus, will retard or make impossible the repair of the internal lateral ligaments.

It will be seen that the deformity may not be apparent when the dressings are removed, say at the end of two months, but when the patient attempts to walk on the injured member, he finds it weak and tender. When he persists in bearing his weight thereon, he will soon begin to notice that the foot is not right, and the surgeon will then see that that member is turned outward, is outside the leg axis, and that the internal malleolus forms a very prominent tumor, almost touching the floor when weight is borne on the unsound foot.

If the surgeon is observant he will now see why the deformity exists; the intermalleolar space is abnormally widened, making repair of the internal lateral ligaments impossible or insufficient.

The only way to arrest the trouble and make the deformity the minimum, is to keep the foot in suitable dressings for a long time, and that time may be a year or years. At the shortest and the best it will be a long time.

Dr. William Pepper read a paper entitled a

"CONTRIBUTION TO THE CLINICAL STUDY OF TYPHLITIS AND PERITYPHLITIS."

After alluding briefly to the usual favorable course of ordinary cases of this affection, he dwelt upon the extreme importance of pursuing treatment embracing absolute rest and carefully restricted diet, until complete cure was effected, so as to avoid the very strong tendency to subsequent relapse. Allusion was made to the ulcerative and perforating forms, and he dwelt upon the importance of the early recognition of the tendency to abscess. Exploratory puncture should be made, followed by operation for evacuation if abscesses be detected. Cases were quoted illustrating some of the difficulties of diagnosis, and the advantage of operation. Especial stress was laid upon the strong tendency of cases of typhlitis to recur, and finally, unless treated with great care, to pass into a chronic form. Several illustrative cases were given, bearing on this point, which further showed that even where very frequent relapses had occurred, a complete and permanent cure might be obtainable.

Dr. S. W. Gross, of Philadelphia, read a paper on

"THE THOROUGH REMOVAL OF CARCINOMA OF THE BREAST,"

in which he advocated the amputation of the entire breast with its superjacent skin and fat, no matter how small the growth may be or how sound the skin may appear, along with the removal of the fascia of the pectoral muscle, and opening the axilla, with a view to cleaning it out if the glands are found to be invaded by the disease. This mode of operating is indicated because the remains of the breast, the fat, the skin, pectoral fascia, and axillary glands, are the seats of recurrence, or rather of the continuous growth of portions of diseased structures which are left behind in the operations as usually performed. For these reasons, the operation which he suggests is alone adequate to effect riddance of the tissues in which reproduction takes place.

Dr. Gross has operated in the manner indicated

in twenty cases, of which only one died. Excluding one case, in which all diseased structures could not be removed, and three in which the history ceased with the recovery of the patient, he gave a synopsis of the remaining sixteen. Of these, nine, or 56.25 per cent., were failures, one having died, one having been incomplete, and seven having recurred within a year; and seven,, or 43.75 per cent., were successes, the patients having remained free from recurrence for periods varying from eleven to fifty-six months, or twenty-seven months and a half on an average. Three of these living cases were presented to the Society, of which one was free from reproduction for sixteen months and a half after operation, one for three years and eight months, and one for four years and eight months. In the first and third cases the axilla was cleaned out, while in the second it was explored with the finger, but as it was free from disease, its contents were not disturbed. In all of these patients the cicatrices were soft, pliable, and freely movable on the pectoral muscle.

"THE TREATMENT OF PURULENT PLEURAL EFFUSIONS,"

was the title of a paper read by James C. Wilson, M. D., of Philadelphia, Professor of Diseases of the Chest, in the Philadelphia Polyclinic; lecturer on physical diagnosis at the Jefferson Medical College, etc., etc.

The changes that have taken place in the management of pleural effusions in the last two decades constitute an important advance in practical medicine. In its present form the treatment of these diseases, though less striking, perhaps, than the treatment of some other affections, is capable of results, in diminishing human suffering and prolonging life, not inferior to those of the most brilliant triumphs of modern surgery in other fields.

Thanks to the wide diffusion of the art of physical diagnosis, the recognition of considerable collections of fluid in the pleural cavity is no longer beset with difficulties in any case. Thanks to the courage of Trousseau and Bowditch, to the clinical studies of Traube, Fraentzel, and others, and to the ingenuity of Dieulefoy and Potain, the indications for the removal of effusions, when necessary, are now definite, and procedures at once effectual and safe are at our command. Great, however, as has been the improvement in the treatment of these disorders, it is evident, upon the most cursory review of the literature of the subject, that the progress of knowledge here, as elsewhere, has often been retarded by the weight of authority and the mutations of fashion in medicine. Notwithstanding this fact, the tendency has been in the direction of the recognition of the essential pathological condition and simplification of appliances and their use. It is with a view to furthering this tendency that I venture to lay before this Society the details of the plan of treatment that has proved in my hands very satisfactory, and to indicate at the same time the pathological considerations upon which the plan is based.

The physical signs of pleural effusions may, in general terms, be referred to two series; First, those relating to the absence of the lung in certain regions of the chest, such as absent or restricted respiratory movement, absent or greatly enfeebled respiratory murmur, enfeebled vocal resonance, and fremitus. Second, those relating to the displacement of the organs upon which the pressure of the accumulating fluid exerts itself. These are in the order in which they occur: vesiculo-tympanitic or otherwise modified percussion resonance on the affected side above the line of the effusion and due to compression of the lung; signs indicative of downward displacement of the liver or spleen, and immobility of the liver upon first respiratory efforts; signs indicative of displacement of the heart toward the sound side; fixed enlargement of the affected side, especially in its antero-posterior diameter; and finally widening and fulness of the intercostal spaces, most marked at the base of the chest.

Besides the signs comprised in these two series there are others, as for example, œgophony, which are neither constant nor necessary to the diagnosis.

Aside from hæmorrhagic effusions and those passive effusions affecting both sides known as hydro-thorax, with neither of which we are at present concerned, inflammatory fluid exudations into the pleura are of two kinds: on the one hand a fibrino-serous fluid, poor in cellular elements, and on the other, a thoroughly elaborated or even ichorous and fetid pus.

But the pathological distinction between these fluids is less marked than their gross characteristics. A few weeks ago I withdrew by aspiration at a single sitting from the right chest of a man who had been for a long time confined to bed, a large quantity of fluid. Of this, the first that flowed was of a straw color, and only slightly turbid; gradually, the as cavity contracted, and the tip of the canula was depressed into the more dependent part of the thorax, the fluid became more and more opaque until finally it presented the appearance of thin creamy pus. In fact, with few exceptions, pleural effusions are not primarily purulent, but serous. They become purulent by degrees, resorption not taking place, and the inflammatory process continuing. From the clinical point of view, however, the distinction between fibro-serous and purulent exudation is of the highest importance. Serous exudations into the pleura are capable of resorption; pus is not.*

The methods of physical diagnosis enable us to determine the presence of fluid, not its character. When, however, to the signs indicating the presence of fluid are added certain symptoms, such as great pallor and rapid emaciation, irritated fever with sweating and diarrhœa, the presumption that the fluid is pus becomes very strong. Nevertheless, large purulent exudations occasionally occur without any of these symptoms. The nature of the fluid may always be determined by an exploratory

*The limits of this paper do not permit me to note the exceptions to this general statement.

puncture. For this purpose a hypodermic needle is commonly employed. My own preference is for the use of the aspirator, the operation causing no more pain, and having the advantage of permitting the withdrawal of a portion of the fluid at once. It frequently occurs that the removal of a few ounces of fluid is followed by the resorption of large serous exudations that have resisted medicinal treatment.

If the exudation be found to be purulent, the treatment must be determined by the age of the patient. In young children repeated aspiration of the pus as it re-accumulates, frequently results in permanent cure. I have seen one case in which a single aspiration of a distinctly purulent pleural exudation effected a cure in a child four years old. In adults, however, the case is altogether different. After aspiration, the pus rapidly re-accumulates; repeated aspirations exhaust the patient, without tending to the obliteration of the cavity. It is vain to hope to effect a cure in an adult by means of aspiration. The diagnosis of empyema being determined, it becomes necessary to establish a thoracic fistula. To the question when? I reply, with as little delay as possible. If the exudation be large, a host of dangers imperil the life of the patient. He may perish of exhaustion from the constitutional disturbance, or of septicæmia. Heart-clot may form as a result of mechanical interference with the blood-stream in the great vessels by reason of the displacement of the heart. If the lung be long compressed, it will expand slowly and imperfectly, sometimes not at all. Necrosis of the pleura may occur and the pus find its way into a bronchus or through the diaphragm. Suffocation is in the former event a possibility, in the latter fatal peritonitis a certainty. It may find vent by an indirect or tortuous sinus through the chest wall, an accident not likely to save the patient the ordeal of an operation except at the cost of years of invalidism. Subpleural abscesses may form, and finally we must not overlook the risk of gangrene of the lung, of amyloid disease, of tuberculosis.

To the question, How is a thoracic fistula to be made? the answer is not so ready. We must consider the pathological condition and the real purpose of the operation. We must give heed to the dangers that are said to attend it, and distinguish those that are to be dreaded as real from those that are traditional, and, therefore, from those that are to be disregarded. The disease for which this simple procedure is curative, is one of the most serious of the inflammatory affections, and lends to the operation much of its own importance. I am not among those who make light of tapping the chest.

Finally, we must divest the procedure of unneeded complications, and seek to render it as simple as is consistent with the attainment of the object in view and the safety of the patient.

First, then, we have to do with an extensive abscess, occupying a serous space, the walls of which are pyo-genic. This pus-containing cavity exists at the expense of the surrounding organs, which are displaced to give it room, and which tend to resume their normal position. This tendency, viewed in connection with the disposition on the part of the pus-forming pleural surfaces to adhesive inflammation and the formation of granulations when allowed to come together, and to again form pus when again separated, indicates the real purpose of the operation. This purpose is the obliteration of the cavity by the elimination not only of the fluid already formed, but also by continuous drainage of that formed after the operation. To permit the opening to remain closed, even for a few hours, is to retard the progress of the case by dilating the cavity, and thus again converting, at some point and for the time being, a reparative inflammatory process into a destructive one.

It is proper to state at this point my conviction that it is not in all cases possible to determine whether the empyema be primary or secondary, and that this question does not in reality affect the propriety of the operation if the collection of fluid be at all extensive.

The dangers of the operation may be divided into immediate and remote. The immediate dangers differ greatly according as we employ the bistoury or the trocar. As I believe the trocar to be the best instrument in all cases, I restrict myself to the consideration of the dangers attending this instrument alone. And as I likewise believe that a single opening properly made is better than the two openings of *through drainage*, I dismiss the consideration of *through drainage* with the remark that all the immediate dangers of making a single opening through the chest wall are greatly increased by making two.

The real dangers directly attendant upon the operation may be briefly enumerated.

First, the adherent lung may be wounded if the puncture be made at a point too high, or the diaphragm if at a point too low.

This danger is to be obviated by determining the areas of dullness at all points of the affected side, and the level of the base of the sound lung as a guiding line. The point of election is in the sixth or seventh interspace, in the line of the posterior axillary fold. To the objection that this is not the most dependent region of the cavity, I reply that as the pus escapes the diaphragm rises, and that a line some distance above the floor of the cavity before tapping speedily corresponds to the level of its floor after the operation. At the point indicated, the muscular wall of the chest is not so thick as farther back, nor are the integuments so sensitive as farther forward. Furthermore, in the recumbent posture this point is favorable to drainage by gravity.

Second, collapse may result from the too sudden withdrawal of a large collection of fluid.

This danger is to be averted by two expedients. Of these, the more important is the preliminary withdrawal of a portion of the pus by aspiration, a procedure which I practice in all cases for the following reasons, namely:

(*a*) To determine the resistence of the intercostal structures at the position of choice for the radical operation.

(*b*) To ascertain the precise character of the fluid.

(*c*) To reassure the patient by exhibiting to him the fluid thus withdrawn and to inspire his confidence by the temporary relief aspiration affords. And finally,

(*d*) For the purpose indicated, that is, to obviate the risk of collapse by the previous withdrawal of a part of the exudation. When the circumstances permit it, the preliminary operation should be practiced two or three days prior to the radical operation. The second expedient is the temporary arrest of the flow by mechanical means if collapse is threatened. It is needless to say that an opiate, preferably morphia hypodermically, and stimulants, are given prior to the operation to anticipate this danger.

The danger of striking against a rib, spoken of in the books, scarcely demands our attention; its avoidance is a simple matter of operative adroitness. When, however the ribs fall close together or overlap in consequence of the partial drainage of the cavity through a previously formed spontaneous fistula in the chest wall or a bronchus, it is occasionally impossible to complete the operation until after the resection of a rib.

The danger of wounding an intercostal artery by the trocar, is not to be feared. The relation of the artery to its rib and the shape of the trocar are such that it is difficult to conceive how such an accident should occur.

Of the remote dangers resulting from the operations I shall allude to two only. These are septicæmia, from infection through the freshly-abraded tissues, and sudden death in the course of subsequent treatment.

The operation by the trocar possesses, over that by the bistoury, important advantages in respect to the danger of purulent infection in the track of the wound, because the former instrument compresses the tissues and compels them into close contact with the drainage tube, thus preventing their immediate exposure to contact with escaping pus. The efficient disinfection of the instrument and the use of disinfectants to wash out the chest at once tend also to avert this danger, which is, in truth, one of the most serious attendant upon the treatment of empyema. On the contrary, the wound made by the knife exposes more extensive absorbent surfaces to immediate contact with the outflowing stream of pus.

Of the danger of sudden death during the after treatment, I can only say that it is of sufficiently frequent occurrence to invest the care of these cases with an enormous responsibility. It occurs in most cases from heart-clot; less frequently, as Bartels suggested, from sudden alteration in the position of the heart in such a way that the ascending vena-cava was bent upon itself and its emergence through the foramen quadratum; and occasionally from causes that are as yet wholly beyond conjecture.

The internal administration of the salts of ammonia during the course of the treatment, to lessen the danger of heart clot, and the habitual exercise of due caution in all the details of washing out the cavity, are all that our present knowledge suggests in the way of averting the catastrophe of sudden death.

Finally, the operative treatment of empyema may be greatly simplified. It consists, in fact, of the perforation of the chest wall, the elimination of the fluid, and the use of a proper tube to effect continuous drainage and serve as the means of washing out the cavity with suitable disinfectants. Yet it has been complicated by various devices in nowise needed to secure the end in view—by some that have proved in fact positive hindrances to the attainment of of that end. I have alluded to the dangers of *through drainage.* I hold that the cavity of the chest cannot be properly washed out or disinfected by means of a drainage-tube passing into the chest at one opening and out by a second. Certainly, it is impossible to apply, under such circumstances, Callender's principle of distention, by which alone the disinfectant solution can be brought in contact with all portions of the cavity-wall; whereas, if there be a single opening, this may be done with due caution at every sitting. Double canulæ also prevent the gentle application of the principle of distention, and are not available to cleanse or disinfect the cavity. All appliances designed to exclude the air are useless, and belong to the past. Metal canulæ, with ingenious caps or valves intended to retain the pus on tap, so to speak, are as irrational as they are ingenious. The drainage must be continuous, and the freest communication with the external air is desirable.

The operation does not call for general anæsthesia, nor is the administration of an anæsthetic always safe. The common practice of applying ice to the skin to produce local anæsthesia is to be condemned: it prolongs the procedure; it probably does not lessen the necessary pain, and it is painful in itself.

The thorough disinfection of all instruments, it has been stated, is essential, but neither the spray nor antiseptic dressings are needed. The statistics of this operation, to the present time, show no better results under Listerism than without it.

The main steps of the operation, and the subsequent treatment, may be briefly outlined as follows:

The preliminary aspiration The puncture, by means of short trocars (not exceeding in length two inches), the canula being retained only until the pus ceases to flow, when a soft rubber catheter (Nelaton or Jacques) is slipped into position, and the metal canula withdrawn. Catheters are preferable to sections of drainage-tube by reason of the ease with which they can be introduced into the sinus by means of a probe. It is occasionally necessary to change the catheter, or to remove it to clean it.

The washing of the cavity by means of a ball syringe and a system of soft rubber tubing, the connections being made by sections of tapering glass tubes. This operation is to be repeated once or twice a day. The temperature of the water injected should be figures 1 or 2°–5° F. and the amount of force used very slight indeed. At the first sitting no more should be

injected each time than one-fourth the volume of the pus withdrawn. This injection is to be repeated at each sitting until the water returns only slightly turbid or clear. After having used for this purpose many of the disinfectants in vogue, I have settled upon the mercuric bichloride as the most efficient and convenient. At first I used one part to 15,000, then one to 8,000, and finally one to 5,000.

In the intervals of the dressings, the patient wears a large pad of oakum to absorb the discharge.

As the cavity contracts and the discharge diminishes, the interval between the washings may be much prolonged: when the discharge becomes serous, and does not exceed two fluid drachms, the tube should be withdrawn and the sinus permitted to heal.

If a spontaneous opening has formed in the chest wall, the plan of treatment is not thereby modified. Such sinuses are badly located, oblique, often tortuous, and always ineligible for operative purposes. In such cases, proceed as though no spontaneous opening existed. After the operation, such openings speedily heal. Bronchial fistulæ are equally without influence in modifying the treatment.

Since I have adopted the plan indicated in the foregoing sketch, namely, during the past six months, I have had under treatment five cases of empyema—three in the Hospital of the Jefferson College, one in the Philadelphia Hospital, and one in private practice. Of these, three fully recovered, one died of heart-clot, and one is at present under treatment.

Following this, Dr. Charles K. Mills, of Philadelphia, read a paper on

"THE MEDICAL SERVICE OF INSANE HOSPITALS."

He discussed some of the best methods of rendering the medical service of these hospitals more efficient. Instead of having, as at Norristown, for instance, four physicians for more than 900 insane patients, there should be at least double that number. The individual examination of every patient should, in some way, be provided for, so that those suffering from mental diseases in the institutions receive the same attention, so far as diagnosis and treatment are concerned, as do other patients in general hospitals or private practice.

It is an old story, but one which cannot be too often repeated, that the physicians, superintendents and assistants, are compelled to do too much regular and irregular non-medical work.

Every large hospital for the insane should be provided with a board of competent and conscientious "consulting physicians," which should have an existence in more than mere name.

Dr. Mills referred to the appointment of a staff of visiting or consulting physicians to the Norristown State Hospital, giving as his view, that such should have been selected only from those who would agree to do the necessary work. He believed, with Prof. Seguin, that the duties of such should resemble, as nearly as possible, those who were called upon as consultants in private practice.

Such staffs should be constituted, in the first place, of a few well-known alienists and neurologists, and secondly, of a limited number of physicians and surgeons representing the various branches of medicine—a surgeon, a gynæcologist, an ophthalmologist, aurist, etc.

Every large hospital for the insane should be provided with a competent pathologist and microscopist. Preferably, these officers should be residents of the hospital, but where the hospitals were situated near large cities like New York and Philadelphia, the services of competent and even eminent men in these lines might be secured, who could be summoned by telephone or telegraph to perform autopsies, or to whom specimens could be referred for investigation and report.

Some of the suggestions and provisions embodied in the report and act, framed by the commission appointed by Gov. Hoyt in 1882, to examine into the present system for the care of the insane in the State, were commented upon, and advocated as measures designed to promote the greater efficiency of the medical administration of institutions for the insane.

Dr. Henry H. Smith was chosen President of the Society for the ensuing year.

Philadelphia was selected as the place for next meeting.

After the transaction of routine business the Society adjourned.

The Microphyte of Yellow Fever.

The *Brit. Med. Jour.*, March 3, 1883, says that Dr. Carmona del Valle believes that he has detected the microphyte characteristics of yellow fever, and proposes to name it *peronospora luteu*. The germs of the cryptogam are found in the patient's excretions, and in the fluids of the organism, especially the blood and the serous discharge resulting from blisters. Dr. Carmona del Valle has also discovered in the matter vomited, besides spores, a large quantity of mycelia of various colors, black predominating. The *vomito negro* (black vomit), according to this author, is due to the presence of these black mycelia; and the blood has not any influence on the color. In urine, he has observed small yellowish granules, which give birth to spores. If rabbits or dogs be injected with this urine, they exhibit febrile symptoms, with increase of temperature, which last two or three days; and the urine of the animals under experiment presents the same kind of granules as those observed in that of yellow fever patients. Animals which have once been subjected to injection resist the effects of a second. In order to render an animal exempt from yellow fever, it is sufficient to inject into it a small quantity of distilled water containing the specific fungns of the disease. The spores of the *peronospora lutea* are present in the urine of yellow fever patients for a length of time after their recovery. Their presence, Dr. Carmona del Valle believes, is the reason why such patients are not subject to a second attack. To test the amount of danger of prophylactic injection, Dr. Carmona del Valle

performed it on himself without any bad result; his urine, however, for some time contained the characteristic granules.

Medical Association of Central New York.

The sixteenth annual meeting of the Medical Association of Central New York will be held at Association Hall, Nos. 55 and 57 E. Genesee street, Syracuse, Tuesday, May 15, 1883, at ten o'clock a. m. A resolution was adopted at the last meeting requesting the secretaries of the county societies in affiliation with this Association, to forward the names of deceased members in their respective counties to the Secretary, on or before the 1st of May and 1st of November, in each year. Also that members intending to present papers at the meeting, should report their titles to the Secretary instead of the President, as heretofore.

Among other subjects of interest, Dr. A. Clifford Mercer will exhibit specimens of bacilli tuberculosis under the microscope.

Lead Poisoning from a New Cause.

Silken thread, sold by weight instead of length, is sometimes adulterated with sugar of lead. A seamstress was recently admitted into the Leeds Infirmary suffering from evident lead poisoning. Upon questioning her it was found that it had been a common practice with her, when at work, to hold silk as well as other kinds of thread in her mouth, and that she had done this the more readily with silk, inasmuch as it often had a sweet taste. It will be found that the silk thread of the best makers is tasteless, whereas some inferior threads are sweet.

A Throat Electric Lamp.

At a recent meeting of the Leeds and West Riding Medico-Chirurgical Society, Mr. Margetson, of Dewsbury, exhibited an incandescent lamp, designed by himself, and used by him since October last in examining the mouth and throat. The globe was about half the size of a walnut. It can be held in the mouth for two minutes without discomfort from the heat.

The Philadelphia Polyclinic.

The Philadelphia Polyclinic and College for Graduates in Medicine has received for the various classes, in the last two and a half weeks, the fees of twenty-six members. Some of the departments are full, and will receive no more pupils unless by special arrangement for extra hours. The by-laws prohibit the admission to the classes of *free* pupils or of medical *students*.

To Detect Starch in Milk.

The adulteration of milk by starch can be readily detected by the following method: Add a few drops of acetic acid to a small quantity of the suspected milk; boil the milk, and after it has cooled, filter the whey. If there is any starch in the milk, a single drop of iodine solution will give a blue tint to the whey.

Women's Medical College.

At a meeting of the corporators of the Woman's Medical College held April 23, 1883, Dr. W. W. Keen was elected to the Chair of Surgery in that institution.

Items.

—Fluid extract of cocoa is said to cause anæsthesia of the pharynx when brushed upon the mucous membrane.

—"Don't be going to the funerals of your patients," said a physician's wife to her husband; "it looks too much like a tailor carrying home his own work."

—The alkaline tannates, *e. g.*, the tannate of sodium, is said by Prof. Pribram to be a very efficient diuretic, and useful in dropsies from nephritis.

—The Munich Medical Society has presented a petition to the Bavarian Government asking that the course of medical studies be prolonged from four years to five. The petition is widely signed, and appears to be favorably received.

Had cremation been made legal in France, the body of M. Gambetta would have been burnt, as his name appeared in the list of senators and deputies who intended to lay the subject before Parliament on the earliest occasion.

—At a large anti-vivisection meeting recently held at Manchester, England, three resolutions successively proposed by the originators of the movement were voted down, owing to the effect of a temperate speech on the aims of physiologists by Professor Gamgee, who was present.

—According to Ruggi the operation of excising the knee-joint has been performed in Italy forty-six times: thirty-nine for disease, five for angular anchylosis, and one for traumatic lesion. Thirty-two of the patients recovered, nine died. Secondary amputations were performed in the other five cases.

—Some alarm has been caused in Burslem, England, in consequence of the crier being employed by a chemist in the town to announce that a customer had by mistake been supplied with poison instead of magnesia. It is not yet known whether the person who made the purchase has been made aware of the mistake.

—The Russian Press notices a new step taken by General Tchernaieff, at Tashkend, in establishing a hospital for Mussulman women, presided over entirely by Russian female doctors. This, it is said, is the first time that Russian doctors of the fair sex have been admitted to separate and independent practice.

MARRIAGES.

EGGERT—LEONARD.—April 25, 1883, at the residence of the bride's father, John B. Leonard, by the Rev. J. M. Bray, Geo. L. G. Eggert, M. D., and Miss Adda M. Leonard, both of Parker City, Pa.

MADEIRA—SHEARER.—On April 26, 1883, at the residence of the bride's father, Dr. James Y. Shearer, Sinking Spring, Pa., Dr. James D. Y. Madeira and Miss Alva J. Shearer.

FREUND—YOUNG.—On Wednesday evening, April 25, 1883, by the Rev. A. Spaeth, D. D., Dr. H. H. Freund to Miss Kate E. Young, both of Philadelphia.

DEATH.

WHITING.—April 16, 1883, at Pensacola, Fla., Dr. John Cary Whiting.

THE

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

ADDRESS IN SURGERY,

BY ALEX. CRAIG, M. D.,

Of Columbia, Pa.,

Read before the meeting of the Medical Society of Pennsylvania at Norristown, Pa., May 10, 1883.

In the busy rounds of a general practice, where we are expected to keep apace with every branch of our profession, it would be impossible to note all the improvements and discoveries that leave their impress upon the rapidly-revolving wheel of progress; and yet, as I accepted the honor of presenting this report, I have endeavored to record a few of the most valuable as they came to notice during the year.

Much that is written, and that fills the pages of our journals, is composed of first impressions, and an impulsive desire on the part of the author or discoverer to place something new before the profession; and it is probably less my duty to bring before you the things that are new than to cull out those that have been fairly tried and awarded a place in the list of valuables.

In this we meet with some difficulty and diversity of opinion as to what is good and what is not.

In the hands of Ole Bull, the violin was full of harmony and sweet music, whilst in many others its sounds are as unpleasant as his were charming.

So it is with many of the late discoveries. There is a certain amount of skill or aptness required in their use, and what I offer you to-day will be my idea of general opinion, possibly colored somewhat with my own.

As an example of extremes, I know of none more decided than that of the Esmarch bandage. But a few years ago its merits were beyond description. The idea of a bloodless amputation, with empty arteries inviting the ligature, relieved a terrible operation of much of its terror.

Later, we read of the sloughing flaps, the tendency to after-hemorrhage, and a number of other disadvantages that follow its use; and the question arises, is it an appliance of value, or is it not? From my own experience in its use, I would say it is very much as we make it. If judiciously used, it will perform its part most admirably; otherwise, it may be followed with unpleasant complications.

More recently, the theories of Professor Lister have been filling our journals to overflowing, which, like the Esmarch bandage, finds much of its real worth through the manner in which it is used. While no one doubts the efficacy of the various antiseptics, which have been so thoroughly tested of late, and their value amply proven, yet, in the many operations that require immediate attention, it would be almost impossible for the general practitioner to go prepared with a full outfit, as recommended by Professor Lister. The greatest fault to his plan of operating and to his mode of dressing wounds is that it is too cumbersome and complicated for general use. Its redeeming feature and the prominent principle contained in Listerism, and the one that can be used everywhere, and is of real value both to the surgeon and to the patient, is the perfect cleanliness it requires in performing all operations and dressing all wounds.

In the hospital, which should be supplied with all modern conveniences and improvements, and

where cases present themselves daily for surgical treatment, the atomizer, the medicated dressings, and everything that belongs to this doctrine, might well be a part of the paraphernalia, that the patient could have the benefit of it.

While on the subject of antiseptics, I feel it my duty to say a word in favor of the hydrate of choral as a local dressing. I know it is not new, but in my hands it has proved so valuable, and is so seldom mentioned in this capacity, that I wish to introduce it anew to your consideration. Its chief advantages are its freedom from unpleasant odor, its power to arrest the secretion of pus, thus protecting against fetor, and its stimulating qualities, both to the raw surface and to the contused parts surrounding recent injuries.

Corrosive sublimate has recently been used in the capacity of an antiseptic, and is highly recommended and strongly endorsed by those who have tested its virtues. The strength of the solution used is from one part in a thousand, down to one in five thousand.

I take pleasure in referring to the efforts that are being made to teach the laity to give rational and useful aid to persons accidentally injured, prior to the arrival of skilled assistance. When we consider the thousands who are constantly exposed to bodily injury in the mines and on the railroads, and in our workshops, that even the ground is tilled and the crops harvested by machinery capable of doing bodily injury, then we can realize the importance of the proper education and training of the public.

In the heat of battle, where destruction is the order of the day, the surgeon is there prepared and ready to administer to the wants of the wounded; but not so in private life. There we expect to escape injury, and hence go unprepared for it. However, exposed as we are, I can readily see the value of a certain course of general training. From the time of injury until the arrival of the physician, the moments are often very precious, and frequently decide the fate of the injured one.

My reference to this subject is based upon some sad personal experience, and I confess I refer to it somewhat feelingly. Only recently I was obliged to amputate a hand which should and would have been saved if the patient had been properly cared for in the outstart. Indeed, if he had received no attention from his excited companions, it would have been better for him. The case was one of compound fracture of the forearm. Anxious to ascertain the extent of the injury, his associates exposed the affected parts by forcing up the numerous surrounding sleeves. The result of this was free venous hemorrhage from the compression of the veins. To arrest this, the field tourniquet (a dangerous appliance for unskilled hands) was applied with sufficient force to prevent arterial circulation, and kept applied for some hours. Notwithstanding every possible effort was made a few hours after the accident to re-establish circulation, gangrene of the thumb and fingers followed, and amputation at the wrist soon became a necessity. The want of a little knowledge in this business cost this poor man one of the most valuable members of his body.

Although it is said by one of our leading journals "we take no roseate views of the great advantages resulting from elementary surgical instruction to the laity," I confess my faith in the principle, and sincerely trust that the efforts being made in this direction may be crowned with success.

The advantages to be derived by the physician in general practice from the post-graduate lectures offered us by competent teachers is a valuable step forward, and deserving of favorable mention here. Much of their teaching is calculated to illuminate the pathway of the general practitioner through the field of surgery.

As a thorough knowledge of anatomy is an absolute necessity to the surgeon, and as its study from the cadaver is in a manner prohibited by the laws of our State, I do not think it amiss to solicit the influence of this body to procure the passage of a statute that will permit its study without the risks and experience of the past. A law that would be of great service to the physician and surgeon, as well as to the public, is now pending, and deserves our combined influence and encouragement to secure its passage.

Many interesting and daring surgical operations have been reported to us during the past year, of which a large proportion are probably too hazardous to ever become practical. However, where it is the only hope for recovery, and death is otherwise inevitable, I believe the surgeon's knife is as much entitled to a place in the list of remedies as any other, and is justifiable, even though the bowel, the stomach, the liver or heart, are the parts requiring its use. Although the cases of this grave character do not present a large percentage of recoveries, yet enough are reported to justify such operations under certain circumstances.

Cardiac aspiration has been performed during the past year, but I have failed to read of a case that was benefited by it, and look upon it as too hazardous to be entitled to a place in the list of justifiable operations.

Reference is made in the *Medical Record*, for March 10, 1883, to a case of "Extirpation of the gall-bladder" which made a good recovery. For a fuller account of these operations than time will here permit, I will refer to the late report in surgery to the American Medical Society, made at St. Paul, Minn., for the year 1882, by Dr. Wm. A. Byrd, of Quincy, Ill.

Within the past few years one of the most important and valuable operations is that of *nerve stretching*. It has been especially beneficial in chronic sciatica, locomotor ataxia, and certain forms of paralysis, and in the treatment of such cases is entitled to consideration when other means have failed. The operation is a simple one, and not generally followed by any unpleasant results.

The surgeon meets with few more perplexing tasks than the cicatrization of burns, sloughs, or indolent ulcers. For this purpose the art of *sponge grafting* is taking a conspicuous place recently. A very pleasant and satisfactory account of the preparation of the sponge, and of the operation of grafting, will be found in the MEDICAL AND SURGICAL REPORTER for March 10, 1883, quoted from the *Brit. Med. Journal*.

The quality of the sponge, the manner of preparing, and the method of using it, are so well told in the article above mentioned, that I would refer you to it. The New York *Medical Record* for October 7, 1882, page 402, reports a number of interesting cases of this kind, with their treatment and results. The same journal for July 1, 1882, page 11, also gives an account of *skin* grafting, where some of the grafts employed were obtained from the rabbit, while others were human. Those taken from the rabbit adhered more promptly than the others, and showed no trace of their origin.

There is probably no class of injuries more common and certainly none more general than fractures, and none more likely to bring us before the public through the courts of justice: hence, while I may have nothing new to offer, I think it well to keep their consideration constantly before us. The principle of extension and counter-extension, with perfect approximation of the fractured extremities, holds good in all cases; but how to accomplish this is the question to be decided at the patient's bedside. Here we are often obliged to resort to some of Dr. Levis' "Surgical Expedients in Emergencies."

Next to the fractures involving the joints, there are probably none more unpleasant to manage than those of the femur. This is owing largely to the difficulty we have in procuring perfect and continued rest of the parts: also to the action of the strong muscles surrounding, and to the fact that there is but one bone. Experience has taught me that the more simple the dressings to wounds of all kinds the better, so long as we can accomplish the desired end. So far as possible, I think it well never to disturb the original dressing of a fracture.

Get the parts properly and neatly approximated in the start, and endeavor to keep them so. If the seat of fracture can be kept exposed to view it is a great convenience, as you can carefully watch the progress of the case.

I borrowed the idea of a fracture bed from Dr. Truesdale, of Rock Island, Ill., quite a number of years ago, which has yielded such good results in my hands, and especially in fractures of any part of the femur, that I think it worthy of mention.

It is so constructed as to be readily converted into a triple inclined plane—the middle, or thigh plane, being an extension one. The patient is placed on the bed, with the pelvis so fastened to the body plane by means of a belt constructed for the purpose as to prevent any rolling, or lateral motion of the body. The foot of the broken limb is then attached to a suitable foot-piece, and placed in its normal position. The bed is now put into its triple inclined shape and the middle plane extended, by the aid of a cog-wheel and ratchet, until the normal length of the fractured bone is obtained. The lower part of the extension plane is provided with a trap-door for the accommodation of excrement.

By this arrangement it is unnecessary for the patient to be disturbed throughout the treatment, and very rarely have I found it necessary to use either a compress or bandage to the fractured limb.

Like the ordinary double inclined plane, the extension is made at the knee, while the counter extension is made by the weight of the body.

Another unpleasant fracture to manage is that of the patella. My best results in these cases have been treated with the aid of elastic belting. Placing the leg upon an inclined plane, the fragments are approximated, and held as closely as possible by the aid of adhesive strips crossed above the upper fragments, and below the lower one, (as the bone is usually broken transversely) and drawn forcibly together, attaching the ends of the strips to the sides of the knee. Next fix a solid compress immediately above the upper fragment, and another in like manner below the lower, with the aid of adhesive strips, and also with the aid

of adhesives fasten a double thickness of a rubber bandage, similar to the Esmarch roller, below the lower compress, bring it up over both, and fasten it carefully above the upper one, first drawing upward upon the bandage, and pressing the upper piece of bone down to its normal position. This completed, another adhesive strip should be drawn across the patella between the compresses and under the rubber, and attached to the sides of the knee.

The constant contraction of the rubber will soon overcome the retraction of the muscle, and union will follow with but little or no perceptible space between the fragments.

I have always made it a rule in amputations to save a joint when possible, provided I can preserve it with complete motion. I do this first, because the natural joint is better than the artificial one, even though the stump may be shorter than desirable, and also because the farther we operate from the body, the better are the patient's chances for recovery.

To amputate the leg immediately below the attachment of the ligamentum patella, only the head of the fibula will remain, which is likely to turn outward as union of the parts is completed, thus making a prominence that is both unpleasant and annoying when it comes in contact with the side of the socket of the artificial limb. I call your attention to this, because I have not seen it referred to in any work on surgery. The remedy is quite an easy one, for at the time of operating the head of the fibula, having no connection with the knee-joint, can readily be removed, leaving a neater stump, and thus obviating all the troubles above referred to.

Marked progress has been made in the past few years in the treatment of diseases of the eye, the ear, the throat, the skin, etc.; but as many have made their management a special study, and contributed liberally to the profession through the various journals on the different branches, I will not occupy your time farther, but will refer you to their writings.

A PAPER ON ARTIFICIAL INFANT ALIMENTATION.

Read before the Meeting of the Medical Society of Pennsylvania at Norristown, Pa., May 9, 1883.

by hugh hamilton, m. d.,

Visiting Physician to the Harrisburg, Pa., Hospital, lately Analyst to Pennsylvania State Agricultural Society.

The inattention artificial infant feeding receives, and the valuable foods for sale, suggested a rational basis for such diet.

The explosive cry of the newly-born, the heaving trunk, the flattened nostril, prehensile lip, and pouting lower one, form a complete mechanism for the hydro-pneumatic problem of primitive existence through which the infant must pass.

The remarkable changes in the circulatory apparatus:

Infant Assimilation as shown by Proportion of Blood Corpuscles. Aged 15 to 20 Days.

Time.	*Corpuscles.* White.	Red.
Before 1st meal	1	150
½ half hour after 1st meal	1	155
3 hours after 1st meal	1	145
½ hour after 2d meal	1	100
3 hours after 2d meal	1	142
½ hour after third meal	1	92
3 hours after 3d meal	1	158

Proportion of Blood Corpuscles in Infant Diet 2½ to 3 hours after Meals.

Age in Days.		Milk Diet. *Mother's.* Human Red Corpuscles.	*Cow's.* Human Red Corpuscles.
½ to 3	One white corpuscle.	135	122
4 to 7		157	135
8 to 14		165	140
15 to 30		173	145
31 to 60		180	153
61 to 90		185	160
91 to 120		191	172
121 to 150		210	180

The new function of respiration and the assumption of assimilation by the digestive tract are subjects which, contemplated in detail, afford a fertile field for investigation. The processes in the alimentary canal form the main points of our thesis—namely, artificial infant alimentation.

Directing our thought to, first, the development of these functions in infancy; secondly, the progressive natural diet offered for its nourishment; and, thirdly, the artificial aliment which fulfils best the essential conditions of natal life.

The saliva is excreted slowly.

Excretion of Infant Saliva.

Age.	*Time.*	*Amt.*
21 days	30 min.	15 grs.
56 days	2 min.	15 grs.

Of an alkaline reaction, its diastasic power is therefore limited.

Conversion of Starch to Sugar by Active Adult Saliva of Equal Amounts.

Source.	*Time.*
Potatoes	2 to 4 hours.
Peas	1 to 2 "

Source.	*Time.*
Wheat	½ to 1 "
Barley	10 to 15 min.
Oats	5 to 7 "
Rye	3 to 6 "
Corn	2 to 3 "

The stomach juices, but partially excreted, are only those able to break albumen into readily assimilated forms.

The liver is slow to assume its functions, as illustrated by the icterus of early babyhood, and that bile is not excreted quickly is known by the constipation then frequent.

At the age of four or five months, the pancreas begins to secrete *trypsin*. The bowel juices are alkaline if normal. When teething commences, the liver and pancreas are often so swollen as to draw attention to the abdomen. The bile is then rapidly secreted, causing healthful evacuations, to the relief of the now plethoric sensorium.

The colostrum is at once of exceeding utility; its excretory cells irritate the stomach to peristaltic action, compelling the rectum to expel the meconium. See Fig. A.

Fig. A.

Ganglionic Nervous System of *Corydalis Cornutus*.—Leidy & Haldeman.

The quantity of fats and sugar in it is immediately absorbed, supplying the necessary hydrocarbon for the rapidly living and growing organism, and its albuminous fluid contains an albuminoid especially formed to assist primary digestion. See Fig. 2.

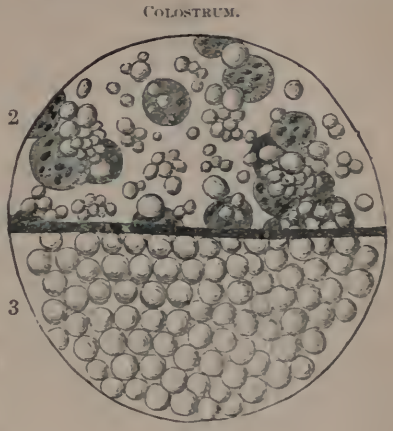

Fig. 2.

Microscopical Plate after Vogel.

Human.	*Colostrum.*	*Milk.*
Casein	4	3.43
Fat	7	4.54
Sugar	5	2.53
Ash		.23
H_2O		88.36

Human milk has been analyzed into casein, fatty matters, and sugar.

Human Milk Analyses.

From Birth.	Fat.	Casein.	Sugar.	Ash.
1½ days	4.31	4.10	6.05	.53
9 days	4.07	3.02	5.78	.68
16 days	4.05	3.15	5.67	.69
23 days	3.98	3.11	5.80	.68
R. Breast	4.02	3.35	5.78	.60
L.—	2.67	3.29	5.54	.60

(*Mott.*)

Like the product of the cow, the bovine curd is, however, of a much more permanent character; the reason, until recently, was undiscovered.

Meissner's classical researches upon digestive products developed a series of *a*, *b*, and *c* peptones, respectively known as syntonin, *para*-peptone and *dys*-peptone.

In 1875, Schützenberger, by a number of experiments, divided albumen into certain approximates. Albumen, when treated with dilute sulphuric acid, gave a gelatinous precipitate, slightly yellow, of weak acid reaction, insoluble in water, alcohol, or ether; of the empirical formula $C_{24}H_{42}N_6O_{12}+H_2O$, named by him Hemi-protein.

In the filtrate there was found an amorphous material of a very weak acid reaction, having the formula $C_{24}H_{40}N_6O_{10}$, designated Hemi-Albumen—

the filtrate from this substance vigorously reduced Fehling's solution.

Keuhné, in 1876, presented a scheme upon the digestion of albumen as follows:

Splitting Up of Albumen by Gastric Juices.

Albumen.

Anti-Albuminose.		Anti-Albuminose.	
Anti-peptone.	Anti-peptone.	Hemi-peptone. Leucin. Tyrosin, etc.	Hemi-peptone. Leucin. Tyrosin, etc. Due to action of Trypsin.

Anti-*Albumid* (the Hemi-protein of Schützenberger) is insoluble in gastric juice, but soluble in a dilute solution of soda, then it is easily digested by trypsin. Anti-*albumat* (the Para-peptone of Meissner) is an abnormal result of digestion due to insufficient pepsin; it is, however soluble in gastric juice, but not absorbable until in alkaline contact with trypsin.

Anti-*albumose*, or syntonin, is unaltered by stomach juices or trypsin, therefore is a true anti-peptone, and readily absorbed upon reaching the alkaline stage of digestion.

Hemi-*albumose* (Schützenberger's *Hemi-albumin*). It is difficultly soluble in cold, easily in hot water, in dilute alkalies, also in pepsin and through trypsin readily changed to Hemi-*peptone*, when it separates into Leucin and Tyrosin, etc. Hence it is observable that albuminous matter is parted by gastric juice into two groups, allowing early and late digestion. The *anti*-group is slowly absorbed, while the *hemi*-group is readily broken into further approximates.

Albumin.

Anti-Group.	Hemi-Group.
Anti-Albuminid (Heminprotin)	Hemi-Albuminose and peptone.
Anti-Albumat. (Para-peptone).	Hemi-pepton.
Anti-Albumose (Syntonin).	
Anti-pepton.	

Dr. T. Schmidt, in his inaugural dissertation, *Moscow*, 1882, thinks the amount of *hemi*-albumose in human and cow's milk forms the main difference between them. From his experiments, if five (5) volumes of 2% solution, hemi-albumose, is added to one (1) of neutral cow's milk, rennet extract does not coagulate it for at least twenty-four hours. Should the reaction of the milk be acid, the mixture gives a flocculent precipitate, with no tendency to agglutinate or shrink, the serum remains milky as in human milk, when treated with rennet without hemi-albumose.

The Amount of Hemi-albumose in Human and Cow's Milk and an artificial Milk on that Basis.

Milk Proteids.	Human. %	Cows'. %	Theory requires %	Artificial %
Casein;	.6573 49.8	3.1666 87.3	Constant.	87.3
Albumin	.3382 25.7	.2970 8.2	+37.3	45.5
Hemi-albumose	.3224 24.5	.1672 4.5	+38.3	42.8

(*T. Schmidt.*)

Hemi-albumose has the quality of being soluble in an alkaline liquid at 55° C. (131° F.) charged with carbonic acid gas.

The chemistry of albuminous digestion leads us to see the reason that human milk is so admirably adapted to the little body dependent upon it.

If, from imperfect female development, the mother is unable to nourish her offspring, the acute causes of disease prevent, or its sad results deprive the babe of suitable nutriment; then intelligent medical advice is of vital moment. What to recommend? What to avoid?

Dr. Hiram Corson, in 1870, published a pamphlet in favor of *undiluted* cow's milk for infants.

To physicians not in cities a certain fat percentage in cow's milks may be relied upon. The task of forming infantile diet, is comparatively easy from the recent chemical information obtained.

Concerning the milk from *one* cow, in an exhaustive paper before the American Academy of Arts and Sciences, Prof. S. P. Sharpless, of Boston, says: "A uniform diet for a child will be *much* better secured by mixing the milk of a number of cows than when it is attempted by trying to secure that of a single one. Since, as we see (my friend gave the results of 2,209 analyses of cow's milk, from 10 countries, by 20 different analysts), the milk of any one cow varies *very* considerably."

Differences in Cow's Milk.

Cow's Milk.

Runs.	Fat.	Casein.	Sugar.	Ash.
1st	1.84	3.01	4.49	54.
2d	3.03	4.25	4.80	58.
3d	4.03	3.90	4.50	54.
Teats.	**Fat.**	**Casein.**	**Sugar.**	**Ash.**
R. Forward.	3.32	3.53	4.90	59.
L. "	3.00	3.42	5.00	57.
R. Rear	2.73	3.61	4.72	61.
L. "	2.13	3.48	4.88	64.

(*Sharpless.*)

A leader in a late London medical journal re-

marks upon the discrepancy of human milk analyses, and how misleading they are when only proportions between casein and albumen are deemed sufficient to account for the unsatisfactory behavior of some animal milks.

RELATION OF CASEIN TO INFANT MORTALITY.

	Human	Asses.	Goat.	Cow.
Casein to 100 parts Albumen	122	155	173	2.37
Living Infants . . .	100%	73%	20%	17%
No. Used		38	42	6
No. Dead		10	34	5

The problem is yet exceedingly questionable, to suggest a suitable diet for infants.

The variation in the product of milch cows is notorious; what must it be in a sensitive animal like the human female?

The mortality in infant institutions is a pointed comment on our progress in this direction, and a matter of vital importance to our national existence.

Dr. A. V. Meigs, of Philadelphia, after a careful survey of the subject, advises condensed milk diluted with six (6) volumes of water, while the proportion of fats is completed by the addition of cream. He states in a foot-note that his cream had but 12 per cent. of fats. Where will he get his fats to add to the condensed milk liquid?

Dr. Keating, in an able lecture, depicts his difficulties in the effort to substitute *gluten*, a vegetable diastase, for the animal diastase, *saliva*. A matter here demands attention, namely, that *vegetable* albumen, gluten, and maltose are not *animal* albumen, saliva, and lactose, though like unto them—because of the relation they sustain to assimilation by an organism.

CHEMICAL ISOMETRISM.

Cellulose.	Cane Sugar.
Starch.	Milk " (lactose.)
Dextrine.	Malt " (maltose).
$C_{12}H_{20}O_{10}$.	$C_{12}H_{22}O_{11}$.

Possibly better illustrated by the disposition of the letters T, A, and R, when being transposed to read TAR, RAT, ART, words of very dissimilar significance.

If nothing but these artificial vegetable foods are procurable, a child may exist until able to take substantial animal diet.

Artificial foods, microscopically, which divided themselves into the following classes:

1st. Those containing MORE *gluten* than ordinary flour:

Franklin Mills Entire Flour.
Hawley's Liebig's Food.
Arlington Wheat Meal.
Mead's Milled Wheat Flour.
Baby Sop.

Those containing *gluten* EQUAL to ordinary flour, which has GLUTEN 3.50%, STARCH 63.64%:

Gluten Flour, N. Y. Health Food Co.
Savory & Moore's Food.
Horlick's.

Those containing LESS *gluten* than flour:

Ridge's Food.
Mellin's Food.
Victor's Baby Food.
Gerber's Food.

A. R. LEEDS' TABLES.

	H_2O.	C., H., and O.				O. H. C. N. S. P. Fe., etc.	
		Fat.	*G. Sugar.*	*C. Sugar.*	*Starch.*	*Gum.*	*Alb'n.*	*Ash.*
Theory	81.	3.	. . . . .	11.	. . . . .	. . .	4.	1.
Farinaceous Foods.								
Hubbell's	7.78	.41	7.56	4.87	67.60	. . .	10.13	1.
Blair's	9.85	1.56	1.75	1.71	64.80	2.94	7.16	undet.
Imperial Granum	5.49	1.01	. . . . .		78.93	.50	10.51	"
Ridge's	9.23	.63	2.40	2.20	77.96	. . .	9.24	"
Victor Baby	7.49	1.62	.62	19.92	63.45	. . .	8.87	.96
Farwell & Rhein	12.67	.84	2.23	1.42	68.36	.51	10.39	1.00
N. Y. Health Food Co. . . .	11.90	. . . . .			49.53	. . .	23.18	undet.
Milk Foods.								
Gerber	6.78	2.21	6.06	30.50	38.48	. . .	9.56	undet.
Anglo-Swiss	6.54	2.72	23.29	21.40	34.55	. . .	10.26	1.20
Liebig's Foods.								
Savory & Moore	8.34	.40	20.41	9.08	36.36	.44	9.63	
Mellin's	5.00	.15	44.69	3.51	none.	. . .	none.	1.89
Horlick's	3.39	.08	34.99	12.45	"	. . .	6.71	1.28
Hawley's	6.60	.61	40.57	3.44	10.97	. . .	5.38	1.50
Keasbey & Mattison	27.95	none	36.75	7.58	none	. . .	none	.93
Baby Sop	11.48	.62	2.44	2.48	51.95	5.24	7.92	1.59

Gluten Flour.
Anglo-Swiss Flour.
Mother's Milk Substitute.
Those containing NO Gluten:
Keasbey & Mattison's Food.
Imperial Granum.
Crosby's Brain and Nerve Food.
Blanchard's Glutena.
Duke's Glutena.
Blair's Food.
Hubbell's Prepared Wheat.
Redmond's Ceraline.
Farwell's Glutena Flour.
Taylor Bros., Arrowroot mainly.
Potato Starch.
N. Y. Food Co.'s Flours—several brands.

Prof. A. R. Leeds examined these foods chemically. See table on page 543.

Upon these two bases you can judge microscopically and chemically respecting these foods. One of two conclusions forces itself upon our minds—that Liebig's theory of necessary change of starches to sugar is essential to assimilation; or, that the miscellaneous experience of the profession finding successful results, even from these foods, shows there still exists an unknown factor that brings to households sorrow and to the nation loss. We do, however, reach this conclusion: That *the use of mixed healthy cow's milk, rendered alkaline by bi-carbonate of soda* (BAKING SODA, not powder) *with the addition of a tablespoonful or two of good cream to one-half pint of milk, then heated to* 55° *C.* (131° *F.*) *and afterward sweetened by a strong, freshly-prepared syrup of milk sugar* (lactose) *forms the most admirable* ARTIFICIAL INFANT ALIMENT *now known.*

HOSPITAL REPORTS.

NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAPER.

Reported by W. H. SEELYE, A. M., M. D.

Purpura Hemorrhagica.

This is the man with pleuro-pneumonia who was before the class on November 3d (see page 402), and was at that time suffering from pretty high fever. Since then the case has not progressed at all favorably, as his present condition and the history shows.

History.—November 10. Since the last record the patient's temperature has at no time fallen below 102°, nor has it risen above 103°. The heart has been regular, and the pulse for the past week has ranged from 80 to 100 per minute. The physical examination shows anteriorly slight expansion of the right lung at the apex, but a want of expansibility on both sides at the base. At the left apex the vesicular murmur is loud and prolonged; over the right apex is heard a blowing sound during inspiration and expiration, and the voice sounds are muffled. Posteriorly over the right side there is dullness on percussion, extending from the spine of the scapula above to the base of the lung below. Ægophony is obtained at the inferior angle of the scapula. Patient was aspirated, and a quantity of turbid serum containing some leucocytes withdrawn. Brandy and quinine were administered.

December 6. Since the last record patient has been doing very well.

December 14. One week ago patient began bleeding at the nose, and epistaxis from the right nostril has continued ever since. In order to stop it, iced lint was put into the nostril; but it was not successful. Then the posterior nares and the anterior nasal passages were plugged; but without producing any beneficent effect, for the blood oozed out along the sides of the plugs, and it showed no tendency to coagulate.

On the third day of the hemorrhage, the right half of the nose became greatly distended and swollen. Ergot was administered to check the bleeding, but without effect. Then gallic acid was tried, and large doses of morphia were given, but to no purpose. He had lost about twenty ounces of blood during the past week. Yesterday it was noticed that his face became purplish in places, and small patches formed upon the cheeks and under the eyes. This morning similar hemorrhagic spots of a purple hue were found scattered over the thighs. His nose and face are so swollen that he cannot open his eyes. The patient now lies in a semi-unconscious condition, and evidently very much enfeebled from exhaustion, and he takes no notice of what is going on around him. His face is of a dark hue, and much disfigured, and is spotted with purple hemorrhagic patches scattered about, but especially under the eyes and on the cheeks. The right side of the nose is much swollen, and from the nostril projects a large plug covered with blood. He breathes through the mouth, and his breath has a very offensive odor. Hemorrhagic spots are to be seen in small streaks and patches just beneath the epidermis upon both thighs.

Gentlemen, you remember this man as a patient with pleuro-pneumonia, whom you saw convalescent in the wards some time ago. Eight days ago he began to bleed from one nostril, and all the efforts to check it which have been made since have been unsuccessful. The bleeding has been confined to the nostril for the most part, so far as we know, until within the last three days, when, as I had expected, he developed cutaneous hemorrhages, the blood collecting just under the epidermis, in some instances producing blood blisters, and in others indelible stains upon the face and limbs, and, I presume, on the back more freely than anywhere else.

The case is one of purpura, and of that variety called purpura hemorrhagica. Purpura is a term often applied to a simple cutaneous hemorrhage, but purpura hemorrhagica is only applied to those cases where the hemorrhage is not only upon the cutaneous integument, but also upon the mucous integument anywhere. It may be from the mu-

cous membrane lining the gastro-intestinal tract, or from that of the bronchial or genito-urinary tract, as from the vagina, uterus or bladder. There is no part of the tegumentary structure which is free from these hemorrhages. You will see cases of purpura hemorrhagica under various conditions, but much more frequently where you have an opportunity to see many cases of scorbutus.

Twenty-five years ago, when I was on duty in the Marine Hospital, sailors used often to come in with scorbutus, and some of these would there develop a purpura hemorrhagica. But this condition may also arise under other circumstances. You may have it during the course of cerebro-spinal diseases, and this, too, in patients who give no venereal history, and who are not of intemperate habits. And it sometimes occurs in connection with splenic leucæmia, and in other dyscrasic conditions, in which there is first a deterioration in the quality of the blood, and then a degeneration of the walls of the blood-vessels, and following this, an escape of blood into the surrounding tissues. This is a very different malady from that milder form of purpura, which is sometimes seen as a generalized eruption upon the skin. This milder variety is often found in persons who are apparently enjoying good health, and especially in those with a gouty or rheumatic habit, in whom, however, there appears to be a good condition of nutrition. But in such cases as this, from some unknown cause, we have a change in the constituents of the blood, and a deterioration in the walls of the blood-vessels, which allows the blood to escape into the surrounding textures. It is not important, however, that we should find these visceral hemorrhages into the stomach, lungs, liver, spleen, or kidneys, or into the pleural cavities, or possibly, in the meninges of the brain, in order to establish the diagnosis. In this condition the ordinary hæmostatics appear to do little or no good. Ergot and gallic acid have been tried here, but these have not acted so as to give relief, and the applications which have been made to the nostrils have also failed.

It has been said that this kind of hemorrhage is more readily arrested by the terebinthine applications. For example, it is said that a hæmoptysis depending upon a hemorrhagic dyscrasia is most satisfactorily treated by preparations of turpentine. I have used these to some extent, but I cannot say that my success with them has justified this statement. It has become common, however, to administer turpentine in cases of hæmoptysis, and it is thought by some to be most efficient where it is dependent upon a hemorrhagic dyscrasia, and not upon any local pulmonary lesion.

It is to be noted that in this patient the temperature has kept up. It went up the day the hemorrhage began, and it has since ranged from 103° to 103.8° and at the present time it is 103°. The fever under these circumstances may be explained as arising from the absorption of the elements of decomposing blood, or possibly hemorrhages into certain of the viscera are there acting as foci of infection, causing thus a septicæmia which is manifested by this continued rise of temperature. I do not see any other reasonable explanation of this high degree of fever.

Medical Societies.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Thursday evening, March 22, 1883. The President, Dr. Tyson, in the chair.

Dr. J. P. Crozer Griffith exhibited a case of

Chondroma of the Skull.

The patient, aged twenty-nine, had been admitted to the Presbyterian Hospital, Philadelphia, June 1st. He was and had been suffering from persistent and very severe frontal headache, and held his head thrown back upon his shoulders to the farthest extent. Examination revealed a tumor the size of a walnut upon the anterior portion of the vault of the skull. This had been recognized by the patient for from one and a half to three and a half months. Just how long was uncertain, as his headaches were very much confused. He had suffered from headache for twelve years. Ophthalmoscopic examination revealed double choked discs.

While in the house the tumor grew with great rapidity and a new growth sprang up beside it. The larger one became soft and tender in spots. The patient became delirious, but coma and paralysis developed only three days before death, nineteen days after admission. The post-mortem examination revealed a large tumor upon the anterior portion of the vault, consisting of a soft red mass, but full of bone spicules; and to the right, and connected with it, a smaller dense hard white growth. Apparently distinct capsules enclosed and separated the two. The periosteum covered both tumors. The entire growth was irregularly oval, four and a half inches long by four to five broad, and with one and a half inches for its greatest thickness. Removal of the calvareum showed that the greater part of the tumor was internal. Here it was divided into three lobules, of which two resembled the larger tumor in structure, while the third was more like the smaller external growth. The dura mater covered the internal projection. At points it was attached to the brain, and bone spicules penetrated into the brain substance. The length of the entire internal growth was four and one half inches, width four inches, and the greatest depression upon the brain, two inches.

The tables of the skull within the tumor were destroyed, and the bone around the edge eroded for some distance. The brain structure did not appear to be altered. Microscopical examination showed it to be a reticular chondroma with a large amount of imperfectly fibrillated, and rather translucent connective tissue forming small meshes in which were cells; seven embryonic, but very many cartilage cells. The bone spicules were evidently newly formed, and the older tumor had evidently undergone an ossifying metamorphosis, and then had become vascularized, forming a soft mass in which the spicules were imbedded. Clinically the case was of interest from the existence of so great a depression of the brain, with so few signs of disturbance of its functions.

Dr. Wetherell asked what was the condition of the lymphatic system; were the glands enlarged?

Dr. Griffith replied that only the post-cervical were affected.

Dr. Formad had examined the sections about a year ago; it is true, as he says, the predominant cells are those which resemble those of fibro-cartilage. There were, however, many young cells, cells like giant-cells, but the majority of the sections had more the appearance of fibro-cartilage. The conclusion to which Drs. Tyson and Formad came at the time was that it was one of the varieties of chondroma. As the specimen appears now, it is too soft for chondroma, but seems rather to be a chondro-sarcoma. To this would point the rapid growth and age of the patient. It is certainly not gummatous.

Case of Metastatic Pneumonia following Pistol-shot Wound of Temporal Bone.

Presented by Dr. H. M. Fisher.

The patient, H. G., æt. 26, from whom the specimens I present to-night were taken, was admitted to Dr. Levis's wards at the Pennsylvia Hospital, October 31, 1882, suffering from a pistol shot wound of the right ear. The following clinical notes of the case were presented by Dr. J. H. Wills, resident surgeon to the Hospital:

Examination of the wound with the Nélaton probe showed that the ball had passed through the posterior wall of the external auditory canal, and was firmly embedded in bone about one inch from its point of entrance.

The seat of the ball was distinctly located by the marking of the lead on the porcelain of the Nélaton probe.

A prolonged effort to extract the ball was deemed unadvisable, on account of its close proximity to the lateral sinus. On account of the inflammatory œdema of the tissues around the wound, poultices were applied. Ptosis of the right lid, and slight depression of the right corner of the mouth, were noticed.

The patient remained in the hospital four weeks, during which time his general health appeared fairly good. He was permitted to go out on a pass, returned the following day with well-marked pleuro-pneumonia, and died ten days later.

The autopsy showed that the ball had penetrated the tympanic cavity and passed into the jugular fossa, where it was found embedded. There was marked periostitis in the neighborhood of the wound, but no inflammation of the walls of the lateral sinus, nor of the internal jugular vein, was noticed.

I am inclined to believe that the infarcts found in the lungs and pleura owed their origin to numerous small thrombi that had been formed in the diploë of the petrous portion of the temporal bone; the venules of the diploë having become plugged as a result of the periosteal inflammation. These thrombi becoming loosened in consequence of increased blood-pressure, were washed out into some one of the adjacent sinuses, and so into the pulmonary venous circulation. The case is, I think, an interesting one, as showing the danger attendant upon such injuries to the temporal bone, apart from any incidental injury to the brain or its membranes.

Sections of the heart, liver, speen, and kidneys showed marked amyloid infiltration of these organs. Whether such marked changes could be induced in all these organs in the short period that elapsed from the receipt of the injury to the date of the patient's death, is a question I would leave to other members of the Society to decide. At any rate, so far as I could ascertain, no previous history of suppuration was elicited from the patient during the time of his sojourn in the hospital.

Appended are the notes of the microscopical examination of the different organs:

Lungs.—Vessels everywhere greatly dilated and present numerous infarctions; the alveolar capillaries are also greatly distended, and their endothelium is swollen. Inter-alveolar spaces packed with lymphoid cells and embryonic connective tissue cells. The alveoli contain accumulations of epithelioid highly pigmented cells. These cells are generally found associated with exudation corpuscles in a delicate reticulum. These catarrhal intra-alveolar accumulations show in places a tendency to become organized.

The *pleura* is greatly thickened, its vessels dilated and infarcted.

Heart.—Muscular filses show commencing fatty degeneration, and there is marked amyloid infiltration of the walls of its smaller nutrient vessels.

Liver.—Cell nuclei alone take carmine staining. Islands of liver-cells found in a translucent nearly homogeneous basement tissue. Evident amyloid infiltration of the walls of the finer hepatic arteries and biliary ducts.

Kidney.—The Malpighian corpuscles show stiffened capillary loops and little shrinkage from the action of the alcohol. The lumina of the arterioles are patulous.

Homogeneous translucent spaces are seen between the smooth muscular fibres of these vessels.

Spleen.—The lymphoid corpuscles of the pulp appeared to me to present an unduly homogeneous translucent appearance. The smaller vessels show distinct amyloid infiltration of their walls. The Malpighian bodies also show a notable infiltration, having in some cases been converted into amorphous masses, which are semi-transparent, and show interspersed among them a few connective tissue nuclei.

Case of Erysipelas Neonatorum.

Presented by Dr. H. M. Fisher.

Was called on March 3d, to see a colored infant one week old.

The child was said to have presented no sign of indisposition until the day previous to my visit, when it suddenly became much agitated, refused to nurse, and was found to have difficulty in micturition. The tissues of the scrotum and penis were found to be swollen, and in a few hours a faint erysipelatous blush was found pervading their surface.

When first seen the child was apparently moribund. I could detect no radial pulse, its lips were blue, its extremities cold, and it was in a semi-comatose condition. In the hasty examination I made in the small, badly-lighted attic in which I found the child, I observed but did not attach due importance to the erysipeletous blush I found extending from the scrotum to the lower part of the abdomen. From the history furnished me, and from the œdematous infiltration of the legs, thighs and eyelids, as well as of the scrotum and penis, I was inclined to look upon the case as

one of primary acute nephritis, with secondary erysipelatous involvement of the œdematous tissues.

With this view of the case, I ordered that the child should at once be placed in a hot bath, and after the bath, applied flannels wrung out in hot infusion of digitalis to the patient's loins, and administered a small hypodermic of pilocarpine. Marked temporary improvement followed this treatment, the child emerged for a short time from its semi-comatose condition, cried lustily, and urinated and sweated freely, and marked reduction of the œdema was also noticed.

The improvement was, however, of short duration; the child soon relapsed into its former apathetic condition, and death occurred at 11 p. m.

The autopsy, made by Dr. McIlvaine, resident surgeon, eighteen hours after death, revealed rigor mortis pretty well established.

Œdema of the tissues of the lower extremities, scrotum, and penis, was noticed. There was a livid discoloration of the skin of the anterior inner aspects of both thighs, and slight sloughing of the skin of the lower part of the scrotum. The bladder contained about half an ounce of light yellow opaque urine. The urine obtained by tapping the bladder post-mortem showed, on examination, an apparent volume of albumen equal to about one eighth of the column of urine in the test tube. Microscopically, blood and pus corpuscles were found in abundance, and a few highly granular tube casts.

The kidneys were somewhat congested and lobulated, but their capsule was not adherent, and they did not, at least to the naked eye, present any other evidence of disease.

The liver weighed six ounces, and was highly congested.

The spleen weighed one and a half ounces, and was likewise congested and its surface mottled.

The lungs were pretty evenly congested throughout, but were everywhere crepitant, and floated on water.

The heart weighed two ounces, and presented on the whole a healthy appearance, but its posterior mitral cusp appeared somewhat thickened.

The post-mortem appearances leave, I think, but little doubt that the disease was peripheral in its origin, or, in other words, that the erysipelas was the starting-point of it. Probably some comparatively trifling cause, such as a slight abrasion of the scrotum, sufficed under the very unfavorable sanitary conditions in which the little patient was placed, to light up the train of the disease, with all its complications.

The progress of the disease seems in this particular case to have been unusually rapid. If the mother's statements can be trusted, only thirty-six hours elapsed from its first onset until the fatal termination.

Editorial Department.

Periscope.

The Spleen in Syphilis.

The *London Medical Record*, February 15, 1883, tells us that Dr. Haslund, of Copenhagen, begins a paper on this subject (*Hosp. Tidende*, Nos. 2 and 3, 1882; and *Viertelj. für Derm. und Syph.*, Heft 2, 1882,) with some remarks on the difficulty of determining the changes of the spleen in syphilis; firstly, because it is an organ which during life is only imperfectly accessible to physical examination; secondly, because its function is but little known; and, thirdly, because syphilis, when it does cause death, is generally so mixed up with other pathological conditions, that it becomes a matter of difficulty in any given case to decide whether the change is really due to the syphilitic dyscrasia or to some accidental complication. At the bedside a swollen spleen can sometimes be made out, but, in the author's opinion, only in the early stage of syphilis, and in cases where the prodromata are so severe that they resemble the symptoms of typhoid fever. In such cases, Dr. Haslund has twice made out an increased area of splenic dulness, but this speedily disappeared as soon as the febrile symptoms had departed. Thus the author does not accept the views of Jullien, Bäumler, Weil, and Wewer, who think splenic enlargement a rather common occurrence. It is more frequently the case that a spleen tumor in the early stages of syphilis turns out after death to be due to amyloid degeneration. This change, however, is not due to the syphilis itself.

In order to form an independent opinion on syphilitic affections of the spleen, Dr. Haslund examined the *post mortem* records of the Communal Hospital of Copenhagen for a period of fifteen years (1866–80). Among these he found 154 cases of children who died with inherited syphilis. In ninety-six the spleen was healthy. In the remaining fifty-eight cases the spleen was diseased, the change being due to hyperplasia in fifty-five; in fourteen of these the consistence of the tissue was normal, in thirty-one the organ was harder, and in ten softer than natural. Further, one case of infarct was noted, one of fibrinous deposit on the serous surface, and one in which where were thickening of the capsule adhesions. In none of these three is there mention of alteration in size or consistence. Among the fifty-five cases of hyperplasia, fibrinous deposits on the surface of the spleen were noticed nineteen times, scattered patches of thickening of the capsule four times, and adhesions to neighboring parts once. Finally, in three cases there were miliary tubercles in the spleen, associated with tuberculosis of other organs. As regards the significance of these changes,

the author is of opinion that the simple hyperplasia must be considered to be in direct relation with the general disturbance of nutrition caused by syphilis; but whether it be a cause or a consequence of the cachexia must remain doubtful until the functions of the spleen are better understood. The other changes noted are considered to be not directly due to syphilis. Among the 154 cases there was not one of amyloid degeneration, and in only one were gummata mentioned in the report.

The author also examined the *post mortem* records of forty-four adults who died during the course syphilis in the same department of the hospital during the same series of years. In three of these there was amyloid degeneration of the spleen. This change, Dr. Haslund thinks, is always dependent on chronic suppuration either in the superficial tissues, in the bones, or in the internal organs. Of the three cases just mentioned, there was old necrosis of the scapula and clavicle in one, ulcerated gummata of the skin in another, and suppurative pylonephritis with calculi in the pelvis of the kidney and left ureter in the third. Among the forty-four cases there was no instance of gumma. In ten the spleen was healthy; in twenty-seven there was more or less hyperplasia, the organ being softer than natural in eleven, and firmer than natural in sixteen; scattered thickenings of the capsule were noted in two cases, and adhesions to the surrounding parts in four cases.

Prolonged Antiseptic Baths.

From the *Med. Times and Gaz.*, March 31, 1883, we learn that in a recent *thèse* by Dr. Jannin he gives an account of the antiseptic baths first introduced for the treatment of surgical affections by Prof. Verneuil in 1870. Their application would be difficult for the lower extremities, but they are easily employed for any wound of the hand, arm, or elbow. The antiseptic solution, consisting of from 1 to 2 per cent. of carbolic acid, is employed tepid for about two hours at a time, and repeated two or three times a day—the parts being covered in the intervals with compresses wetted with the water of the bath. The writer concludes from his cases that the bath often renders immense service, and that in circumstances under which unfavorable prognosis has usually been drawn. That its employment in most cases suffices to prevent traumatic fever, and to cause the disappearance of painful symptoms. That when symptoms of septicæmia are present, we can often arrest them, and cure the patient, and preserve the functions of the limb. In cases of bites from horses, and in contused wounds accompanied by much detachment and crushing, if the parts can be easily submerged, the prognosis, which is generally so bad, will be greatly improved, the patient in a few days becoming sheltered from accidents which so often prove fatal. In gunshot wounds, also, Prof. Verneuil has obtained several proofs of the great utility of the baths.

Injurious Effects on Health of Aniline Dyes.

A subscriber writes to the *Lancet*, March 3, 1883, as follows, giving some startling and valuable information:

"Speaking to a German gentleman recently, I was informed that an agitation was on foot in Germany having for its object the suppression or limitation of the use of aniline dyes in the manufacture of articles of clothing. These dyes have been found to be highly prejudicial and even dangerous in some recent remarkable instances, and strong feeling in opposition to their use has been a set up in certain quarters, which is likely to take the form of what we should call Parliamentary action.

"I should like to invite your powerful influence to raise a discussion on the subject in this country, where the use of these dyes is becoming so universal. My impression is, although I advance it with all humility, that a great deal of impaired health and unaccountable ailment may be traced to the use of clothing, especially underclothing, into the manufacture of which aniline dyes and their ingredients largely enter. Much was said some time ago about arsenical wall-papers and their prejudicial consequences; and seeing that aniline dyes are "fixed" with the same fatal poison, how much more serious must be the effect of a garment upon the wearer whose body is all day long in contact with its subtle and deleterious influence."

Reviews and Book Notices.

Notes on Current Medical Literature.

——An interesting article on otitis media purulenta, by Dr. Dudley S. Reynolds, of Louisville, Ky., has appeared in the form of a neat reprint.

——The details of two typical cases of aphasia are given by Dr. Philip Zenner, of Cincinnati, in recent reprint from the *Lancet*, of that city.

Book Notices.

Lectures on Orthopedic Surgery and Diseases of the Joints. By Lewis A. Sayre, M. D., etc. Second edition, New York, D. Appleton & Co., 1 vol., 8vo. cloth, pp. 569.

This excellent treatise appears in this edition almost entirely rewritten and greatly enlarged. The illustrations are extended to a total of 324, one of them colored, facing the title, most of the others photo-electrotypes. Various new and improved methods of treatment are described, especially on the subjects of spondylitis and lateral curvature.

There is no higher authority on deformities and chronic diseases of joints than Dr. Sayre among living surgeons. His words contain the results of almost unequalled observations, and we doubt not this treatise will be received as the most complete expression of our knowledge of this branch of science for a long time to come.

THE

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D. G. BRINTON, M. D.,
JOSEPH F. EDWARDS, M. D., } EDITORS.

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ABDOMINAL PULSATION.

Patients, particularly women, somewhat advanced in years, seemingly in good health, will frequently complain of an annoying beating, throbbing or pulsating in the abdomen.

This condition has sometimes given rise to a suspicion of aneurism of the aorta, but careful examination has failed to substantiate the suspicion.

Dr. Alfred Wiltshire has given considerable attention to this annoying symptom, and gives some valuable information on the subject in the *Medical Press*, April 11, 1883.

As a rule, the chief complaint is of an incessant beating in the abdomen, which becomes troublesome because of its persistence. Some patients complain that the beating shakes them so that they cannot sleep; others become alarmed and restless at the unwonted commotion in their bellies.

When asked to indicate the seat of their trouble, they usually point to a spot in the centre of the abdomen, a little above the umbilicus, sometimes higher, rarely lower.

When we have decided that aneurism does not exist, we must look carefully to the condition of the vascular system, since incompetence of the aortic valves permits regurgitation of blood backwards into the heart; the arterial system gets an impulse, often of exaggerated character, from ventricular hypertrophy, which fails so quickly as to produce a sense of back-thrust from the collapsing of the unsustained current, the vessels being inadequately filled. This condition may unaided excite the worst form of abdominal pulsation, but it is intensified by atheroma and poor blood. A kind of hammer-pulse is produced, and in thin people, whose abdomens are shallow, the violent beating causes distress.

A combination of aortic valvular incompetence, with the secondary cardiac mischief sooner or later ensuing (hypertrophy and dilatation), rigidity of the walls of the vessels, and impoverishment of blood, may produce the gravest form of morbid abdominal pulsation. Inquiry should therefore be made into the integrity of these parts. True

aneurisms are rare in women; and even the "fusiform dilatation" so often assumed to exist is rarely found *post-mortem*. Degenerative changes, however, may be observed.

The treatment must depend, of course, upon the cause, but clinical experience justifies the broad statement that in the majority of ordinary cases a vascular sedative, such as potassium iodide, is most efficacious. This applies equally to neurosal as well as aneurismal cases. But no case should be treated empirically.

Dyspeptic symptoms should never be neglected, for a distended stomach may intensify the trouble. Bismuth, charcoal, and soda are therefore useful. Aperients are of considerable importance, but they should be *laxatives* rather than purges, *e. g.*, decoction of aloes, or rhubarb, or magnesia, rather than salts. An excellent combination for many cases is ℞ Potassii iodidi, gr. v. or x. in dec. aloes co. ℥j. bis die. Belladonna often forms a valuable addition to internal treatment; while a full-sized belladonna plaster over the seat of beating helps to soothe and calm the patient. Digitalis proves useful in certain cases.

In vascular disturbance due to renal inadequacy the kidneys demand attention, and the adjuncts of aperients and sudorifics should not be forgotten. Agents that influence arterial tension may here prove serviceable, such as amyl-nitrite, nitro-glycerine, bromides, etc.

But the chief agent in relieving abdominal pulsation is iodide of potassium. Its great value in arterial disorders, particularly aneurism, has been ably shown by Dr. Balfour; and my experience of its action in most cases of uncomplicated abdominal pulsation warrants the holding of a high opinion of its merits. The dose should not be less than five grains to begin with, and double this, or more, may occasionally be requisite. It is well to combine with it a little carbonate of ammonia, or potash if the urine be lithatic. It goes well with decoction of aloes when the latter is indicated. Should coryza be complained of, small doses of tincture of opium may be added when not otherwise contra-indicated.

Of the bromides, those of sodium, lithium, and ammonium are somewhat less depressing than that of potassium, but it is not often that large doses are called for.

Digitalis may be useful in cases of cardiac incompetence, and when symptoms of renal disorder are present.

FILARIAL DISEASE.

Dr. Manson has recently made some interesting researches in Filarial disease, which he contributes to the *China Imperial Customs Gazette*.

The statement that Filariæ are found in great numbers in the blood of an infected individual during the night, but are absent during the day, has been now substantiated by numerous observers.

On puncturing a gland in the groin, in a case of lymphatic œdema of the legs, Dr. Manson found in the lymph thus obtained not only the usual embryo *filaria sanguinis hominis*, as seen in the lymph and blood, but ova of the parasite containing active and perfect embryos. Since the parent filaria is not oviparous, how was the presence of the ova in this case to be accounted for? It was long before he succeeded in finding a similar case. But at last he was able to repeat the observation in a case of lymph-scrotum. He pricked a vesicle, and found filariæ in the fluid. The following day, when the lymph which had been drawn the previous day was again examined, filariæ were again to be seen. The feeble coagulum was now broken up by stirring. It rapidly disappeared, the small quantity of red deposit and some white cloudy flocculi subsiding. In this sediment were many embryos, and in nearly every slide ova with active embryos struggling vigorously to stretch through the chorional envelopes.

Here, then, are two cases in which the ova of the parasite are found in the lymphatics; and, as Dr. Manson remarks, the parent filaria, like other animals, is liable to miscarry. This accident, he states, is fraught with danger, and is in fact the cause of the elephantoid diseases, and the key to their intimate pathology. Whilst the outstretched embryo is only about $\frac{1}{300}$ of an inch

in diameter, the ovum measures $\frac{1}{150}$th×$\frac{1}{300}$th, and is much too large to pass the glands. The embryo rolled up in its envelope cannot aid itself; it becomes, in fact, an embolus. The gland or glands directly connected with the lymphatic in which the aborting female is lodged, are thoroughly obstructed. An anastomosis for a time will aid the passage of lymph, but the anastomosing vessels will carry the embolic ova as well as the lymph. The corresponding glands will then in their turn be invaded, and so on, until the entire lymphatic system, connected directly or indirectly with the vessel in which the parent worm is lodged, becomes obstructed. Dr. Manson has examined lymph from the scrotum, the glands, and from the urine, in two hundred cases; yet, in this limited number of observations, evidence of premature birth of ova was obtained twice. Therefore, the accident cannot be of very rare occurrence; although, to have examined the lymph at the proper time, and in a suitable case, must be regarded as a fortunate circumstance not often to be encountered.

The novelty of the theory, and the apparent strangeness of the facts, says the *British Medical Journal*, naturally suggest a certain degree of caution before the explanation can be regarded as definitely established. But it must be remembered that the metamorphosis of the filaria in the mosquito, the phenomenon of filarial periodicity, and other discoveries made by Dr. Manson in connection with this subject, have all now been confirmed by many independent observers; and we can have little doubt that this last, the explanation of the causes of elephantoid disease by plugging of lymphatics by abortive ova, will also in time receive similar confirmation.

Notes and Comments.

Hot Water Retrojection in Gonorrhœa.

This method of treatment is highly recommended by Dr. H. Holbrook Curtis in the *Med. Record*, April 21, 1883. An ordinary wooden arm-chair is half-mooned in the front of the seat to admit a tall cuspidor. A pulley is rigged on the ceiling by means of which a tin pail, with a lamp beneath, is elevated. A rubber tube, provided with a stop-cock and connection leads from the pail, and at any time may be fitted to a No. 8 English flexible catheter. When the water reaches a temperature of say 120°, the catheter is vaselined and introduced to within an inch of the prostate, connected with the tubing, and the pail elevated to such a height that the flow is brisk. The lamp under the pail will keep the temperature slowly increasing. When the water becomes uncomfortably hot, the lamp may be extinguished. After some time a syringeful of the following injection is thrown in, and the catheter withdrawn:

℞.	Acidi tannici,		
	Iodoformi,	āā.	℈ij.
	Glycerinæ,		℥j.
	Aquæ,		℥iij.

This should be repeated twice daily. Internally he uses compressed tablets of five grains of bicarbonate of soda, ten daily. He has repeatedly passed as much as ten quarts of water from behind forwards in this way. From a careful study of more than forty cases, he claims that this treatment will shorten the duration of the disease by at least two weeks, that there is absence of chordee and pain in urinating, and that stricture is improbable.

Femoral Hernia.—Rupture of Coverings.—

Dr. Bernard Pitts records in the *Lancet*, April 7, 1883, the case of a woman aged 46, who had had a right femoral hernia for twenty years. She had been once operated upon. One evening upon sneezing, the skin over the tumor, near to, but not in the line of the cicatrix, gave way, and a foot of intestine escaped. She was brought to the hospital three hours later on a cold, frosty night. The exposed intestine was congested, dirty, bruised and cold. Taxis failing, the wound in the skin was enlarged, the crural ring was nicked, and by manipulation the bowel was returned. The thickened sac was dissected out and removed, drainage for peritoneal cavity provided, and the edge of the sac brought together by very stout catgut, the edges of the wound by silk sutures, and carbolic gauze used as a dressing. The patient did well.

Digital Divulsion of the Pylorus.

This new operation, which seems to promise much, has been performed four times, twice successfully, and once so recently that no conclusion can be formed, by Prof. Pietro Loreta, of Bologna, Italy. Dr. Robert P. Harris gives a report of the operation, as received from Loreta, in the *Medical News*, April 21, 1883. It is recommended in

stenosis of the pylorus as a result of chronic gastric ulcer, but it is not supposed to be of any use when the stenosis is the result of carcinoma. The operation is performed as follows: When the stomach was exposed an incision was made into it, between and at equal distances from its two curvatures, commencing $1\frac{1}{4}$ inches from the pylorus and extending $2\frac{3}{8}$ inches in length. By careful rotation, the index finger of one hand was inserted through the aortic valve, to be followed by the other, when, back to back, the stricture was widely stretched without laceration. The serous surfaces of the stomach wound are brought into apposition by the continuous suture of Gely, which throws up a long ridge on the inside of the stomach; any water pressure shuts the lips of this ridge tighter together, and no gastric juice or liquid food can escape into the peritoneal cavity.

Did Syphilis Exist in America before the Discovery by Columbus?

In refutation of the affirmative, which has been asserted by some, Dr. William F. Whitney (*Boston Med. and Surg. Jour.*, April 19, 1883), concludes that the evidence presented thus far does not as yet clearly prove the existence of syphilis in this country previous to the landing of the Spaniards. The conclusive proof is still to be furnished by an extensively and symmetrically diseased skeleton, or by a skull presenting a typical case of caries sicca, as described by Virchow, in his Archives, vol. xv., p. 243. The exostosis noted on the bones of the legs of skeletons found in Indian burying-mounds and preserved in museums, might have been readily caused by violence and many other agencies than syphilis.

The Pathology of Diabetic Coma.

Dr. Stephen Mackenzie read a paper on this subject at the last meeting of the British Medical Association (*Brit. Med. Jour.*, April 7, 1883), in which he discusses the various ideas that have been advanced concerning the nature of the causative agent of diabetic coma, and concludes as follows: That no one of these theories is applicable to all cases of the coma of diabetes, though each explanation may fit particular cases. Though the evidence in favor of acetonæmia is at present quite inconclusive, yet, intoxication by some such poison, with a special affinity for the sympathetic system, developing in the blood or tissues, seems to him the most likely direction in which we will have to search for the cause of diabetic coma.

A Simple Instrument for removing Foreign Bodies from the Ear.

Dr. Louis B. Couch, of Nyack, N. Y., describes the following ingenious device in the *Med. Record*, April 21, 1883. He drills small holes into either end of a piece of eight-sided brass wire. Into one he solders a small twist drill, $\frac{1}{32}$ of an inch in diameter, and into the other a sharply cut screw $\frac{1}{25}$ of an inch in diameter. A hole is drilled into the foreign body, the drill is removed, the screw is inserted, and the article *must* come.

Correspondence.

Eds. Med. and Surg. Reporter:—

In your issue of April 14th, page 417, is an article from Dr. I. H. McClellan, of Pittsburgh, commenting upon Dr. A. A. Smith of New York. Dr. McC. writes like a so-called homœopath. I think, according to the tenets of Hahnemann, that he does not know the principles of *his dogma*. I don't know what his practice is.

The first principle of Hahnemann is that the human family is affected with psora, which you and I know we have not.

The second, that like produces like. Who ever heard of tincture of aconite producing fever, or belladonna scarlet fever? There is a rash sometimes in the last, but that is not the essential of scarlet fever; etc., etc.

Third—comminution and trituration and dilution increases potency. There is no need to dilate on this, but Dr. McC. seems to think he has Dr. Smith on the hip because he uses *small doses*. Why! Dr. McC. ought to be appalled at the large doses of Dr. Smith. According to the third principle of homeopathy, I look upon him as anything but a beaming disciple. If we use small doses we use *appreciable doses, not* infinitesimal ones, according to the homeopathic manner—when the thirtieth dilution is considered awfully powerful, to say nothing of the gigantic proportions they obtain from the mere whiff over the mouth of an empty bottle which has held one of their potentized articles. X. Y. Z.

(Our correspondent, a distinguished physician, for satisfactory reasons does not desire his name made public.—Eds. Reporter.)

Pyrogallic Acid in Eczema.

Eds. Med. and Surg. Reporter:—

In the April number of the *Compendium*, Dr. Jarisch is quoted as having seen "eczema marginatum cured by applying a 5 or 10 per cent. ointment of pyrogallic acid." For several years I have used ℞. pyrogallic acid and raw linseed oil, āā, in nearly all cases of this kind, and have seldom had occasion to change the medication or renew the prescription for the case, provided proper constitutional treatment was carried out as directed. F. R. Millard, M. D.

San Diego, Cal. April 20, 1883.

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

(*Continued from page 535.*)

THURSDAY AFTERNOON.

At the afternoon session the Committee on Nominations reported the following for the ensuing year:

For President, Henry H. Smith, of Philadelphia.

For Vice Presidents, Ellis Phillips, of New Haven: H. B. Vanvalza, of Clearfield; J. W. Kerr, of York; S. Schultz, Danville.

Permanent Secretary, Wm. B. Atkinson, of Philadelphia.

Recording Secretary, Morris S. French, of Philadelphia.

Corresponding Secretary, John G. Lee, of Philadelphia.

Treasurer, Benj. Lee, of Philadelphia.

The Medical Society of Pennsylvania to meet in Philadelphia.

On motion, this report was received and adopted, and the Committee on State Board of Health was continued.

After Dr. Moody's address in Obstetrics (see page 513).

The address on Hygiene was read by Dr. Henry Leffmann, of Philadelphia. It touched briefly upon the earlier notions of the causation of disease, and made passing allusion to the present popularity of the germ theory. The subject of disinfectants was then considered, the reader of the address expressing himself as in general opposed to the various disinfecting and germicide preparations now so extensively advertised. One in particular was mentioned, which consisted of nothing but charcoal and sulphur, and was sold at an exorbitant rate as an "ozone powder." The great importance of physicians endeavoring both by example and teaching, to eradicate the prevailing errors in regard to the effects of ordinary exposure, was dwelt upon at length, and accounts given by eminent writers on hygiene, etc., were cited to show that conditions of exposure which, according to common opinion, should have proved most injurious, were actually found to be beneficial. The lecturer took the ground that more harm was done by fear of exposure to "drafts" and to "night" air, than by actual exposure to these influences.

Dr. Samuel Ayres, of Pittsburgh, for several years first assistant physician to the hospital for the insane at Dixmont, Pa., read the next paper, entitled

OUR ASYLUMS AND OUR INSANE.

The more general agitation in our country of late years, of matters relating to the care of the insane and the management of asylums, has produced good results. It has led to examination into the methods of these institutions, and their manner of treatment, and to improvement in their system, through recommendations and enlightened legislation.

The New York Neurological Society took the initiative in this more recent alienistic movement, followed by the National Association for the Protection of the Insane and the Prevention of Insanity—the growth of which body has been remarkable, and its influence in promoting the study of insanity and ameliorating the condition of the insane, widely felt.

The writer believes the lunacy problem is not yet fully solved, that there is need for improvement in many branches of the subject, and that fair and intelligent discussion of its different phases will admit more light and lead to needed reforms.

Reference is made to the increasing dissatisfaction with the management of asylums, and to the distrust in their efficiency as places of cure for the insane, and the admission is made that there is much ground for this want of confidence, owing to the peculiar administration of their affairs and the defects in their system.

Those defects relate to

1. Superintendents.

Though asylums may be palatially built, perfect in all their appointments, vigilantly inspected, with faithful boards of managers, yet if the superintendents be not humane and scientific physicians who give their *entire time* to the immediate *medical* interests of their patients, the above will amount to little, the percentage of cures will be reduced, and the chief end for which these institutions are erected—viz., the cure of the curable and the best care of the incurable—will be in a great measure defeated.

The chief medical officer of an asylum cannot be at the same time purveyor, farmer, florist, paymaster, clerk, steward, financier, lobbyist, etc., etc., and practicing alienist. It is utterly impossible, and yet it is daily attempted with lamentable failure.

It would often appear that the growth of cabbage and currants interests this officer more than morbid growths in the encephalon; that the location of a turnip or a potato patch interests him more than the localization of cerebral lesions; that he takes more pleasure in making his asylum a grand insane boarding-house, than a hospital for the study, treatment, and cure of mental diseases.

By thus endeavoring to perform so many duties, he becomes involved in endless details, his attention is diverted from the patients, and he finally loses, to a great extent, medical interest in them.

The remedy is simple. Let the physician-in-chief be a man of high medical attainments, qualified from special preparation in the treatment of insanity. Let him devote himself exclusively to the care and treatment of his patients, and have nothing to do with the farm, garden, and household affairs. These matters should be entrusted to proper officers, who shall report to executive boards.

2. Assistant Physicians.

When chairs upon nervous and mental diseases are established in our medical colleges, these officers will be somewhat prepared to enter intelligently upon their duties. In the meantime, they should receive from superintendents all possible instruction in the nature and treatment of the cases under charge. It occasionally happens that superintendents are not competent to scientifically instruct their assistants—in which event, if these also be indifferent physicians, we cry, Good Lord, deliver the patients!

The physician-in-chief, accompanied by his medical assistants, should visit the male and female departments on alternate days, and thus see all the inmates every two days, and direct their treatment.

There should be increased medical service in asylums, at least one assistant physician to one hundred patients; and where many recent and curable cases are received, this ratio should be much greater.

3. Consulting Medical Staffs.

Every asylum should have such a staff, consisting of five able physicians—two experienced in nervous and mental diseases, one a surgeon, one a general practitioner, and one agynecologist. And such a board should be *real*, and not merely nominal.

The alienists should visit the hospitals at least once a week, examine all recent cases, and consult fully upon their diagnosis and treatment with the resident staff. The other members need not pay regular visits, but be called in whenever cases are presented involving questions in their respective branches.

4. Asylum Therapeutics.

A routine prevails both in prescribing and dispensing medicines which would surprise the active general practitioner. The administration of appropriate drugs in certain forms and stages of insanity, is attended by effects as pronounced as in any other disease. Pathological processes let alone or carelessly attacked, generally leave their victims hopelessly insane.

The subject does not receive nearly the attention its importance demands.

5. Pathological Work.

Very little of it is attempted. It is a matter of profound regret that the vast quantity of valuable material for this study furnished in these institutions, is lost to science.

There is no reason why the work should not be undertaken even in a small way in every asylum. Its neglect results from the system in vogue, and the inexperience of superintendents in pathological investigation.

6. Gynecological Treatment.

It is often asked why this treatment is not conducted in all asylums, and very unsatisfactory answers are given to the question—such as do not become earnest and conscientious physicians.

Cases of insanity in women caused by disease of the reproductive organs are constantly to be found at asylums. And yet the subject receives little or no attention. Such neglect is culpable, well nigh criminal in superintendents. There are some obstacles, it is true, to this treatment, but they can be surmounted if it is resolved they must be.

7. Employment of the Insane

Is next dwelt upon, and the evils of idleness contrasted with the advantages of suitable occupation.

The matter is fortunately engaging the attention of our asylum alienists, and in a few of the institutions from 50 to 85 per cent. of the inmates are employed in one way or another.

8. Overcrowding

Is often carried to an alarming extent, as many as five patients being packed for the night in a room 8x13, poorly ventilated. This evil increases the suffering, sickness, and death-rate of these unhappy beings, and prevents the recovery of many otherwise curable.

It should not be permitted by managers under any circumstances, notwithstanding the demand for more asylum accommodations.

9. Unjust Commitments.

Much has been said of late in the secular press about the incarceration of sane persons in asylums by interested relatives. But these rumors, when thoroughly investigated, are usually found to be emanations from the brains of unrestored ex-inmates. However, to prevent even its rare occurrence, the laws should be very stringent on this point, and the severest punishment visited on those who would conspire to this end. Moreover, asylum physicians should be required to give their opinion as to the sanity or insanity of all patients within one week after admission, and procure the prompt release of any one improperly held.

10. Prolonged Detention of the Cured.

From the failure of superintendents to give their undivided attention to the inmates, it occasionally happens that the restored are detained unnecessarily long; and that others, through the solicitations of friends, are discharged before they ought to be.

11. Restraint.

The subject of mechanical restraint in the care of the insane has been freely discussed. The dungeons, shackles, and chains of the past have given place, in the march of civilization, to the asylums, cribs, and straight-jackets of the present; while these severe forms of restraint are fast yielding to the milder methods of management, suggested by science and humanity. The writer is not sure but in very rare cases, mild coercion might be employed with advantage; but since it is liable to be so badly abused, he advocates the entire abolition, as has been done in so many of the foreign asylums and in some of our own.

12. Cruelties.

The reports of cruelty inflicted upon the insane in asylums are, unfortunately, often true. These patients are frequently the victims of abusive treatment at the hands of heartless attendants. It is not argued that this practice can be wholly prevented, because kind and intelligent nurses can not always be obtained. But it can be much reduced, if mechanical restraint is discarded, and superintendents and assistants will constantly supervise their patients. The most abuse occurs, though, in the absence of superior officers. And to break this up, the writer advises resort to a detective system. A male and female detective in the guise of patient or nurse should be employed, who should shadow the suspected attendant. If he is found guilty of violence or brutality, he should be prosecuted for misdemeanor and punished to the full extent of the law. A mere discharge from service will not answer. In this way it is believed cruelty could be reduced to a minimum.

The second part of the paper is devoted to a

brief consideration of the non-asylum insane, and the importance of reducing the supply to the increasing insane population, which now numbers about one hundred thousand in the United States.

(*a*) *Prevention of insanity* and (*b*) its prompt cure when developed, will accomplish this most desirable end, and are the two vital practical questions of the day for all alienists.

The people should be taught how they may prevent the approach of insanity, and avert it when threatening. A due observance of the laws of physical health in relation to mental conditions should be impressed upon them through popular journals and manuals on the subject.

The importance of treating cases in the incipient stage is especially urged, when there is every chance of cure. And this may be undertaken at home with many advantages, if physicians will acquaint themselves with the methods of the plan. It is practicable, and has proved successful in the hands of the writer and of many others. If for valid reasons this cannot be conducted, prompt consignment to private hospitals or asylums is advised.

The Treasurer, Dr. Benjamin Lee, then read his report.

Treasurer's Report.

Balance May 11, 1882	$1,965.68
Receipts during year	2,269.91
	$4,235.59
Expenditures during year	1,871.75

Dr. Peter D. Keyser, of Philadelphia, read a paper entitled

"SOME OPHTHALMOLOGICAL OBSERVATIONS DURING TEN YEARS' SERVICE (1872–82) IN WILLS EYE HOSPITAL."

During which time he had attending his clinic 5,243 patients, classified as follows: Affections of the lids, 390; of the lachrymal apparatus, 164; muscular and nervous affections, 202; anomalies of refraction and accommodation, 913; diseases of the conjunctiva, 1,211; of the cornea and sclerotica, 1,146; of the iris, ciliary body and choroid, 454; of retina and optic nerve, 211; of the crystaline lens, 230; of the vitreous body, 57; of the eye-ball, orbit, etc., 165. The number of operations performed during the same period was 1,282, among which were 148 extractions of cataract, 36 descisions of soft cataract, with four suctions by Bowman's pump; 164 iridectomies, 5 iridotomies, 11 Passavant's operation for posterior synechia, 1 Streatfield's for the same trouble, 92 tenotomies of recti muscles, 106 operations on the lachrymal apparatus, 200 operations on the lids, 87 enucleations of the eye-ball, 3 optico-ciliary section, 4 drainages after De Wecker, and 422 sundry operations on the cornea, conjunctiva, lids, etc. In the affections of the lids all the general forms of disease were more or less met with, and in the treatment of tarsal inflammation many cases were much benefited by De Wecker's method of the use of his pomade antiblepharitique, the odor of which, however, was so unpleasant that he (Dr. K.), with Mr. L. E. Sayre, pharmacist, of this city, made a new pomade, having the same medical effect and of much more pleasant odor, as follows: Oleopalmitate of lead, 20 parts; almond oil, 10 parts; simple cerate, 5 parts; balsam peru, 1 part; liquid tar, ½ part. In most, if not all, cases of this affection met with, anomalies of refraction were found, the correction of which was necessary to succeed in a permanent cure.

Descriptions of cases of entropion and ectropion are given. Epithelioma, when small, was benefited by topical use of powdered chlorate of potash.

In the treatment of conjnnctivitis, weak solutions of astringents instilled frequently into the eye were found more efficient than stronger solutions used once or twice daily.

In purulent and gonorrhœal forms, reliance was placed upon frequent cleansing of the eye and alternate instillation of saturated solution of boric acid and a weak solution of nitrate of silver.

Membranous conjunctivitis was treated successfully by a collyrium of chlorate of potash, hot applications and quinine and iron internally.

Of the conjunctiva is given a description of a fatty tumor of very rare occurrence, also a case of multitudinous recurring warts, also a double dermoid tumor of the conjunctiva and cornea.

Of rare affections of the cornea, six cases of keratitis bullosa are described, also a case of phosphatic degeneration of the external layers of the cornea. A very large tumor of the cornea with figure and microscopic description.

Glaucoma was treated by iridectomy, eserine instillations and sclerotomy. After considerable experience, iridectomy was found the most reliable for permanent success. Of the uveal tract an interesting case of iritis with gelatinous exudation, is described in full.

Two interesting cases of melanotic sarcoma of the choroid, one with metastasis and death, are reported with figures and microscopical drawings.

Sympathetic ophthalmia, with the history of case in which recovery took place.

Detachment of the retina was treated by several methods of operation, including De Wecker's drainage, and also the use of pylocarpin internally and hypodermically, but without any great permanent success from either method.

Several interesting cases of removal of foreign body from the eye-ball are given.

The inheritancy of congenital cataract is shown in a family, running successively through four generations.

The 148 cases of extraction of cataract are all described with the following result: as perfect success vn. to $\frac{20}{cc}$ 92 per cent. Total loss from sloughing and inflammation 6 per cent. Occlusion of pupil from iritis, which might have been improved had operation been consented to, 2 per cent. The acuity of vn. obtained as follows: $\frac{20}{xx}$ 4 cases—$\frac{20}{xxx}$ 12—$\frac{20}{xl}$ 23—$\frac{20}{L}$ 17—$\frac{20}{lx}$ 3—$\frac{20}{lxx}$ 22—$\frac{20}{c}$ 43—$\frac{20}{cc}$ 11—$\frac{10}{c}$ 1.

In the operations in the hospital, many different methods were tried, and fortunately with success, but after all, the preference was given to that of Von Graefe, with the incision of the cornea nearer to, if not in the corneal junction, instead

of as far back as recommended by him. In cases of sluggish iris and inflammatory dispositions, preliminary iridectomy was made some weeks previous to extraction. He describes a method and manner of opening the capsule which he finds lessens the danger of inflammation and necessity often of subsequent operations, and by which a large piece of the membrane in pupillary region is removed.

Two cases of fibro-myxoma of the optic nerve are quoted, as well as a cyst of the lachrymal gland successfully operated upon, and a polypus of the lower canaliculus extending out of the punctum.

Dr. Joseph Hearn, of Philadelphia, then read his paper on the "Cure of Rodent Ulcers," presenting two patients, who had been pronounced hopeless, but who, under Dr. Hearn's treatment, gave every indication of cure, and one patient, a lady, on whose face a rodent ulcer of five years' duration had been entirely cured.

Dr. Hearn said that cases treated early and promptly can be cured. These ulcers, which are called flat cancers, become malignant when not treated promptly. They usually begin with a hard nodule, or on a scar or wart, and not with an ulcer. Over this a crust forms, which leaves a depression, and this becomes an ulcer. The rodent ulcer is generally solitary, and generally comes about the face. The treatment is by caustic, knife, or both, the diseased tissues being entirely removed.

Dr. J. V. Shoemaker, of the Philadelphia Hospital for Skin Diseases, before reading his paper on the "Hair—Its Use and Care," introduced a patient from the hospital, whom he is now treating for lupoid growths, with success. The substance of Dr. Shoemaker's paper was as follows: "It requires both constitutional and local care to keep the hair in its normal healthy state. In the first place, that essential material, food, which is necessary to supply the waste and repair of all animal life, should be selected, given, or used, according to good judgment and experience. The nervous system, which is one of the most important portions of the human structure, and which controls circulation, secretion and nutrition, often by being impaired plays a prominent part in the production of baldness. The stiff hats, so extensively worn by men, produce more or less injury. Premature baldness most frequently first attacks that part of the head where pressure is made by the hat."

As regards the head-covering of women, the fashions have been for several years favorable to a proper form. The bonnet and hat have become quite small, and cover but little of the head. This beneficial condition, however, is in part counterbalanced by the weight of false curls, etc., with which women dress their heads. Ablution with soap and water should be performed once or twice a week at least, particularly to the head and beard, in order to keep open the hair tubes, so that they may take in oxygen, give out carbon, carry on their nutrition, and maintain the hairs in a fine polished and healthy condition.

It is injurious to both men and women to go into the surf having some wasting of the hair, without properly protecting it; the sea water has not, as is often thought, a tonic action on the scalp; on the contrary, it often excites irritation and general thinning.

In conclusion, if the hair becomes altered in texture, or falls out gradually or suddenly, or changes in color, a disease of the hair, either locally or generally, has set in, and the hair, and perhaps the constitution, now needs, as in any other disease, the constant care of the physician.

Under the head of Unfinished Business, the report of the Committee on Schedule of Subjects for Medical Examinations reported. Some debate followed, Dr. S. D. Gross declaring the standard proposed too high. He saw no use in stuffing a young man with Greek and Latin and Mathematics, compulsorily, to make a doctor of him, although a certain amount of these things is necessary to enable him to understand the technicalities of the profession. He thought private pupils shamefully neglected in nearly all cases.

Drs. Andrews, Bishop, Donnelly, Wilson, and others, spoke in favor of, and Dr. Tyson against the report. A general discussion followed.

Dr. O. H. Allis, the chairman of the committee, explained that the standard proposed in the report of the committee is simply that laid down in a resolution by this association in 1878.

Dr. William Finley, of Altoona, said this association had appealed to the colleges in vain for thirty-six years to raise the standard of admission to the profession.

The report of the committee was then adopted.

Dr. S. D. Gross then offered a resolution, which was carried, that this society request all county medical societies in the State to take measures to provide instruction for nurses.

The Committee on Medical Education then made a long report through its chairman, Dr. R. L. Sibbett, of Carlisle, which, after debate, was adopted.

Dr. Henry Leffman presented some reports and the following amendment to the By-Laws, offered by the Philadelphia County Medical Society:

Resolved, That no documents be presented before the State Society that have not been read before a county society and been recommended by said county society.

The resolution, according to rule, will lay over for one year.

Drs. Eskridge and Keen having refused to serve on the committee to act on the resolutions of the Anti-Vivisection Society, Drs. H. C. Wood and S. Weir Mitchell were appointed in their stead.

Dr. C. Z. Weber introduced the resolutions of respect and the address by Dr. Hiram Corson, adopted by the Montgomery County Medical Society, upon the death of Dr. David Schrack.

On motion, the resolutions were adopted and ordered to be incorporated in the proceedings, by a standing vote.

In the evening, receptions were held at the residences of Drs. J. K. Weaver and Mary Stinson, and G. W. Rogers, esq., of Norristown.

FRIDAY MORNING.

After prayer by Rev. A. J. Weddell,

The address on "Mental Disorders" was deliv-

ered by John Curwen, M. D., Superintendent of the State Hospital for the Insane, at Warren, Pa. In the course of his well-digested and interesting remarks, he said:

"The hereditary character of mental and nervous disorders and the necessity of careful regulation of the health of the mother during pregnancy, and the removal, as far as possible, of all causes of vexation and annoyance, to prevent as much as may be the influence on the child, and instances adduced where the health and mental integrity of the child were affected by causes acting on the system of the mother during pregnancy.

"It was urged on the profession to give more strict attention to the tracing out of the various histories of different cases so as to reach more certain conclusions as to the results of certain disorders and influences in the production of particular forms of disorder.

"The necessity of careful attention to the health of children, and the impropriety of placing them at an early age in school, was also insisted on so as to avoid that taxing of the mind and the interference with the bodily development so likely to arise from the confinement in school and inability to fix the mind on what was required to be learned. The first point to be aimed at was proper physical development.

"The training of the children should involve a thorough discipline in the education of the different faculties of the mind so that one class should not be educated at the expense of the other; that the states of feeling, including the passions and emotions, should be kept in subordination to the state of knowledge and the state of will. The tendency of the times is to give greater prominence by means of the books and other matters to the development of the passions and emotions, and on this account so many are unable to stand the wear and tear of life and fall victims to mental and nervous disorders, which could have been prevented by that attention to the proper regulation of these in connection with the development of the intellect and the will.

"The necessity of proper nutrition affording these elements most readily assimilated for the use of the different parts of the system, was also dwelt upon, and also the prime importance of an abundant sleep, not only in the early years, but throughout adult life.

"In school life it was insisted that what was taught should be well drilled in so that what is learned should be thoroughly learned, as it was better to know a little well, and so as to be of practical advantage in the duties of life, than to gain a large amount, so that in a short time it should be only a confused mixture in the mind and not of any practical benefit.

"Attention should also be given in education to the peculiar bent or aptitude of the scholar so that he shall not be compelled to give strict attention to what is distasteful, and not within his comprehension or above his capacity.

"Attention was also directed to the baneful influence of the use of tobacco on young men in the retardation of the proper growth and development of the mind, and its injurious influence on those who had been doing well, but were thrown back by its use.

"Reference was also made to the practice of other habits consequent on the character of the books furnished so generally for the young."

Dr. J. T. Eskridge followed with a paper on "Diagnosis, Prognosis and Treatment of Mitral Constriction," which will appear in full in our next issue.

LITHÆMIA.

was the title of a paper by Dr. James B. Walker.

This term, first used by Murchison, is applicable to what may be termed a diathesis in which there exists a tendency to the undue production of uric or lithic acid, in place of the more fully oxygenated nitrogenous debris, urea.

Being less soluble and less readily eliminated than urea, it goes the rounds of the circulation, gathering as it goes, until it is present in the blood in sufficient quantity to constitute it a toxic agent.

As a toxic agent it gives evidence of its presence most characteristically by its circulatory symptoms. Stimulating the muscles of the arterioles to hyper-activity, either directly or through the influence of the vaso-motor system, it retards the egress of blood from the arterial system, leading to hyper-distension of the same. This calls for increased force of the left ventricle in emptying itself, and, through both agencies, we have the most pathognomonic symptoms, viz., the *pulse of high arterial tension*.

Increased arterial recoil induces, so long as the aortic orifice remains apatulous in diastole, an *accentuation* of the *aortic second sound*.

Increased arterial tension induces *increased urination*.

These constitute the essential symptoms of lithæmia, but to them may be added those due to functional or organic disturbance of any organ of the body. Bronchitis, pneumonia, emphysema, nervous disturbances of mild or grave character, including local cramps, tingling of extremities, numbness, vertigo, diplopia, headache, tinnitus aurium, and even insanity; angina pectoris, from the general arteriole spasm is not uncommon.

To the functional disturbances of the circulation are added arterio-capillary fibrosis, first clearly described by Gull & Sutton, which may extend to development of the fibrous tissues of organs, inducing especially interstitial nephritis, whose characteristic symptoms are those of the accompanying lithæmia. Atheroma of aorta, or of more or less of the systemic arteries, is quite common of cases of long standing, and by the danger in aneurism, apoplexy, thrombosis, and embolism, constitutes a serious pathological result. Or the uric acid may tend to deposit and excite irritation in the feeble circulation about the joint structures, resulting in an attack of gout. Or to be excreted in excess of the power of the urine to hold in solution, when uric acid gravel will ensue.

The *diagnosis* of Lithæmia rests on the presence of four prominent symptoms; viz.:

1. Pulse of high arterial tension, *i. e.*, persistent, hard and cord-like.
2. Accentuation of aortic second sound.
3. Hypertrophy of left ventricle.
4. Increased urination.

Given these persistently, or temporarily, re-

cúrring from slight causes, and we have Lithæmia, whatever else we may find to co-exist.

The *prognosis* depends upon the period of the disease. It is necessary to take an inventory of the amount of diseased and healthy structures present in each case, in order to form a just estimate of the prognosis.

If treated early, when only functional disturbances have been engendered, it promises complete relief. If organic changes have resulted, we have to that extent a permanent clipping of the organism.

The *Treatment* consists in

1. *Lessening* the *amount* of *nitrogenized detritus.* This, by diminishing the amount of animal diet to a minimum, meats either eschewed altogether or given in small quantity; milk in quantity is the best animal diet; vegetables ad libitum.

2. Bringing about as complete *combustion* of the *essential nitrogenized detritus* as possible that the uric acid may be converted into urea. Exercise and fresh air are the best agents for this.

3. *Rendering more soluble* and *more readily excreted* the *uric acid, which remains unaltered.* Lithium and potassium form with uric acid its most soluble compounds. These may be given as citrate or acetates in sufficient quantity and for a long period without injurious effects.

4. *Antagonize by physiological antidotes* the *more violent* and *severe symptoms.* Bromides, perhaps, the most serviceable for the nervous symptoms. For angina pectoris amyl nitrite is the remedy par excellence, given either internally or by inhalation, securing prompt relief. But as it is but palliative, its results must be secured by the bromide and other potassium salts.

This for the lithæmia. For the complex symptoms likely to arise, appropriate treatment is needed. What I wish to render prominent is the importance of finding behind and beneath the mass of pathological *debris* the morbific agent, and of attacking this, whatever else we may do or leave undone. I desire also to give prominence to the assertion that in chronic Bright's disease without dropsy, in atheroma of the arteries with cardiac hypertrophy, in angina pectoris, in apoplexy, and a host of functional disturbances, if the symptoms of lithæmia be present, and they usually will be, this is the condition against which therapeutic measures are to be leveled.

Dr. Edward T. Bruen, Demonstrator of Clinical Medicine in the University of the Pennsylvania, read a paper entitled

"CLINICAL NOTES ON THE USE OF CONVALLARIA MAJALIS."

In the present state of our knowledge of the action of convallaria majalis we are obliged to accept the records of clinical experience, even if they have been based on comparatively a few cases. There is all the more interest centered in this drug since it has been made of late the subject of very conflicting testimony from the physiological laboratory on the one hand, and from the bedside observation of the clinician on the other.

In 1851, G. F. Waltz discovered in the Convallaria Majalis two active substances—Convallarin and Convallamarin. The first is crystalline, insoluble in water, and according to Dr. Marmé's experiments (Schmidt's Jahrbuch), when taken in doses of three or four grains, acts as a simple purgative. The glucoside Convallamarin is soluble in water, and is the principle to which the plant owes its action on the circulation.

A synopsis of the action of Convallaria upon the circulation establishes, according to Marmé, that it kills by direct action on the heart, and in moderate doses first slows, then quickens the pulse. Previous divisions of the vagi do not interfere with the development of these phenomena. These observations have been confirmed by other investigators,* their experiments showing that it slows the action of the heart and increases the blood pressure decidedly. If a toxic dose has been given, the heart's beats become very rapid and irregular, the arterial pressure still being much above the normal, finally the pressure begins to fall, the cardiac pulsations to grow more feeble, and death occurs through syncope. The pneumogastric nerves are weakened but never paralyzed, whilst the general nervous system is not affected.

Dr. Isaac Ott (*Archives of Med.*, Feb., 1883,) has found that the arrest of the heart is systolic, the heart muscle not being able to respond to the most powerful galvanic stimulation. From this testimony it would seem evident that convallamarin acts almost exclusively upon the heart and its contained ganglia; possibly also upon the vaso-motor system.

Diuresis and purging have followed its use in the lower animals, and the drug is stated to have been long used by the Russian peasantry for the relief of dropsy.

This brief synopsis includes the most important facts from the physiological laboratory.

The following conditions have been chosen as typical ones illustrating clinically the employment of convallaria:

Case I was seen in consultation with Dr. F. W. Robinson, of Philadelphia, on March 10. The patient, a lady about thirty-five years of age, previously very robust, had been taken ill with pneumonia on the afternoon of the 7th. The earliest symptoms were those of intense pulmonary congestion; the surface of the body being cyanotic, and dyspnœa very pronounced. The lower part of the upper lobe and the inferior lobe on the left side were involved, also the base of the right lung. The interesting feature of the case was the action of the heart. From the first, this was extremely irregular and very rapid, about 120 per minute. Appropriate treatment was carried out during the 7th, 8th, and 9th, including bleeding from the arm; digitalis in full doses; strychnia, $\frac{1}{30}$ of a grain four times daily. Subsequently, the free use of cardiac stimulants. The irregularity of heart, if possible, became more pronounced, so that on the 9th the digitalis was discontinued, and the fld. ext. of convallaria in 15-drop doses every two hours was substituted. Within thirty-six hours the action of the heart became nearly regular, and the pulse fell to 80. The patient was roused from a state of impending death, and for a time we entertained hopes of recovery. When the convallaria was first given,

* Prof. See (Bulletin de l'Acad. de Med. No. 27, 1882) and S. Isaew, (Med. Schwabels Jahrb., 1883.)

the left ventricle was contracting vigorously through the effect of the digitalis previously used, but the gain had been solely in the direction of the increase in systolic muscular power. At the end of thirty-six hours after the use of the convallaria, the action of the ventricle having weakened, we combined the convallaria with the tr. digitalis with most satisfactory results so far as the cardiac action of these drugs was concerned; and the good effects persisted until the 16th, when the strength of the patient was exhausted and death ensued.

My first classification of conditions in which convallaria has been serviceable to me is:

(1) Those cases of acute disease of the lungs in which irregularity of the heart is a symptom. In these cases the action of the convallaria is helped by its combination with digitalis, the latter drug having a principal influence as a tonic to the cardiac muscle, the convallaria apparently exercising a principal influence upon the vagi, or at least it inhibits the cardiac rhythm.

(2) In organic valvular disease the convallaria is most useful in cases of mitral obstruction. In these the action of the heart is most apt to be irregular because the volume of blood returned to the left heart through the pulmonary circulation has not time enough to empty itself through the left auriculo-ventricular opening. Relief of pulmonary congestion is the most constant indication for treatment. This has been met by venesection, by cups, by rest, by digitalis; but since digitalis is more of a tonic to the cardiac muscle than a stimulant to the vagi, we often find its use unsatisfactory. The indication is to slow the rhythm of the heart, and thus permit the right heart and left auricle to empty themselves into the left ventricle; *afterwards* it becomes needful to administer cardiac stimulants. In the out-patient department of the Children's Hospital of Philadelphia, the treatment of cases of mitral obstruction with convallaria has been most encouraging, using ten drops of the fld. ext. three or four times per diem, with or without the associated use of digitalis.

(3) Irregular heart as a symptom of mitral regurgitation has been less positively benefited, since in these cases cardiac irregularity is a symptom of cardiac fatty degeneration. In mitral obstruction irregularity is an initial symptom.

(4) Convallaria loses its effectiveness in valvular heart-disease in proportion to the amount of fatty degeneration of the heart. Assuming as proven that the vagi are stimulated by digitalis, and that the reduction in number of the cardiac pulsations when digitalis is exhibited, is due to this stimulation, it has been commonly found that when there is advanced fatty change in the heart the inhibitory effects of digitalis are less perfect, since there is less muscle through which the vagi could assert their influence. Moreover, in fatty heart a more powerful cardiac stimulant, such as digitalis, is required and not a regulator. In advanced valvular heart-disease or cardiac failure in the catarrhal nephritic forms of Bright's disease, convallaria has not proven as useful as digitalis.

(5) The drug is of great service in cases where palpitation and dyspnœa, rather than deficient cardiac systole are the prominent features. Broadly speaking, cases of phthisis or asthma in which palpitation and dyspnœa are prominent symptoms, before cardiac failure from advanced fatty change ensues, are much benefited by this drug.

(6) Its effect is often brilliant in purely functional heart disorder, especially palpitation with irregular cardiac action dependent on general debility, and in cases of anæmia or hysteria. It is sometimes an efficient remedy in the irregular action of the heart caused by tobacco.

In conclusion, it is proper to state that the preparation employed has been the fld. extract. (Parke, Davis & Co.) The doses 15–20 drops given every three hours in adults, until the desired effects have been produced. Smaller doses have proven entirely negative. The drug is by no means a substitute for digitalis, which combines the properties of a cardiac tonic and regulator to a greater degree than any other one drug in our pharmacopœia. Convallaria has two great advantages over digitalis, which have been brought out by Beverly Robinson, M. D., in the *Medical Record*, for April 14, 1883.

(1) Convallaria is well borne by the stomach of most patients suffering with chronic cardiac disorders. The uræmic condition in advanced cardiac and renal cases will often account for its rejection.

(2) Cumulative effects are not to be apprehended. Nevetheless, the action is usually prompt and therefore a week or ten days' use will, I believe, decide positively the value in any special case. It would appear that the clinical action of Convallaria is not in direct harmony with the results of laboratory investigation and experiment. One must be cautious in closely pushing the deductions from experiments in the laboratory, until they are abundantly confirmed. Moreover, cardiac disorders present more cases of idiosyncrasy than other forms of disease, and we must expect to find some cases in which Convallaria is inoperative, although it is apparently indicated. Convallaria is far inferior to Digitalis as a diuretic; indeed, I have had such negative results that it is difficult to assign to it a distinct value in this connection. This presentation of a personal experience with Convallaria has seemed to me permissible only because the investigation of the drug is in such an incipient stage. May I hope that in another year additional results of experience in its use may be contributed, and the common good of the greatest number be advanced?

At eleven o'clock a special train conveyed the members of the Society, their wives, daughters and friends to the State Hospital for the Insane, in the southeastern district of Pennsylvania, or, as it is generally known, the Norristown Asylum, which is beautifully situated on the hills just outside of that city. Arriving a little before twelve, an hour was spent in a tour of some of the male and female wards, there being some 300 in the visiting party. The resident physicians showed the visitors through the peaceable wards, with results entirely satisfactory as far as the inspection went. No one could fail to be impressed above all things with the great cleanliness of the floors, walls, wood-work and furniture, and, indeed, of everything and everybody about the institution.

The most striking feature for a stranger, however, was unquestionably the vast area covered

by the hospital buildings. There are 960 inmates, male and female, black and white, yet there is no indication of crowding, and other buildings have just been completed, and are yet unoccupied.

After a substantial and well-arranged cold collation, in a long hall of one of the new buildings, the Medical Society reconvened in the Asylum Chapel, close at hand.

Dr. Benjamin Lee then read the report of committee appointed at the last meeting of the Society to memorialize the Legislature on the subject of the codification of the insanity laws, in which the committee stated that they found their action anticipated by Governor Hoyt, in his excellent creation of the Lunacy Commission. The report was received and the committee discharged.

Dr. William S. Little, of Philadelphia, read a paper on

"THE POSSIBILITY OF ABNORMAL OCULAR CONDITION THROUGH THE SYMPATHETIC SYSTEM IMPAIRING THE FUNCTIONS OF THE UTERUS."

After reviewing the influence diseases of the uterus and its appendages have upon the eye, beginning at puberty and continuing to the menopause, both in the non-pregnant and pregnant condition, as has been described by Prof. Förster, of Breslau, under the head of Hysterica Kopiopia and been fully corroborated by many observers, and more recently maintained in the Bradshaw Lecture before the Royal College of Physicians, England, delivered the past year by E. Long Fox, M. D., F. R. C. P., on the influence of the sympathetic on disease, in which he relates the influence of irritation from the hypo-gastric plexus affords the most striking illustration producing wide-spread and distant effects. Next, on the other hand, is taken up the influence the eye has when it is the seat of irritation from unnecessary effort in seeing, upon the nervous system and some organs of the body, as has some years since been promulgated by Dr. S. Weir Mitchell, and first tested by Prof. Wm. Thomson, M. D., and is now a very interesting field in ophthalmic medicine.

Dr. J. M. Duncan, of St. Bartholomew, while lecturing on the remote and indirect symptoms of the uterus and its appendages, asks the following: "Are there no uterine symptoms, or disorders, or diseases which are secondary to other diseases, indicative of them or caused by them? Should the uterus and its appendages be looked on as always governing and disturbing, and not itself occasionally governed or disturbed?

The purpose of the paper is to trace in one case at least, the possibility of reflex irritation as produced from a marked optical defect, differing in each eye; extending as far as the uterus and impairing the function; regions more approximate and other organs nearer the eye being markedly affected as well. In the case in question a married lady, 34 years of age, was seen in Feb., '81, suffering from severe headache, pain in eyes, pain down region of neck, gastric symptoms and marked hysteria. Examination of her eyes revealed a difference of refraction in each, one being hypermetropic with hypermetropic astigmatism, and the other having hypermetropic astigmatism.

Relief from nearly all the symptoms rapidly followed the correction of the optical defect. At the time of treatment no recognition was made of uterine trouble or impaired function.

It was not till some one year and a half afterwards, she being in the meantime perfectly well, that I learned she had given birth to a female child, the same not having occurred for twelve years, and the present being the second pregnancy; there had been no miscarriages.

The fact of this pregnancy having occurred so soon after the relief of her other troubles which had persisted so long, and been relieved by correction of her optical defect, has drawn my attention to the influence that had existed and re-acted as far as the uterus and impaired its function.

A paper entitled

"HYGIENIC MANAGEMENT OF CONSUMPTION; OR, HOUSE-PLANTS AND LUNG DISEASE,"

Was read by Dr. J. M. Anders, of Philadelphia.

As science develops, popular traditions often become disintegrated or vanish away. In the light of present knowledge there remains little room for doubt of the beneficial influence which house-plants are capable of exerting in the sick chamber.

In the first place, it seems incumbent to present a brief summary of the facts pertaining to the effects of plants in the air of houses, which have been established by my own researches.

First, that plants transpire (exhale) aqueous vapor with great rapidity, the rate having been carefully estimated at one-fourth ounce by weight per square foot of leaf surface for twelve diurnal hours.

Secondly, through this process of transpiration they have the power to increase the humidity of the atmosphere of an apartment to any degree that may be desired, by simply regulating the amount of leaf surface.

Thirdly, that the vapor emitted from plants is most probably changed and medicated to some extent by passing through the plant, and is presumed to possess greater sanitary value than ordinary humidity.

Fourthly, recent experiments by the writer, the results of which have not yet been published, render it highly probable that flowering plants have the power of generating and emitting ozone.

In a paper published by me in the *Philadelphia Medical Times* of May 8, 1880, the theory of their utility in lung affections was further supported by proof of a practical character. I propose to collect here all the histories thus far reported as bearing out this idea from a practical standpoint, in order that the profession may be able to judge more intelligibly as to the value of house-plants as hygienic or therapeutic measures in consumption. Whether or not we consider the theory of Koch as having been carried to a demonstration, the words of John Locke uttered long ago still hold with reference to phthisis, viz., that "prevention is better than cure," and far cheaper. Indeed, it is a question whether in this disease the only cure is not in most cases, I will not say all, prevention.

And should the careful observations of Koch be fully confirmed by future investigations, it is much to be feared that all efforts at finding a specific to destroy the parasite within the human body would be wasted on a forlorn hope. How to prevent the development of consumption should be a subject of vital interest to every practitioner of medicine, in view of the great prevalence and incurable nature of the disease, and also on account of the acknowledged fact that half, at least, of all cases are preventible. The family doctor very generally has an opportunity of knowing the inherited tendencies of his patrons, and should he be aware of the presence of predisposition to tubercular disease in a family, it becomes his duty to point out the danger and how to avoid it.

With no intention of underrating the importance of other measures usually recommended by writers for guarding against this dread disease, I wish to present here the evidence obtainable in favor of house-plants as preventive agents. In the article before referred to, are given the results of some practical observations bearing upon the same point, from which I shall have to borrow a brief summary. A visit was made to thirty florists and gardeners of Philadelphia, of whom twenty, with ages ranging from twenty-five to eighty years, are strong and vigorous, and have always enjoyed good health. They all work from ten to sixteen hours daily, and have followed this pursuit for from six to sixty years.

Two of this number, however, a father and a son, gave a marked family history of the disease in question, and have died of the disease after quitting their occupation. The father, although strongly predisposed to phthisis, followed the occupation of florist from early life up to the age of sixty, and during all those years was in good health. When sixty years of age, while he was assisting at the erection of a church, he met with an accident which injured his ribs and disabled him for work. But a few months later he went into consumption, which quickly proved fatal. Now, may not the fact that he was unable to be among his plants have had something to do with his last illness?

The son died at the age of thirty-six years. He was engaged in gardening from boyhood up to within a year of his death, continually at work among his plants. During all the time he followed this vocation, he enjoyed fair health. A short time prior to his death he forsook his calling and took a store in the same city, and almost simultaneously he became a victim to consumption, which caused his death in a short time.

During the spring of 1882 there came under my care a brother of the last patient, whose case has not been reported, giving the following history: He was thirty-six years of age; had lost his brother and father from consumption. He stated that he followed the occupation of florist and gardener from the age of fifteen years up to about one year previous to my having seen him; that he worked almost continually among his plants from eight to twelve hours daily, and during this whole period he enjoyed good health. He now abandoned his former calling; took a small store, and dealt only in cut flowers. After pursuing this business for a few months, his general health gradually failed, and cough set in, which gradually increased. Being of very careless habits, the patient neglected this cough for a long time, and when he first applied to me, the physical signs showed there was extensive softening of the upper lobe of the left lung and slight crepitation at the apex of the right one. The future course of the case was typical of phthisis, and terminated fatally about a year later.

The fact that these two brothers had followed floriculture for so many years in good health, and so soon after making a change in their occupation they both fell into consumption is, to say the least, very suggestive. The father, who continued his calling as a florist until late in life, escaped the disease until, as a result of an accident, he was incapacitated for work, when he shared the sad fate of his unfortunate sons. Is it not reasonable to believe that had not these young men deserted their plants they would likewise have escaped the disease, at least at so early a period?

A striking example of the value of plants in preventing the development of the disease in question is recorded by Dr. Ely McClellan, U. S. A., in the Philadelphia *Med. Times*, Feb. 26, 1881. He says: "For the past three years there has been almost constantly under my observation a case which seems to corroborate the views expressed by Dr. J. M. Anders in his paper on the Hygienic and Therapeutic Relations of House-plants—E. M., a gentleman thirty years of age, who belongs to a family in which there is a marked history of phthisis pulmonalis. His physique would indicate that he might be subject to the disease, but he has as yet escaped its development. The history of the case involves the families of both father and mother. The father, although born of tubercular parents, escaped the disease, but the mother died at comparatively an early age, leaving a family of five children, four of whom have died of consumption. Of these children three died between the ages of twenty and twenty-five years, one died in his thirty-ninth year after a long illness, the last two years of which were under my observation.

"E. M. is the youngest of the family. His life with the exception of the last eighteen months has been devoted exclusively to sedentary pursuits. At twenty-three he married, and as he was then engaged in an occupation which required his residence in an isolated locality, both for amusement and occupation, his wife began the cultivation of house-plants. She soon became an enthusiast, and a profusion of plants, especially the foliage varieties, accumulated in her house. As they resided in an extremely changeable climate, when during the cold months constant watchfulness was necessary for the preservation of plants, her bed-room and the adjoining sitting-room were arranged for that purpose.

"Before his marriage E. M. complained of, as he expressed it, a weakness of the chest and a constant liability to take cold. Since his marriage, with the exception of an occasional ailment, he has seemed a healthy man and it is but reasonable to attribute his escape from the disease which had destroyed so many of his family, to the fact that he lives and has lived for the past seven years in apartments well stocked with thrifty plants."

Four cases illustrating the value of plants as remedial agents in confirmed phthisis were next given, two of which have been under the writer's own observation; the history of one of these cases was received from my friend, Dr. Hiram Corson, of Conshohocken. The remaining one appeared in the *Christian Advocate* for July 29, 1880.

I have here given a number of cases tending to show the value of plants as preventive and remedial agents in phthisis, too few perhaps to furnish a basis for definité conclusions, still they seem to me of sufficient importance to call for more extended observation in this direction.

Whether we convert the sick room into a floral chamber, or resort to a neighboring greenhouse, such a refuge may be looked upon as a miniature health resort, and possesses important advantages over ordinary health stations. They are within reach of all, and every practicing physician is familiar with the fact that a change of climate is out of the question in many instances, for financial or other reasons. Again as it is well established that a change of climate is of no avail unless the new residence is more or less permanent, it is well to note that this inexpensive substitute does not entail prolonged separation from home comforts and social ties. It is recommended that the patient should assume a care of the plants which to most persons becomes a pleasing occupation, besides their cultivation and study are well adapted to relieve mental tension or depressing ennui.

During the warm season the patient can obtain the beneficial influence of the plants by the culture of flowers and plants and spending as much time as possible among them in the open air. It is not claimed for plants that they can rise to the position of a specific in this dread disease, but it would seem that they are capable of bringing about an arrest of the disease, or even cure in some instances with the aid of remedies and other sanitary precautions employed in such cases.

In order to obtain good results from this method, particularly when the living and sleeping rooms are taken as a refuge for the invalid, the cultivation of the plants, the extent of leaf surface, the size and exposure of the room, ought to be well understood and receive due attention.

As to the amount of plant life. And first in the selection of plants the following rules should be observed: "First, that they have soft thin leaves; secondly, foliage plants, or those having extensive leaf surface are to be preferred; thirdly, those which are highly scented (as the tuberose, etc.), should be avoided, because they often give rise to headache and other unpleasant symptoms."

As a broad rule it may be stated that a greater proportion of plants is essential in advanced stages, when cavities exist in the lungs, marked hectic fever or a highly sensitive nervous system, such a ratio as employed in Miss S.'s case, viz.; three dozen thrifty plants having a leaf surface of four square feet each, in a room twelve by twenty feet would produce an effect suitable in such cases. On the other hand in the earlier stages of chronic phthisis, as well as when cultivated as preventive measures, a somewhat less ratio might suffice.

It is important to maintain an equitable temperature (68° to 74° Fahr.) so that the air of the room may not have a chilling effect.

Growing plants doubtless have other spheres of applicability of almost equal importance to their value in lung disease but these cannot be discussed at present writing.

Dr. Benjamin Lee, of Philadelphia, submitted the following, which was directed to be published in connection with the report of the proceedings of the session:

Resolved, That this society, after listening to the numerous able papers upon the proper care of the insane, which have been offered during the present session, in which this important question has been discussed from every possible standpoint with the utmost freedom of expression and in a truly scientific spirit, consider the following conclusions justifiable:

First. That the problems connected with this subject are of so intricate and delicate a nature, interesting in themselves on the one side with the most sacred social and domestic interests of life, and on the other calling the highest order and scientific attainments of no mean value, that only those who have made them the subject of careful and conscientious study are competent to attempt their solution or to criticise those who are endeavoring practically to work them out.

Second. That the attempt to create the imputation that the incarceration of sane persons in institutions for the insane from improper motives, is one of the dangers of the day, is an unworthy aspersion upon our profession and should be frowned down by all reasonable persons, whether lay or professional, as utterly unsupported by evidences.

Third. That in the Medical Superintendents of our Insane Hospitals and their assistant physician of both sexes, we recognize a body of workers second to none in our profession, in unselfish devotion to the interests of humanity, in elevation of motive and high standard of personal character and general attainment.

Fourth. That it is evident that, in order to place such institutions throughout our country in a position to properly fulfill their functions as hospitals for the treatment and cure of diseases of the brain, our State Legislatures must be made to feel the necessity for making such appropriations as shall greatly increase their medical staffs, and furnish them with all the necessary appliances for the investigation of disease. These resolutions were unanimously adopted.

Dr. Curwen offered by way of a resolution, that the president of the Society be requested to appoint a committe of three members on each of the following subjects: Medicine, surgery, diseases of women and children, ophthalmology, nervous diseases, insanity, and idiocy. The duty of the committees shall be to prepare a series of questions calculated to obtain the history and treatment of the different forms of disease.

The following standing committees for 1884 were announced:

On Insanity and Idiocy—John Curwen, J. N. Kerlin and S. Schultz.

On Medicine—James Tyson, C. K. Mills and R. H. Chase.

On Surgery—R. J. Levis, S. M. Ross and James McCann.

On Diseases of Women and Children—A. H Smith, William Goodell and C. A. Rahter.

On Ophthalmology, etc.—C. S. Turnbull, P. D. Keyser and J. A. Lippincott.

Nervous Diseases—S. Weir Mitchell, J. L. Stewart and J. Z. Ziegler.

To deliver addresses for next year the following were appointed:

Medicine—M. H. Daly, of Pittsburgh.

Surgery—John B. Roberts, of Philadelphia.

Obstetrics—Jacob Price, of West Chester.

Hygienic and State Medicine—J. G. Lee, of Philadelphia.

Mental Disorders—Dr. Alice Bennett, of Norristown.

Ophthalmology in its Relation to Medicine—Dr. W. S. Little, of Philadelphia.

On motion of Edward J. Jackson, of West Chester, a vote of thanks was extended to the Montgomery County Society; to Drs. J. K. Weaver and Mary Stinson; to George W. Rogers, Esq.; to the Faculty of the Polyclinic College, and to the Hospital for Skin Diseases of Philadelphia, for their liberality and hospitality during the session of the State Medical Society.

A vote of thanks was subsequently tendered the Board of Trustees of the Hospital for the Insane for their kindness to the profession.

Dr. H. H. Smith, President-elect, was conducted to the chair, the retiring President, Dr. Varian, vacating a short time prior to adjournment.

At four o'clock, the session of 1883 was adjourned.

American Medical Association.

The next annual meeting of the American Medical Association will be held in Cleveland, June 5th to 8th, inclusive. All railroads west of Pittsburgh, Salamanca, and Buffalo, east of Chicago and south of Cleveland will carry delegates and members of their families to Cleveland at one full fare, and return them on certificate signed by X. C. Scott, M. D., Cleveland, as chairman of the Committee of Arrangements (certifying that they have been in attendance at the meeting of the Association) at one cent per mile. The trunk lines east of Buffalo, Salamanca and Pittsburgh, and lines west of Chicago, have refused to make any reduction. The rates per diem at the hotels will be: Kennard House, $3.00; Weddell House, $3.00; Forest City House, $2.50 to $3.00; American House, $2.50; Hawley House, $2.00; Striebinger House, $2.00; Clarendon House, $2.00, and Prospect House, $2.00.

Unhealthy Dwellings in Rome.

From an article by Dr. E. Sernicoli in a medical journal published in Rome, we learn some startling facts concerning the way in which the poor live. He visited one room, forty feet long, fourteen wide, and ten high, which was inhabited by twenty persons; and sometimes he would find as many as ten, fifteen, and even twenty persons living in two rooms, each of which was less than ten feet square. Many of them border upon close courtyards, to which the rays of the sun never penetrate, and in them the *cicorcari* or costermongers keep the fruit and vegetables they hawk about the streets for sale. If Dr. S. will honor us with a visit, we can show him equally unsanitary conditions in both New York and Philadelphia.

Greek Wines.

The *Am. Jour. Pharm.* says that *Greek wines* are now extensively exported to all parts of Europe, in consequence of the devastation of numerous vineyards by the phylloxera, which thus far has not made its appearance in Greece. It is more particularly the volcanic island of Santorin where many wines are produced, closely resembling those of Spain, Sicily, Southern France and the Cape wines; these wines are called vino santo. The concentrated, unfermented grape juice, known in Turkey as *betmese* (see *Amer. Jour. Phar.*, 1875, p. 534) is now largely exported to Central Europe, where it is fermented with juice of the native grapes, and thus employed for improving the more acidulous wines of more northern latitudes.

Who Discovered the Anæsthetic Properties of Ether.

Gaillard's Medical Journal says that Governor Stephens, of Georgia, made the proposition to place in the National Statuary Gallery at Washington the statue of Dr. Long, of Athens, Georgia, who was, said Governor Stephens, "two years ahead of Wells and Morton in his application of sulphuric ether for the relief of pain in surgical operations, and to whom, therefore, belongs the honor and glory of this greatest discovery of modern times." Dr. Long's claims as a discoverer were strongly advocated by Dr. J. Marion Sims some years since.

Medical Society of New Jersey.

The next annual meeting of the above Society will be held in Congress Hall, Atlantic City, on Tuesday and Wednesday, June 12 and 13, commencing on Tuesday, at 4 o'clock p. m.

A complimentary train over the West Jersey and Atlantic Railroad will be at Camden on Tuesday, at 12:15 o'clock p. m., in readiness to convey all to Atlantic City who may wish to attend the meeting.

WM. PIERSON, Secretary,
Orange, N. J.

Lectures on Orthopædic Surgery.

The Hospital Committee announce that Dr. A. Sydney Roberts will give a special course of lectures on "Orthopædic Surgery and Joint Diseases" at the Philadelphia Hospital. The lectures will be illustrated by numerous cases, specimens, and diagrams, and will be delivered in the clinical amphitheatre on Mondays and Fridays, May 4, 7, 11, 14, 18 and 21, at 4 p. m.

American Laryngological Association.

The Fifth Annual Congress of this Association will be held in the Hall of the Academy of Medicine, New York city, May 21, 22, 23. Dr. D. Bryson Delavan, of New York, is the Secretary.

Prizes.

The Spanish Medico-Chirurgical Society offers two prizes for the best treatises respectively on the Contagiousness of Lung Disease and the Formation and General Treatment of Hernia. The former prize will consist of 250 pesetas (about $45) and fellowship of the Academy; the latter of 750 pesetas ($135) and the fellowship. The essays must be written either in Spanish, Portuguese, French, or Latin.

Items.

—The American Medical Association meets June 5, 1883, at Cleveland, Ohio.

—An even temperature is necessary for the staining of the tubercle bacilli, say about 100° F., which can be obtained by means of a water bath.

—Dr. B. W. Richards, in a recent address, went so far as to declare that he had never seen a healthy child, nor one that had not in it either some ancestral or latent constitutional disease.

—In fifty severe cases of acute tonsillitis, due to exposure to cold, Mr. R. N. Hermazdi effected a rapid cure by the administration of twenty-grain doses of salicylate of soda every four hours. In no case did suppuration ensue.

—According to the *Louisville Medical News* the best application for ear-ache in children is a few drops of a warm solution of atropia, one to four, and allowed to remain ten or fifteen minutes, and then allowed to run out by turning the head over. Usually a few applications will suffice.

—The National Health Society, London, has introduced a form of garment, made of mackintosh, to be worn by those people who are compelled to enter the apartments of persons suffering from contagious diseases. Used in conjunction with a medicated cotton respirator, it is said to be a protection against contagion.

—At a recent meeting of the sanitary authorities of Darlington, England, it was reported that a gentleman from London had entered a house in the town, in which two persons had lately died of small-pox, and sold the furniture, although he was cautioned not to do so until it had been disinfected. Thirty cases of small-pox had since broken out.

—A hardware merchant of Liberty street, Pittsburgh, has become insane, and possessed of a most peculiar mania. He imagines that he is dead, and he will not take any food. He declares that as he is a corpse it would not be proper to eat anything, and his physicians have been compelled to pour soup and beef tea between his clenched teeth to prevent him from starving.

—The *Ceylon Observer* reports that the practice—now pursued for some years—of "shaving" bark off living cinchona trees has not been productive of any ill effects. On the contrary, the bark "renews," with even a larger percentage of alkaloid. Some trees have been thus treated on five successive occasions without their vitality having, to all appearance, been in the least impaired.

—Some statistics, just published, show that in 1870, the quantity of malt liquors, chiefly lager beer, produced in the United States, was valued at $55,000,000, while in 1880 the value reached the sum of $101,000,000. During the same period the increase in the production of distilled liquors was comparatively small, the value of the product being $36,000,000 in 1870, and $41,000,000 in 1880. The figures quoted show that whisky-drinking is giving way to the drinking of light beer—a fact which should be welcomed by the friends of temperance.

OBITUARY NOTICES.

JOHN CARY WHITING

Was born in Hampton, Va., July 3, 1834, and was educated at the Hampton Military Academy, under his uncle, Col. John B Cary. He went South to Mobile, Ala., January, 1854, and studied medicine under the tutorage of Drs. J. C. Nott and H. F. Hustis. He entered the Marine Hospital at Mobile, 1855, as an interne; attended a course of lectures at the University of Louisiana, New Orleans, during the winter of 1857–58, and attended his second course of lectures at the University of Pennsylvania 1858–59, when he received the degree of Doctor of Medicine. He returned to Alabama in October, 1859, and began the practice of medicine in Baldwin county, continuing there until May, 1860. He then moved to Pensacola and married Miss Clara R. Hyer, June 21, 1860. In the fall of 1860 he located in Pensacola, conducted a drug business and practiced medicine. He entered the service of the Confederate States as assistant surgeon early in 1862, and continued in the service until the close of the war.

During his service he was promoted to the rank of surgeon and assigned to various stations—was at Montgomery, at Mobile in the Medical Director's Department, and at a camp of instruction in North Carolina, where he was taken prisoner, was exchanged, and afterward assigned to the hospital at Greenville, Ala., where he remained until the close of the war.

In September, 1865, he returned to Pensacola, where he resumed the practice of his profession.

Dr. Whiting was one of the founders of the institution known as the Pensacola Infirmary, which had its advent in 1868. In this he manifested a profound interest, and was diligent in the discharge of every duty connected with it, until a short time after the termination of the epidemic of yellow fever in the fall of 1882, feeble health compelled him to entrust it to the charge of one of his professional confreres, while he sought the beneficial influences of travel and a change of climate; in this he was unhappily disappointed. Returning to his home, he lingered, with occasional flattering hopes of recovery, until on the 16th of April he met his fate. He bore his sickness with patience and fortitude, and departed this life calmly and peacefully—without a struggle.

Dr. Whiting was devoted to his family, kind and attentive to his patients, and his many virtues won the love and esteem of all who knew him.

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DIAGNOSIS, PROGNOSIS AND TREATMENT OF MITRAL STENOSIS.*

BY J. T. ESKRIDGE, M. D.,

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The mitral presystolic murmur, although standing about fourth in point of frequency of endocardial murmurs, is, nevertheless, of sufficiently frequent occurrence to be recognized by everyone at all familiar with cardiac auscultation. The mitral presystolic murmur and its diagnostic characters were first clearly pointed out by Fauvel, in 1842, (vide article by Flint, the *American Journal of the Medical Sciences*, April, 1882).

Two varieties of this murmur have been described. One variety, by far the more frequent, characterized by Flint as vibratory or blubbering, is rough; the other is soft or "bellows-like." Fauvel described the former, and Walshe and Markham the latter variety of the murmur. Flint says: "A soft mitral presystolic murmur is a very rare physical sign. A rough mitral presystolic murmur, on the other hand, is by no means rare." To support his view of the frequency of the latter murmur, he observes: "From 1858 up to the present time (1882) it is not an exaggeration to say that many hundreds of examples have come under my observation during this period, in hospital and private practice. Prior to my publications just referred to," (vide Flint's work on "Diseases of the Heart," 1852, and the *American Journal of the Medical Sciences* for 1862) "so far as I know, no writer in this country had described this murmur. I believe that I may add that for many years after those publications it was not recognized as a distinct murmur but by very few of those who gave mor or less attention to auscultation, and, indeed, at the present time (1882) it is not so recognized by many."

Contrary to the views expressed by Hope, Walshe, Markham, Flint, and others, Hayden, in his exhaustive treatise on "Diseases of the Heart and Aorta," says: "I have already stated that the murmur of mitral obstruction is harsh and unpleasant to the ear; I have never met with an example which constituted an exception to this statement, notwithstanding that Markham maintains that softness is a quality essentially characteristic of presystolic murmur." My own experience is nearly in accord with the statement found on page 216, vol. I. of Hayden's work just referred to. It reads: "The quality of the presystolic murmur is always more or less harsh, and usually decidedly so." In the numerous examples of mitral presystolic murmurs which have come under my observation, the accuracy of the diagnosis in many of these cases having been verified by *post mortem* examination, I have not met with a single instance of a soft mitral presystolic murmur. The quality of the mitral presystolic murmur, in my experience, has varied much, all so far having been more or less harsh, while the larger portion have been decidedly so. In every case that has come under my care, presenting mitral direct and regurgitant murmurs, the presystolic has been harsher than the systolic murmur. I do not wish to be understood as say-

*Read before the Medical Society of the State of Pennsylvania at Norristown.

ing that a soft mitral presystolic murmur never occurs, but only, that I have never met one.

Speaking from personal experience, I have found mitral stenosis complicated with mitral insufficiency in about two-thirds of the cases; others state that the association of both mitral lesions occurs in a still greater proportion in mitral obstruction. Hayden thinks that about one-half the mitral obstructive lesions are unattended by mitral regurgitation.

In the diagnosis of mitral stenosis a presystolic murmur and purring thrill are the physical signs of most importance. The quality of the murmur, as I have heard it, and as most authors have described it, is more or less rough, and in the majority of cases very decidedly so. Possibly, in a few instances the murmur is soft, but it must be exceedingly rare, as I have never met with a single example of it, although about forty of the harsh variety have come under my observation during the last eight years. The mitral presystolic murmur, whatever be its quality, begins before the first sound of the heart, and ends when the latter begins. It never occurs with the first sound, whereas a mitral regurgitant murmur is never heard before the first, but always synchronously with it. The mitral presystolic murmur is harsh, begins rather abruptly, increases in loudness, and ends suddenly while the ear is intent on listening for its continuation. The carotid pulse, and apex beat of the heart can be felt to follow the presystolic murmur. If attention is paid to this, when both mitral presystolic and systolic murmurs are present, these may be observed to be separated by an appreciable interval of time. Under such circumstances the harsh, abrupt ending of the presystolic will be in marked contrast to the gradual lessening of the loudness of the systolic murmur. Moreover, in the majority of cases, the former murmur will be found to be harsher and more unpleasant to the ear than the latter.

If now the stethoscope be placed in the left axillary region, the systolic murmur, if not louder in this position, will be frequently more clearly defined, while the presystolic murmur will have disappeared or become very faint. In some cases in which both mitral murmurs have been present, I have been assisted in differentiating the murmurs by comparing the stethoscopic observations made over the præcardial region with those observed at the lower angle of the left scapula. In the former situation, the systolic murmur is preceded by an abrupt, harsh murmur, which ends suddenly; in the latter position, with infrequent exceptions, is heard only the systolic murmur, which neither begins nor ends so abruptly, nor except in probably rare instances, is as harsh as the first part of the murmur heard anteriorly.

The abruptness of the ending of the mitral pre-systolic murmur is easily understood when we remember that the current of blood which gives rise to it, passing through a narrowed auriculo-ventricular orifice, is suddenly reversed during the ventricular systole.

The mitral presystolic murmur is most intense about the left fourth costal cartilage, or just above, and a little to the right of the apex beat. It is absent or faint at the base of the heart, especially at the right base, is rather infrequently heard in the left axillary region, and some writers on physical diagnosis say it is never heard posteriorly at the lower angle of the left scapula, although Hayden states that in one instance he heard the presystolic murmur in the last position.

When a presystolic murmur exists, is it easy to diagnose it? Dr. James Andrew states that "it must be confessed that the diagnosis of a presystolic from a systolic ventricular murmur is one of the most difficult tasks in the physical examination of the heart, and is often all but impossible." (Hayden on Diseases of the heart and Aorta, p. 202). Flint observes: "It may be said of a truth that when its distinctive points have been fully understood and verified by examples, no one of the cardiac murmurs is more readily recognized than the mitral presystolic murmur." (The *American Journal of the Medical Sciences*, April, 1882.) On this point Flint is in accord with most observers who have given special attention for a length of time to the diagnosis of mitral stenosis. Of late my experience has been, when the heart is not acting very rapidly or tumultuously, that I have not encountered much difficulty in satisfying myself of the presence or absence of the mitral presystolic murmur. This murmur, more than all others, requires for its appreciation, clear recognition of the cardiac sounds; if the heart, therefore, be acting so rapidly or tumultuously that its systole and diastole cannot be defined, it is impossible to diagnose this or any other heart murmur, although a loud one may be present. To be able to readily distinguish the presystolic from the systolic murmur requires very careful training of the ear to appreciate the rhythm of endo-cardial murmurs.

Hayden calls attention to five conditions which may give rise to murmurs simulating the mitral presystolic murmur. With proper care, all these

sources of error, as he clearly points out, may be avoided.

Is mitral stenosis always accompanied by a presystolic murmur? Walshe says, "the murmur is frequently absent."

"Dr. Waters believes that presystolic murmur is far more frequently absent than present, even when there is great obstruction at the mitral orifice." (Diseases of the Chest, second edition, 1873, *vide* Hayden on Diseases of the Heart and Aorta, 1875).

DaCosta says: "Undoubtedly there are instances in which no murmur reaches the ear to show that the valves are damaged. All the instances I have met with of valvular disease, unaccompanied by blowing sounds, have been instances of diseases at the mitral orifice, and of extreme narrowing of that orifice. They were all attended with excessive irregularity of the action of the heart, and with hypertrophy. They all produced difficulty of breathing. They all presented this peculiar clacking sound most marked near the apex." (Medical Diagnosis, DaCosta, 3d edition.)

Flint states that "It is by no means true that a rough mitral presystolic murmur is present whenever an obstructive mitral lesion exists. A mitral obstructive lesion may be found after death, when a mitral presystolic murmur had not been produced." Flint thinks when the mitral murmur is absent, a mitral stenosis existing, that the obstruction is due to "contracted, thickened, or calcified valves," incapable of being set in vibration by the current of blood from the auricle into the ventricle. In reference to the presence of a mitral presystolic murmur in mitral stenosis, Hayden's propositions (*c*), (*d*) and (*e*) read as follows:

"(*c*) That it is never permanently absent in cases of this lesion;

"(*d*) That it is very seldom temporarily absent in such cases;

"(*e*) That in these exceptional instances, the explanation of its absence is almost invariably to be found in debility of the heart." (Diseases of the Heart and Aorta, p. 904.)

Dr. Balthazer Foster observes: "A special peculiarity of the presystolic murmur is its variability: it is the only organic murmur which disappears and reappears as the heart conditions change. For instance, a murmur, inaudible while the patient is at rest, is developed by a little exercise; or again, an irregular tumultuous action of the heart masks all murmur, which becomes distinct as the heart steadies down under digitalis." (Dictionary of Medicine, Quain, 1883.)

It will be observed that Hayden lays great stress on the presence of a mitral presystolic murmur, and believes that it is never absent except in cases with extreme feebleness of the heart. Flint, while admitting its absence from the feeble condition of the heart late in the disease, thinks the character of the valve lesion accounts for its absence in some cases, the valve being in the cases in which no murmur is present at any time, incapable of vibrating on account of the extreme rigidity of the leaflets from calcification, etc. Of the six cases coming under my observation, in which the post-mortem examination showed mitral stenosis, the murmur was absent in only one individual. In this patient, during my attendance on her, general dropsy and great pleural and pericardial effusion existed, with a feebly acting heart. Hayden says, "in two cases only out of a total of eighty-one, or in the proportion of 2.4 per cent. was the murmur actually suspended, under any personal observation, yet in both of these it was resumed after a brief interval." Of his fatal cases (fifteen) the murmur was not heard by him in three; these, for the most part, presented themselves to him after the circulation had become very weak. In three cases in which no mitral presystolic murmur was heard, I diagnosed mitral stenosis from the presence of thrill and associate symptoms. The correctness of the diagnosis in these cases has not been verified to my knowledge by post-mortem examination, or even the development of a murmur.

Is a mitral presystolic murmur present only when mitral stenosis exists, or, in other words, is the murmur pathognomonic of mitral obstruction? Here, again, authors differ. Flint says, "A well-marked, rough mitral presystolic murmur may be present, and not be due to any mitral lesion." I am not aware of this clinical fact having been stated by any other medical writer. It was stated in my article on the Cardiac Murmur, in 1862, and I have reiterated it in subsequent writings. In the article just referred to, I gave the synopsis of the history of two cases in which the presystolic murmur was noted during life, and no lesion at the mitral orifice sufficient to account for the murmur found after death. I have met with several instances since that time. In all, there existed aortic lesions which occasioned free regurgitation." (*The American Journal of the Medical Sciences*, April, 1882). Flint's observa-

tions, although first published about twenty years ago, so far as I am aware, have not yet been verified. I have met with only one case in which an aortic regurgitant murmur was associated with the mitral presystolic murmur. In that instance, the aortic valve was incompetent, and the mitral orifice was very much contracted. Flint's explanation of the occurrence of a mitral presystolic murmur without mitral stenosis is, to say the least, ingenious, although it has not escaped criticism by Hayden. Dr. Hilton Fagge, whose memoir was published in 1871 (Hayden on Diseases of the Heart and the Aorta), seems to have entirely overlooked or disregarded the observations of Flint. Fagge states: "Hitherto, I believe, no single instance has been recorded in which a presystolic murmur has existed during life, and in which the mitral orifice has not been found after death to be very decidedly narrower than usual." "Dr. Balfour declared his opinion in 1871 that presystolic murmur 'may be conclusively accepted as distinct proof of the existence of a permanent deformity, even though the murmur itself should subsequently disappear, as it frequently does.'" Hayden remarks: "Judging strictly within the limits of my own experience, and drawing my conclusions from statistics given, I feel justified, therefore, in holding,

"(*a*) That presystolic murmur is pathognomonic of auriculo-ventricular narrowing;

"(*b*) That it is never present where auriculo-ventricular narrowing does not exist;

"(*c*) That it is never permanently absent in cases of this lesion."

Foster says, the pathognomonic sign of mitral stenosis is "a murmur preceding the systole and ending with its commencement."

It is my habit to examine the heart of nearly every one coming under my care, no matter what the character of the illness, but I have not yet met with a case presenting the mitral presystolic murmur, the heart of which was examined after death, that did not reveal mitral obstruction.

I have found the mitral presystolic murmur to vary much in loudness from time to time, but I do not think I can name a single instance of the entire absence of this murmur after it had become fully developed, except during the conditions mentioned by Hayden.

Thrill.—The fremitus or purring thrill of mitral stenosis is best felt in the fourth intercostal space and immediate neighborhood of the apex beat. It is distinctly presystolic, differing widely from the extremely rare thrill of mitral insufficiency, the latter always being systolic. Fothergill states, "the thrill is often absent, but when present, is of great diagnostic value, and marks the case as one of stenosis." ("The Heart and its Diseases," Fothergill). Hayden observes, the thrill "is frequently absent when murmur announces, in the most positive manner, that mitral narrowing actually exists. Out of the total of eighty-one cases, it was present only in forty-one instances; and of the fifteen cases in which death occurred, and the body was examined, it was noted in six only." ("Diseases of the Heart and Aorta," Hayden). The fremitus of mitral narrowing is sometimes simulated by a pericardial friction fremitus, but a mistake in diagnosis may be avoided if proper precautions are observed.

Other physical signs may be present to aid in the diagnosis, but if thrill and murmur are both absent, they are rarely of sufficient value to establish the diagnosis of mitral stenosis.

The first sound of the heart is shortened, intensified and frequently reduplicated; the second sound is feeble or absent at apex, but intensified at left base. (Dr. James Andrew, *vide* the "Heart and its Diseases," by Fothergill). It should be borne in mind that the pulmonary second sound becomes very feeble when the right side of the heart dilates sufficiently to admit of tricuspid regurgitation. Signs of dilatation of the left auricle appear comparatively early, and those of enlargement of the right side of the heart later. Pulmonary hemorrhage is more frequent in mitral stenosis than in any other variety of valvular lesion of the left side of the heart. Passive congestion of most of the internal organs takes place late in the disease. The majority of cases of mitral stenosis end in death before general dropsy results.

Prognosis of Mitral Stenosis.—If the prognosis and treatment of mitral valve disease are not modified by differential diagnosis between constrictive and regurgitant lesions, we should scarcely be justified in devoting so great attention to mitral stenosis apart from mitral incompetency. On these points Forthergill speaks with considerable force. "It is," he says, "unfortunate that so much stress is laid at present upon the diagnosis of the two forms of mitral murmur, because the recognition of the exact lesion does not bear much upon either prognosis or treatment, authorities differing as to whether the prognosis of stenosis or regurgitation is worse; and agreeing that in both cases the correct plan of treatment is to build up the right heart by the administration of digitalis, iron, etc. The day of the prominence given

to the presystolic murmur will ere long be over."

Such an assertion coming from so good authority deserves due consideration, yet, I think, it is too sweeping, and should not be blindly accepted.

Dr. Sansom, of London, thinks it is rare for mitral obstructive lesions to be of so long a duration as some cases of mitral regurgitation.

Dr. Flint says: "A rough presystolic murmur may represent a degree of mitral obstruction which may be tolerated for years." (*The American Journal of the Medical Sciences*, 1882). Three of his cases have extended over periods of ten, twelve, and fifteen years respectively.

Lesions of the mitral valve, regurgitant and constrictive, may be divided into two classes. The first class should include those lesions that do not materially interfere with the function of the heart; unknown to the patient, are unattended by any special symptoms, and never compromise comfort or life to a great extent, unless an individual whose heart is thus affected, should suffer from some exhausting disease, which may weaken the heart and cause the valve to reinflame. This form of valvular disease is frequently only accidentally discovered.

The second class includes all those constrictive and regurgitant lesions which cripple the heart and destroy life.

We can the more readily appreciate the relative prognosis of mitral stenosis and regurgitation, by studying the sequential lesions of each form of mitral valve disease. It is unnecessary to bring forward statistics to prove that lesions of the tricuspid valve admitting free regurgitation more speedily result in death than a similar lesion at the mitral orifice. It is the common experience of most physicians who have met with tricuspid regurgitation, to find the cavities of the right side of the heart to enlarge by dilatation and hypertrophy, and blood stasis with pulmonary œdema, and general dropsy, to take place, followed by death in the course of six months to two years.

The sequential lesions of mitral stenosis, as stated by all who have given much study to the subject, and as first pointed out by Dr. Adams about fifteen years before the mitral presystolic murmur was described by Fauvel, are as follows:

When the mitral orifice is sufficiently constricted to decidedly obstruct the flow of blood from the auricle into the ventricle, the auricle is compelled to contract more forcibly to empty itself. At first, slight hypertrophy of the auricle takes place, but its thin wall soon begins to yield to over-distension, and then dilatation out of all proportion to the hypertrophy results. At this stage, when the weakened and dilated auricle is unable to propel its contents through a small orifice in the time allotted for its systole, the pulmonary circulation begins to suffer, and, in turn, the right ventricle, compelled to contract upon a larger quantity of blood than usual, also begins to enlarge by hypertrophy and dilatation. While the right ventricle is still strong, the left auricle being dilated, the lungs suffer most, hence blood-spitting, cough, dyspnœa on exertion, and liability to take cold on exposure, are well pronounced. This condition of things soon produces lowered vitality, and the right ventricle, in which hypertrophy for a time kept pace with the dilatation, dilates from distension and weakness of its wall, until, at last, tricuspid regurgitation results, followed ultimately, if the unfortunate sufferer live long enough, by general dropsy. The left ventricle, provided no mitral insufficiency coexists, remains nearly normal or slightly atrophies.

The first of the sequential lesions of mitral regurgitation is seen in the left ventricle. This portion of the heart, for a long time, if no undue strain is put upon it, hypertrophies sufficiently to enable it to compensate by its increased power of contraction for the loss of blood through the mitral orifice. As the left ventricular wall is quite thick and strong, compensation is possible so long as the patient is well nourished, and avoids everything that over-works the heart. Loss of compensatory hypertrophy is usually due to over-exertion, mal-nutrition, and depressing influences, resulting in dilatation and degeneration of the ventricular wall. In speaking of mitral valve lesions, Flint observes: "All the symptoms and effects referable to the respiratory system are more marked when the lesions are obstructive than when they are only regurgitant." (Diseases of the Heart.) "Hope remarks that he had met with pulmonary apoplexy more frequently in connection with great contraction of the mitral orifice, with or without hypertrophy of the right ventricle, than in any other association." (Diseases of the Heart and Aorta, Hayden.) In some cases of mitral regurgitation, the lesion is so extensive and the loss of blood so great that it is impossible for compensation to be established by hypertrophy of the left ventricle.

Mitral stenosis and regurgitation existing together make the prognosis more unfavorable than when one of these lesions exists alone. Compensation seems to be better effected in mitral regurgitation when aorta valve lesions

co-exist. It has not been my experience to find the same benefit result from aortic valve disease in mitral stenosis.

Hayden believes that the longer the mitral presystolic murmur the greater the obstruction, and hence the graver the prognosis. It is in such cases that he has found associated the postdiastolic and presystolic murmur.

TREATMENT.—In the few words that I shall devote to the treatment of mitral stenosis, I shall not discuss those measures that seem to me equally efficacious in both mitral obstruction and regurgitation.

Rest in the recumbent posture.—In those cases in which mitral obstruction is giving rise to inconvenience, rest from time to time in the recumbent posture, I have found to aid greatly in relieving the pain and sense of constriction around the heart, symptoms which, as a rule, are more pronounced in mitral constriction than in regurgitation.

Avoiding stimulus.—Total abstinence in many cases may be observed. Irritability of the heart is always well marked late in the disease, and alcohol frequently increases this. If any stimulus is given, it should consist of the lighter wines. This course is applicable to cases of mitral regurgitation, but until late in the disease, does not seem so imperative.

Protecting the body from sudden changes of temperature.—When it is understood, next to the heart, the lungs suffer most from this form of valvular lesion, the importance of preventing chilling of the body will be appreciated. Hæmoptysis, pulmonary apoplexy, or pneumonia, may result from exposure to damp and cold. The chest, especially, should be well clad. As in pulmonary phthisis, a chest-protector should be worn during the cold season of the year.

Local treatment.—This consists of cups, dry or wet, leeches, blisters, and milder counter-irritants, followed by poultices, over the præcordium. Wet cups I have never used. Dry cups over the heart both early and late in the disease, give great relief. It has been my experience to find pericarditis, or pleuro-pericarditis, relatively more, much more, frequently associated with obstructive than with regurgitant lesions at the mitral orifice. It is in such cases that a few leeches over the heart, afford great relief. Local abstraction of blood is very beneficial when the heart is acting tumultuously on account of its cavities being over distended with blood. Counter-irritants, followed by poultices, afford a sense of comfort.

Special internal medication.—In mitral stenosis the auricle contracts ordinarily in too short a time to allow sufficient quantity of blood to flow into the ventricle through a narrow mitral orifice. By special medication we desire to slow and tone up the heart's contractile power. Digitalis slows the heart and increases the force of its contraction. It has been the remedy in these cases for a number of years, but to its use objections are not wanting; it frequently disagrees with the stomach, its poisonous effects are feared if we are compelled to continue its use too long, and moreover, some cases of mitral stenosis do not seem to be as favorably influenced by it, as most, if not all, of those of mitral regurgitation. Of late, much has been said and written about the use of convallaria maialis, or majalis, in the treatment of cardiac disease. Some have asserted that this old and new remedy in the treatment of dropsy is more adapted to the treatment of mitral obstruction than to mitral regurgitation. My experience with this agent is limited. The cases in which I have tried it have been desperate, and because I did not get satisfactory results from its use, I do not feel inclined to condemn it. I am glad to know that we shall be favored this morning with the results of Dr. Bruen's experience in the use of convallaria majalis.

In conclusion I may add, from a careful study of mitral stenosis, I have been led to believe: That it is often of some practical importance to diagnose the obstructive from the regurgitant form of mitral lesions; that the prognosis and treatment of mitral valve affections are more or less modified by the fact of whether the lesion be stenotic or regurgitant.

SCARLATINA: THE POSITION OF THE SYMPATHETIC NERVE IN ITS SYMPTOMATOLOGY AND BELLADONNA AS A MEANS OF THERAPEUSIS.

BY HENRY BEATES, JR., M. D.,

Of Philadelphia.

Read before the Northern Medical Association of Philadelphia, March 9, 1883.

(*Continued from page* 483.)

In scarlatina, as before mentioned, we have vaso-motor paralysis, and, notwithstanding the consequent increased elimination of heat, there is marked augmentation of temperature. Wood has conclusively proven that section of the medulla oblongata at its junction with the pons, results in increased heat elimination, and at the same time increased heat production, the increased heat dissipation not keeping pace with the increased

production, so that bodily temperature rises. Adjusting these facts with the knowledge we possess, that in scarlatina we have vaso-motor paralysis, and, at the same time, increased bodily temperature, it *seems* to be a logical conclusion, that the materies morbi of scarlatina while, paralyzing the vaso-motor centres, at the same time stimulates the caloric centre. This conclusion, while apparently true, is *inadmissible*, because the phenomena of heat increase, pyrexia, are all due to results, in their nature, PARALYTIC!—(I limit this statement to the conditions under consideration)—and we are compelled to admit that pyrexia is dependent upon the removal of an inhibitory influence, which influence is preëminently that of retarding, or rather controlling, chemical changes in the body that result in the production of caloric. Tscheschin, quoted by H. C. Wood, has proven the existence of such a centre. Here looms up the great physiological fact that nutrition, and all that is implied by the term, depends entirely upon the integrity of the nervous system! If we call to mind the manifestations of disturbed and perverted nutrition in scarlatina, and interpret the phenomena of adenitis, gangrene, and sphacelation, so common in the malignant type in which, as it were, the nature of the poison is magnified, we can not err in the conclusion that this disease is a manifestation of a grave *depressing influence* affecting the *nervous system* of organic life, *i. e.*, the sympathetic. When a sensory or afferent nerve is stimulated, a fall of temperature follows, as the influence affects some centre either in or above the pons. This law, enunciated by Prof. Wood (H. C.), it is desired to be especially remembered, as it possesses an important bearing upon the treatment of the disease under consideration; for if a *depressing* poison occasions the phenomena denominated scarlatina by influencing the sympathetic system, a remedy possessed of the power to *stimulate* this system should, when administered in proportion to the degree of intensity of the depressing cause, be capable of reëstablishing functional equilibrium, and dissipating the disease. Within certain limits this is a fact. Hitzig has conclusively proven that a caloric centre is located in the first cerebral convolution immediately behind the sulcus cruciatus. Wood has proven that *destruction* of this region is followed by enormous increase of heat production, and that STIMULATION of *it* results in marked *diminution* of calorifaction. This is emphasized!

To briefly state the points, now deemed proven, we have:

1. That heat elimination is controlled by the vaso-motor nervous system.

2. That paralysis of the vaso-motor system results in *marked cutaneous hyperæmia* and increased elimination of caloric.

3. That in scarlatina we have *paralysis* of the *vaso-motor* system, *marked cutaneous hyperæmia*, and increased elimination of caloric, but notwithstanding this, pyrexia.

4. That an inhibitory centre exists, situated either in the frontal cerebral convolution, or pons varolii.

5. That paralysis of this Hitzig centre is followed by enormous increase of heat production.

6. That agents of a depressing nature paralyze the vaso-motor centre, and also the region of Hitzig.

7. Stimulation of the inhibitory centre is followed by diminution of calorifaction.

8. That in scarlatina we have a poison that paralyzes or greatly curtails the operation of both the vaso-motor and inhibitory centres, and that pyrexia must necessarily, in its peculiar mode, result.

It will be instructive to here quote the conclusions of Prof. H. C. Wood regarding fever:

"1. In health there is in man a fixed mean and a normal variation of temperature, having a regular rhythm, and this variation is beyond the control of all disturbing causes which do not force the organism beyond the condition of health.

2. The maintenance of normal temperature and its rhythm is dependent upon the nervous system, which, within certain limits, controls both the production and dissipation of animal heat.

3. So far as our present knowledge goes, the chief factor in controlling heat dissipation is the vaso-motor nerves, including, in man, such nerves as control sweat secretions; these nerves being able, by contracting the capillaries of the surface of the body, and by drying the secretion of the skin, to reduce the loss of heat to a minimum, and by a reverse action to increase it to a maximum.

4. The only nerve centre proven to exist capable of influencing the heat production without affecting the general circulation is situated in the pons or above it, and whilst it may be a muscular-vaso-motor centre, it is more probably an inhibitory heat centre. Of whichever nature it may be, it must act through subordinate centres, situated in the spinal cord.

5. Fever is a nutritive disturbance in which there is elevation of the bodily temperature, and also an increase of the production of heat by an increase of the chemical movements in the ac-

cumulated material of the body; this increase being sometimes insufficient to compensate for the loss of that heat which is derived directly from the destruction of the surplus food in the body, very little or no food being taken in severe fever. The rise of temperature in fever, is, therefore, not dependent altogether upon heat production, as in fever there certainly is sometimes less production of heat in the organism than there is at other times when the bodily temperature remains normal; also excessive heat production may occur even at the expense of the accumulated materials of the organism without elevation of the bodily temperature.

6. In fever a daily temperature variation occurs which is parallel to that seen in health, and differs from the normal variation only in having a higher mean.

7. In fever vaso-motor paralysis when produced is followed by an immediate fall of temperature, similar to but greater than that which is produced by a like disturbance in health.

8. The decrease of heat production which follows section of the cord is much greater in the fevered than in the normal animal.

9. The so called inhibitory heat nervous system is not paralyzed in fever, but is less capable than in health of answering promptly and powerfully to suitable stimuli. In other words, it is in a condition of paresis or partial palsy.

10. The clinical succession and phenomena of a febrile paroxysm, such as that of an intermittent, seem plainly to depend upon the nervous system for their arrangement and relation.

11. In most cases of fever, and probably in all cases of serious fever, there is a definite poison circulating in the blood, the poison having been found in the system, sometimes having entered the organism from without. Bearing these facts in mind, the theory of the causation of fever becomes, to my mind, at least, very plain. It is simply a state in which a *depressing* poison, or a *depressing* peripheral irritation, acts upon the *nervous system*, which regulates heat production and dissipation. Owing to its depressed, benumbed state, the inhibitory centre does not exert its normal influence upon the system, and consequently tissue change goes on at a rate which results in production of more heat than normal, and an abnormal destruction and elimination of the materials of the tissue. At the same time the vaso-motor and other heat-dissipating centres are so benumbed that they are not called into action by their normal stimulus, pyrexia, and do not provide for the throwing off the animal heat until it becomes so excessive as to call into action even their benumbed and depressed forces.

Finally, in some cases of sudden and excessive fever, as in one form of the so-called cerebral rheumatism, the enormous and almost instantaneous rise of temperature appears to be due to a complete paralysis of the nervous centres presiding over heat production and dissipation."

This extensive quotation is made in order that our present knowledge of pyrexia may be presented as succinctly as possible, and that the changes produced by experimentation and the phenomena attendant thereon may be compared with those dependent upon the effects of the materies morbi of scarlatina. All fevers do not present identical symptoms. Pyrexia, as such, however, accompanies many morbid conditions and processes; but in this special exanthem, the concomitant phenomena are preëminently attendant upon direct depressing influences exerting themselves upon the sympathetic, and the nature of the disease by its specific effect upon the function of this system is clearly shown, and its morbid affinity for this tract demonstrated. That the mode of onset may be clearly indicated, the following extract from my record of cases will be made:

H. W., male, æt. nine years, on December 14, 1882, arose apparently in his accustomed good health. He ate a hearty breakfast, and attended the morning session of school. At dinner he complained of no especial illness, but had no appetite. About 1 p. m. a pronounced epigastric pain developed, which, in a short time, was accompanied with vomiting. Emesis occurred frequently, proving a very distressing symptom. Thirst was insatiable, and every mouthful of water imbibed was promptly vomited. The gastric contractions were forcible and spasmodic. Fever became pronounced, and a marked tendency toward drowsiness developed. He was first seen about 5 p. m. He complained of sore throat. Head symptoms were negative, except mild delirium. Throat presented evidences of hyperæmia. A muscular exanthem was conspicuous upon the velum palati, and the faucial pillars reddened. Temperature, 101°; respirations, 23; pulse, 96. The slowness of pulse for the degree of pyrexia occasioned some doubt whether I was dealing with a probably coexistent diphtheria, but scarlatina, however, was diagnosticated, and treatment instituted accordingly.

December 15th, 9 a. m. Vomiting continued throughout the night until 2 a. m., then ceased until 7, when it recurred. An intense development of the characteristic exanthem had occurred,

being especially marked over the back. Angina troublesome. Epithelium of tonsils elevated by a subepithelial purulent-looking exudate. Pain during deglutition, severe. Temperature only 102.4: pulse 126, respirations 24. Delirium had continued throughout the night, and at times occurs this a. m. Gastric irritability still present. Thirst not so troublesome. 5 p. m. Emesis less frequent. Diarrhœa amounting to eleven evacuations of a watery or paralytic character. Epigastric pain (solar plexus) diminished. Angina more severe. Delirium not so marked. Temperature 105, respiration 28, pulse 148—numbness of hands.

December 16th, 10 a. m. Temperature 103.4, pulse 122, respiration 22. Slight cough. Pulmonary signs negative. Subjectively, angina is worse, objectively better. Emesis has ceased and diarrhœa diminishing. 6 p. m. Temperature 104.2, pulse 126, respiration 22.

December 17th, 9:30 a. m. Less delirium, past night. Considerable sleep. Angina much less troublesome. Temperature 101.7, pulse 120, weak, and degree of compressibility varying. 7 p. m. Temperature 103, pulse 108, respiration 20. Cough worse; angina notably less. Has noticed surrounding objects and asked for food. Only seven evacuations in twenty-four hours. Exanthem fading and convalescence entered upon. Complains of itching. From this date improvement continued until the present, when he is perfectly well. Aural pain, at the height of the attack, was such as to cause apprehension of suppurative inflammation. Desquamative nephritis and renal dropsy were marked, but now the urine is free from both albumen and casts; several examinations for a period of many weeks failing to detect either. Hearing same as before attack.

The effect of belladonna, when administered in a sufficiently large dose, is to engender dryness of mouth and pharynx, angina, pyrexia, delirium, convulsions, and coma. The pulse is accelerated, and reaches even 160 or more. Small doses are followed by rise of arterial pressure. This, of course, obtains before paralysis of the sympathetic occurs. Large doses occasion increased pulse rate and diminished blood pressure; the increased rate being due to paralysis of the peripheral inhibitory nerves and *stimulation* of the accelerators, *i. e.*, sympathetic, the diminution of pressure to vaso-motor paralysis. The duplex of belladonna in causing in a small dose rise of arterial pressure is due to *stimulation;* fall, to paralysis. Upon the nervous system this duplex action is still apparent—thus small doses produce delirium (stimulation), large doses convulsions and coma (paralysis).

Minute study of the effects of belladonna demonstrates the fact that of the sympathetic ganglia some are more susceptible to its influence than others; or in other words, belladonna affects certain ganglia powerfully, while others are but slightly influenced. This is especially noticeable in the superior cervical ganglia and by intercommunications and a practical continuity of structure, the ophthalmic ganglion. The same fact obtains in the materies morbi of scarlatina! The former, however, acts by *stimulation*, the latter by *depression*.

Scarlatinal poison in sufficient quantity to affect the vaso-motor system curtails the power of the inhibitory area of Hitzig; belladonna in same proportion stimulates it.

From these facts it seems to me to be clearly proven that when we endeavor to meet a depressing agent that affects the same tract by *depression* as belladonna does by *stimulation*, we possess the rational method of treating this direful disease. That concomitant conditions arise and demand special treatment need scarcely be mentioned: our judgment and skill must serve for this issue.

ABSCESS, ULCERATION AND NECROSIS AS MET WITH IN THE NASAL CHAMBERS.

BY HARRISON ALLEN, M. D.,

Professor of Physiology in the University of Pennsylvania.

Abscess, ulceration and necrosis, as met with in the nasal chambers, present peculiarities which are sufficiently marked to warrant their consideration separately from their occurrence in other parts of the body. As compared to other affections of the nose, they are less frequently seen than is generally supposed, and may on the whole, be grouped among the rare disorders. The following essay is based entirely upon personal observation, and claims to be nothing more than a brief summary of signs, symptoms, diagnosis and treatment.

Nasal Abscess.

Collections of pus in the walls of the nasal chambers are due to furuncle, or to causes connected with disease, either of the jaws or of the teeth.

Abscess of the vestibule, or nasal furuncle, commonly forms about the sebaceous follicles and roots of the seta-like hairs of the nostril at the junction of the ala and the floor. It rapidly develops, and is matured by the third or fourth

day, at which time it forms a rounded sessile elevation at the floor of the vestibule, causing more or less redness and distortion of the nasal wing. The abscess infrequently tends to point outward upon the face. Should the abscess open spontaneously, the pus is observed to be of a thick consistence, and after its escape to leave the abscess wall foul and shreddy. This appearance subsides in a few days and a cure is effected.

Accompanying the development of the abscess there is presented more or less swelling of the corresponding side of the face. Acute pain is felt at the root of the nose, and the angular vein between the internal canthus and the nose is often distended.

Diagnosis.—In the initial stage, before swelling occurs, the pain along the nose and the face simulates, and may be confounded with the pain of neuralgia, especially that of the supra-orbital form. If there is no tumefaction at the nostril, it is difficult to distinguish between the two conditions, since, as has been stated, the pain may be referred to a point remote from the inflammatory focus. The absence of involvement of any branches of the fifth or the seventh nerve, and the announcement of facial and alar tumefaction soon decide the question. In the stage of facial swelling, the general appearance of the parts is identical with that in *alveolar abscess.* Indeed, the two arise from the same cause, namely, œdema and inflammation of the subcutaneous connective tissue. Careful examination of the teeth and gums will easily determine the origin of the swelling. From purulent or cystic disease of the maxillary sinus, vestibular abscess is separated by the acute character of the attack, and by the fact that the canine fossa, which is easily reached by placing the finger above the gum line to the outer side of the eminence of the root of the canine tooth, remains unchanged in the case of nasal abscess, while it is obliterated or has its depression converted into a rounded swelling, in the case of purulent or cystic maxillary disease. Even after the swelling of the suspected abscess is recognized, the differentiation between it and *facial carbuncle* should be carefully made. If pus is not freely formed by the fourth day, or if more than one point of suppuration be detected, or if the inflammatory swelling about the nostril becomes diffused and brawny, or if, in addition to these signs, the angular vein becomes prominent and tortuous, the lower eyelid dusky, and the eye suffused, the diagnosis of facial carbuncle can be made.

Treatment.—The swelling should be freely incised from *within the vestibule* whether pus be present or not. The possibility that the suspected abscess may be the first stage of facial carbuncle can in this way be met, at the same time that the indication for the abscess itself is provided for. In many cases the trouble is insignificant, and requires but little care. In others, on the contrary, where great distress, loss of sleep, and disfiguration are present, rest in bed, the administration of opiates and febrifuges, in addition to the local incision, are demanded. In such cases, as soon as the acute symptoms have subsided, quinia in tonic doses may be given with propriety.

In nasal abscess, other than furunculous, the prodromata are analogous to those of bone or dental disease. Pus may escape into the nasal chamber from an alveolar abscess, though this is an infrequent occurrence. In a case coming under the writer's care, the condition named simulated chronic nasal catarrh of the inflammatory type, and was only distinguished from it by a careful study of the discharge, which, instead of being muco-purulent, consisted of pus mixed with normal mucous. Pus may be confined in a sac of mucous membrane, lying at the floor of the nasal chamber. In a case of this kind occurring in a middle-aged woman, the collection had persisted for fifteen years, had been three times punctured, and had been diagnosed as a cyst of the superior maxilla. The writer opened the cavity along its entire upper surface, and, guided by the direction of a curved probe, which passed toward the mouth, he secured drainage through an opening made between the upper lip and the gum line of the upper jaw. The condition was entirely cured within a fortnight.

Nasal Ulcerations.

Ulcerations in the nasal chamber are of two kinds, septal and turbinal.

Septal ulcerations are in like manner of two kinds, those confined to the mucous membrane and those involving either bone or cartilage.

Ulcers of the mucous membrane.—These are confined for the most part to the mucous membrane covering the triangular cartilage. They are rounded, superficial patches, covered with small blood clots, and thin amber-color crusts. Soreness and dryness of the nose are the principal symptoms complained of, to which may be added occasional bleeding. The edges of the ulcers are not elevated, nor is the general surface depressed. Septal ulceration rarely exists independently and is probably often a sequel of irritation in the turbinal plates. The most obstinate form of ulceration is found in individuals with thin aquiline

noses and narrow nostrils, who are annoyed by a constant sense of irritation in the vestibule. To relieve this, the nostril is constantly wiped with the handkerchief, with the result of exciting a hyperæmia of the parts, which naturally extends to the septal cartilage, and this in turn being the least highly organized of the nasal structures, is apt to become diseased.

This view of the etiology of these cases need not be modified by the fact that the patches are often found on the upper and back part of the triangular cartilage, at a point out of reach of the finger or the handkerchief, since pressure against the cartilage at any point can readily induce congestion throughout its entire extent.

One form of septal ulceration is found only on the maxillary spur, and is the result of picking the nose to remove the crusts accumulated in an unventilated vestibule. The presence of septal ulceration is easily detected by examination through the nostrils. A crust or clot may obscure the exposed patch, but after such coverings have been removed, the characteristic appearances are detected.

The Treatment of the condition is based primarily upon the removal of the catarrhal states on which it depends. The ulcers themselves should be thoroughly wiped with the solid nitrate of silver, or with a saturated solution of the same salt, and the chamber should be closed by the insertion of a pledget of cotton in the nostril. Should these applications fail after two or three trials, a pledget of cotton of sufficient size to occlude the respiratory portion of the nasal chamber should be inserted back of the ulcer. Iodoform should then be packed liberally in the space in front, until the ulcer is entirely covered, after which a second pledget of cotton is placed in the nostril. Should much hyperæsthesia exist, a sixth of a grain of morphia may be added to the iodoform. This application may be repeated every third day. No difficulty need be experienced, as a rule, in curing the ulcers, provided the air about the patient is healthful. A rarefied air, an air charged with alkaline dust, or the air of a furnace-heated house, will sometimes successfully combat all efforts to cure this disease. The writer has known the ulcers to recur after entire recovery, upon the patient's removal to a mountainous country or to the alkali plains of the West. As to furnace-heat, it is perhaps no more irritating to septal ulceration than to any other form of nasal disease, but it is a constantly present factor of interference. The constant use of the nostril pledget can be recommended where a tendency to recurrence of the disease exists.

Septal Ulcers involving Bone or Cartilage.—In a more aggravated form than the one last mentioned, nasal ulceration may exist as a superficial bone-ulcer in the posterior and inferior borders of an opening due to a congenital defect in the septum. Occasionally it is found upon the sides of a perfect septum, either above, near the roof of the vestibule, or more frequently at the floor, near the maxillary spur. In the rare cases of chronic syphilitic disease without necrosis, the ulcer may be serpiginous, and disposed on both the right and the left surface of the septum. The symptoms are almost identical with those of other ulcerations of the mucous membranes.

A tendency to moderate epistaxis is a constant symptom if septal ulceration exists. The parts are, as a rule, covered with a thin dry clot mixed with the crust of inspissated serum. The habit of picking the nose to remove these crusts is early acquired, and to it must be assigned an important role in the prevention of recovery.

The treatment of the condition consists in freely cauterizing the ulcerated surfaces with the galvano-cautery, and after the eschars are removed, in touching the new surfaces with solid nitrate of silver. A cure can be anticipated from the use of these measures, if no specific taint be present.

The congenital septal perforations have been seen by the writer in two places only; namely, in the triangular cartilage directly in front of the junction of the perpendicular plate of the ethmoid bone and the vomer, and in the substance of the perpendicular plate of the ethmoid. They may exist without the knowledge of the individuals possessing them, who report for treatment only when the edges become ulcerated.

In an interesting case referred to the writer by Dr. Albert H. Smith, the edges of a large opening of the kind described, were found to be ulcerated. The idea of the opening being congenital was vehemently combated by the patient, who was thirty years of age, and had suffered but three years with the symptoms of ulceration. The question was then asked, how can congenital openings be distinguished from the acquired ones. The answer satisfied the patient, and may serve to satisfy others making similar inquiry. The acquired perforations are always syphilitic, and co-exist with other signs and symptoms of this disease. Congenital perforations will be found to be associated with other minor congenital defects, for this is the law. In the case referred to attention was directed to the asymmetry of the rugæ of the hard palate, to the unusual elevation of the hard palate, and to the presence of an ex-

ostosis on the line of the inter-palatal suture. In a case of acquired perforation in a person suffering from tertiary syphilis the nasal chambers were found plugged with enormous quantities of inspissated mucus, which occasionally become detached in masses of considerable size, and passing into the pharynx produced most distressing stridor and asthmatic excitement. Removal of the collections gave only temporary relief, and owing to the existence of the opening, plugging either of the nostrils was impracticable. It then occurred to the writer, after the borders of the opening were healed, to insert a vulcanite plate in the opening of the septum. This was skillfully done by Dr. Ed. C. Kirke, a dental practitioner of Philadelphia, and the patient, by the aid of a cotton plug in the nostril, was enabled to close one side of the nose, and thus give the parts rest and prevent the inspissation taking place. By alternating the use of the plug in the right and the left nostril, both chambers were kept free from inspissated mucus, and the patient became almost entirely relieved. The vulcanite plate has now been worn continuously for eighteen months with the greatest possible comfort.

Turbinal ulceration is of much rarer occurrence than septal, and apart from the mention of its occasional syphilitic origin does not demand special consideration. The best marked example of the last-named variety the writer has seen was located on the anterior extremity of the left middle turbinated plate, and was associated with excessive discharge of muco-pus. The external nose was reddened. The ulcer was depressed and vascular, but without pain. Recovery was secured after a treatment of six weeks. In addition to the administration of iodide of potassium and corrosive sublimate, the ulcer was repeatedly touched with the acid nitrate of mercury.

Necrosis.

Necrosis of the bones entering into the nasal chambers occurs in two forms. The most common of these (although relatively rare as compared with other nasal diseases) is an exfoliation from the base of a bone ulcer. It is seen in cases in which the pus from a diseased frontal or diseased maxillary sinus flows over the turbinated bones. The exposure of the bone surface must be, therefore, considered as a sequel of grave bone degeneration elsewhere. The second form is specific necrosis of the septum, turbinated bones, and superior maxilla. In profound changes in the facial structures large masses of these bones may be lost. In the varieties of this form of necrosis met with by the writer the septum has been more frequently involved than the turbinals or the maxilla. The treatment of these cases is simple, for in addition to the administration of anti-syphilitic remedies, nothing is demanded beyond the removal by the forceps of the portions of dead bone if they are detached, or the drilling away of the dead portions if they remain attached to the living tissues. Although complete recovery cannot be anticipated, the purulent discharge and the intensely offensive odor accompanying the presence of dead bone in the nasal chambers can be corrected.

Hospital Reports.

CLINICAL LECTURE.

BY E. G. JANEWAY, M. D.,

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GENTLEMEN: I again present you the young man whom you saw last week, suffering from paroxysms of the respiratory muscles. You will observe that his condition is greatly improved to-day. He says he had but two attacks yesterday, and only one to-day. The treatment had consisted in the administration of arsenic and the use of the galvanic current, but as he did not seem to improve, atropia was substituted in doses of one-seventieth of a grain three times a day, with instructions to increase the amount if necessary. Patients sometimes become accustomed to the use of atropia, and in order to keep up its effects it is necessary to increase the dose. I had an illustration of this fact in the case of an epileptic patient, who had frequently recurring paroxysms, and had been treated by various means, as the taking of nitro-glycerin, nitrite of amyl, the bromides, etc., but without benefit. I advised the discontinuance of these, with the substitution of atropin in about one-sixtieth grain doses. He commenced to improve, but in order to keep up the beneficial effects of the drug, it became necessary to increase the dose as high as one-twentieth of a grain, which amount he is taking at present.

In the case of empyema shown at a previous clinic, and in which a free opening was made, the granulations at the edge of the wound afterward became sloughing, pus was discharged, the temperature rose to 103° F., and the case was beginning to present a very unfavorable aspect. Carbolic acid solution, however, was substituted for the boracic, an iodoform dressing was applied to the wound, and the temperature fell yesterday to 99°.

You will remember that it was my intention at the last clinic to show you a patient in illustration of a certain affection, but it so happened that I was unable to present more than a *post mortem* specimen. By bearing in mind the anatomical features of the specimen then presented, and putting them alongside the clinical history of the

case I shall now bring before you, a valuable lesson may be impressed. This man is an Italian who speaks no English, and the facts in his case are to be derived chiefly from a physical examination. He is thirty-three years of age, and it appears that eleven years ago he had syphilis. As he lies upon the cot, the first thing which strikes your attention is a pulsation observed just below the apex of the heart, and one near the cardiac extremity of the stomach. This pulsation becomes more apparent at a distance by bending pieces of paper a few inches in length at a right angle, and placing one upon either point at which the pulsation is observed, when the perpendicular arms move through an observable space, and in this case nearly synchronously, though not absolutely so. This pulsation is also observable on the left side over the back, on a line corresponding with the pulsation in front. There is some dulness in front, but not such as could not be accounted for by the possible presence of the left lobe of the liver. The patient complains of pain principally on the left side, extending from the back round to the front, in the region of the lower intercostal spaces. It does not extend below the last dorsal vertebra. The tumor, as I have already suggested, is an aneurism, and its location is pretty nearly determined by the region of pain, namely, in the lower part of the thoracic aorta. The pain from which he suffers is doubtless caused in this case, as in the other case, by pressure of the aneurism upon and erosion of the vertebræ, from which the intercostal nerves find exit. I listen for a murmur in this region, but none can be heard while he is lying down. When he sits up, however, a systolic murmur can be heard in front, just below the ensiform cartilage.

Now, I have brought this patient before you on account of the possibility of mistake in the diagnosis. Three conditions might very well suggest themselves as the possible explanation of this case, and it would appear that treatment had been adopted before the patient's entrance into the hospital, pointing at that time to an incorrect diagnosis. The chief subjective symptom from which the man complains is that of intercostal neuralgia, for which in the absence of a careful physical examination the case might be mistaken. Again, Pott's disease would produce very much the same symptoms that we have here, and, moreover, there is another fact which would tend to strengthen the suspicion that such was the affection from which he was suffering, namely, a prominence of a vertebra, corresponding to about the tenth dorsal. You will also observe that as the patient attempts to pick up something from the floor, he avoids bending the spinal column in this region, and allows flexure only at the hip and knee. But, against the view that the case is one of Pott's disease, we find upon careful physical examination a murmur and pulsation which point distinctly to an aneurism. The difficulty of diagnosis between Pott's disease and aneurism in some instances was illustrated in a case in the hospital a good many years ago, in which before admittance a diagnosis of lumbago had been made, and after admittance that of Pott's disease, and the day before the fatal termination of the case, a professor in one of the colleges made use of it as a text for a clinical lecture upon Pott's disease. The following day, while the patient was picking a chicken bone, he suddenly collapsed, and the pleural cavity at the autopsy was found full of blood, due to rupture of an aneurism of the aorta.

As regards treatment, iodide of potassium and slowing of the circulation. The prognosis in these cases of aneurism is, of course, unfavorable. There are but few hopes that a case of aneurism will end in recovery—even if a firm clot should form within the sac. You will remember how the aneurism shown you last week was protected by a firm clot on one side, but that did not save the patient. The general tendency, therefore, is toward rupture and death from hæmorrhage. It is probable that in this case, as in the former case shown you, the hæmorrhage will take place, when it occurs, into the pleural cavity. But we may, perhaps, accomplish some good by iodide of potassium and quiet. I have also found gelsemium in some cases to work very well, as well because of its pain killing character as because of its heart quieting character. The house physician tells me he carried out the idea of gelsemium, but the heart became weak under its influence, and we will now try digitalis instead. Now, digitalis theoretically ought to be bad for aneurism. But I have seen it practically do a great deal of good, and a clot form under its influence, although, of course, a permanent cure was not expected to take place.

I will now present you three male patients, born in Turkey, Arabia, and Bohemia respectively, and whose history on account of their foreign tongue has been but imperfectly obtained.

The appearance of the first patient, the Turk, itself speaks largely for the diagnosis of the case. Notwithstanding his naturally dark skin, it is evident that he is anæmic—anæmic to such a degree as to suggest the idea of leucocythemia; and it was my intention to compare this case this afternoon with one of that disease, had the patient not failed to come. You will observe that the back of the hands are pale, the lips are pale, the tongue is pale, and the conjunctivæ are pearlish. On microscopic examination of the blood, there is found to be decided diminution of the red blood globules, with perhaps a slight increase of the white. Compared with that of one of your number who is in robust health, you will observe a difference in its appearance upon the slide even to the naked eye.

Now, there are two or three things which may be the cause of the anæmia, and which should be borne in mind in any given case. One is, a cancerous process, or any cachectic process, as phthisis, which might by protracted suppuration produce a condition of anæmia. But then the patient is more markedly anæmic than almost any phthisical patient in my wards, and other signs of that disease are absent; nor is there any evidence of cancer. The loss of blood by vomiting, by hæmorrhoids, by bleeding sores, or other means, would account for it, but there is no history of anything of the kind. An examination of the urine shows that he is passing a large quantity daily, the specific gravity is 1010, and quite

a small quantity of albumen was found, but no casts. This might signify chronic nephritis, usually the small contracted kidney, although in a great many cases of the small contracted kidney there is no such anæmia as is seen in this patient. The fact, therefore, that the man has chronic nephritis does not explain altogether his anæmia. Being a Turk, and therefore probably having lived near or in Egypt, we should think of the possibility of an anæmia sometimes seen in inhabitants of that or neighboring lands, due to a small parasite that abstracts blood in the duodenum. But we have no proof of the presence of such a parasite in this case, and that possibility may be set aside. When we consider the kidney trouble, we may say that the anæmia is out of proportion thereto, and I think that in the light of the evidence before us we may look upon the case as one of pernicious anæmia complicating chronic nephritis.

The case of the Bohemian is interesting simply as showing the possibility of mistaking certain dark spots upon the body due to filth for the signs of commencing Addison's disease. The question arose in his case whether the appearances of the skin upon certain portions of the body were not indicative of that disease, but upon further inquiry into his history we learn that he has been a tramp, has been exposed to the weather, is not cleanly, and has doubtless had body lice, which have caused him to scratch in the localities referred to.

The Arabian presented some symptoms which led us to suspect the possibility of a grave form of anæmia, but by rest and care in the hospital, he has become much stronger, and we infer that his anæmic condition was only temporary, due to privation. The three cases afford a good opportunity to study the appearances of an anæmic condition in the dark races.

Editorial Department.

Periscope.

Phtheriasis Pubis.

In the *Med. Times and Gaz.*, Dr. McCall Anderson says this hairy parasite is met with on *all* hairy parts except the head, but the hair on the pubis and neighboring parts is its favorite hunting-ground. It is indeed a very curious circumstance that these three varieties of lice should live in such close proximity, and yet in no case leave their own preserves for the purpose of poaching on those of their neighbors—a trait worthy of imitation by the human species. We can understand how one parasite should prefer hairy, and another non-hairy parts; but it is difficult to see how one pediculus should find its appropriate soil on the head alone, while another attacks all hairy parts except the head. Mr. Quekett's explanation is that the crab-louse, owing to the peculiar shape of its claws, is unable to climb up straight hairs to deposit its eggs, and accordingly selects parts where the hair is curly; but, if so, why should we not encounter it on the heads of curly-headed persons?

Character of the Parasite.—The Pediculus pubis resembles the head-louse in many respects, but its body is much broader and shield-shaped, and there is no distinct separation between the thorax and abdomen. It is studded with small spines, and, besides possessing six feet which resemble those of the other pediculi, it is furnished with eight rudimentary-looking ones, which terminate in bundles of hairs. It does not run about like the head-louse, but grasps the hairs where they emerge from the skin with its forelegs, so that it is very apt to be overlooked, and some difficulty is experienced in extricating it. The nits resemble those of the head-louse, and are attached to the hair in the same way as theirs, but always close to the exit of the hair from the skin.

The itching leads to scratching, and often small papules are developed, which are red and excoriated; and occasionally an eczematous eruption is induced, the cause of which may be suspected from its situation. An examination will then lead to the discovery of the pediculi lying in close contact with the skin, and of their nits, as well as of reddish particles of fæcal matter in the immediate vicinity of the parasites. This affection is met with among all classes of the community, but almost always in adults who have contracted it from others laboring under the disease as the result of impure intercourse, or through the medium of the water-closet.

Diagnosis.—The following points serve to distinguish phtheiriasis pubes from simple pruritis:

Pruritus.	*Phtheriasis Pubis.*
1. Not contagious.	1. Contagious.
2. No parasite to be discovered.	2. Lice, their nits and fæces, discovered among the roots of the hairs.
3. May affect other regions, though not necessarily.	3. Limited to the pubis or neighboring parts, or to other parts provided with hair (always excepting the head).
4. Often a very troublesome affection, and requiring constitutional as well as local treatment.	4. Readily cured by local treatment, *e. g.*, a lotion of perchloride of mercury (gr. ij. to ℥ j.)

Eczema complicating Phtheriasis pubis is distinguished from simple eczema by the localization of the eruption, and by the discovery of the pediculi, their nits, and fæces.

The *Acanthia lectularia*, or common bed-bug, remarkable for its reddish color, roundish, flattened form, and offensive odor, resides partly amongst

the bed and body clothing, but principally in crevices in the woodwork of beds, walls, etc., where it deposits its eggs, and whence it sallies forth to feed upon the blood of its victims. It seems not to be met with in South America, Australia, or Polynesia, but is too common in this country in the habitations of the poor, and it is difficult to extirpate it, because it can resist extreme degrees of cold, can live without food even for a year, and hides itself by day.

Its bite produces a swelling like a spot of nettle-rash, but it is distinguished from it by the discovery of the bite in the centre, which, unlike the surrounding redness, does not disappear on pressure. The irritation of the bite, too, as well as the crawling of the parasite upon the surface, is apt to excite nettle-rash over the whole body, which diminishes or disappears by day to reappear at night. The itching is great, and the scratching proportionately vicious, "as the wheals," says Kaposi, "are very large; the two or three middle fingers of the hand are used in scratching, so that the excoriations are apt to be characterized by two or three parallel stripes."

This eruption may be mistaken for that of idiopathic Urticaria (nettle-rash), but in the former the nettle-rash disappears or moderates by day. The bites of the parasites are to be found in the centres of some of the nettle-rash spots, the itching is more intense, and the excoriations are apt to present the characters just mentioned, while a search for the offender will usually clear up the mystery.

The *Pulex irritans*, or common flea, is smaller than the bug; it "is short, shield-shaped, formed of one piece," and its bite is effected by means of "a bristle-like tongue, which is covered by two maxillæ of the form of two sword-blades" (Küchenmeister). The power and elasticity of its feet are very remarkable, enabling it to leap about two hundred times the length of its body, and thus to elude the attempts of its victims to entrap it. Its eggs are about one-third of a line in length, are oval, and of a white color, and are deposited "indifferently on dust and on furniture, and in dirty people under the nails" (Kaposi). It is not so particular as the bug as to climate, although it is said to be unknown in Australia.

Its bite does not produce itching, but it causes a minute hemorrhage surrounded by a bright red inflammatory areola with some swelling; the latter disappears on pressure, but the former does not. The minute hemorrhage passes through the same stages as that resulting from a bruise, and disappears much more slowly than the areola. If the skin is very delicate, as in the case of children, an eruption of nettle-rash may make its appearance, and in that case itching is present. The hemorrhages produced by the bites of the parasite may be mistaken for spots of purpura, from which they may be distinguished by attention to the following points:

Bites of the Pulex irritans (common flea).	*Purpura spots.*
1. Fleas, or their dark brown fæces, detected on the bedding.	1. Not present.
2. Hemorrhages surrounded at first by inflammatory areola.	2. Not so.
3. Spots of uniform size.	3. Not of uniform size.
4. Specially met with where the clothes closely embrace the body.	4. Not so.

The *Acarus folliculorum* was discovered by Henlé in 1841, in the ceruminous, and by Gustav Simon in 1842 in the sebaceous glands. Considerable variations are observed in their size and shape, as well as in the number of their legs—variations which are supposed to represent different stages of development. Even ten or more are sometimes to be discovered in one sebaceous or hair follicle; they lie for the most part lengthwise in the midst of the sebaceous matter, near the surface, and with their heads directed inwards. They are easily detected by squeezing out the contents of the follicle—although they are not found in every one—adding a little glycerine, and examining with a low power of the microscope. They are to be found in the follicles of almost all persons, are not specially associated with any disease, and do not give rise to any symptoms whatever.

Persistent Hiccough.

Dr. James Weaver writes to the *Lancet*, April 7, 1883, the following further particulars concerning his case of persistent hiccough, which we noted some time since:

My patient died on March 13, worn out and exhausted, but otherwise to the last free from an ache or pain, and, with the exception of increased dullness over the posterior portion of the left lung, the symptoms remained almost stationary from the first. When I was called in to see Mr. S——, on the 18th of December, 1882, I found that it was evidently a case of broncho-pneumonia, complicated with hiccough, the latter arising from some unexplained cause. He told me that he had had hiccough more or less since the previous July. He was seen a few days later in consultation, and, although the hiccough was very troublesome, our efforts were chiefly directed to the bronchitis, looking upon the former as a troublesome complication which would soon subside. It did not, however, subside, but went steadily on to the day of his death. On the first of January he was again seen in consultation, and the hiccough was so violent and exhausting that our treatment was somewhat reversed by the remedies for hiccough being brought to the front. It, however, never left him. He was conscious, save an occasional rambling, up to a few hours of his death, and from a state of great mental excitement and anxiety he became perfectly calm and resigned. He slept but very little, and at prolonged intervals, during the whole of his illness, never more than two hours at a time, and was often for days without any sleep. Morphia, chloral, bromide of potassium, ether, etc., only seemed to excite the brain almost to frenzy. The only remedy that did any good in my case was chloroform. I gave it in ten to twenty drops on sugar. I injected it hypodermically with and without atropia, and my patient inhaled it frequently in twenty to thirty drop doses. Some days before the end the patient would occasionally, with great difficulty, raise some thick, very offensive, pus-like matter, streaked with blood.

On March 14, I made a *post mortem* examination. The right lung was much enlarged, and filled not only its proper position, but also extended into the left side of the chest, and so peculiar was the formation that the gentleman who assisted me, at the first glance, exclaimed that there was only one lung. The left lung was so collapsed and solid, like liver, and lying so closely at the posterior part of the chest, that it was completely out of sight. In the right lung there was evidence of diffused bronchitis, and on removing the heart and left lung I became aware of a large mass of scirrhus at the root of the latter, in which were imbedded the pulmonary veins and artery, the veins being partially filled up with masses of scirrhus, and the artery compressed and much smaller than usual. The lung itself was small, hard, and hepatized, but had no scirrhus formation in it. On cutting it across, a dark offensive matter oozed out, and the inner portion was evidently in the early stage of gangrene, being soft, dark in color, and highly offensive. The heart was healthy, as were all the other organs; but on the upper and left side of the diaphragm was a patch about three inches in diameter, rough and hard, covered with millet-seed looking bodies. There were also two small bodies on the anterior portion of the liver. The scirrhous tumor would be fairly represented by a medium-sized orange somewhat flattened at each side, and was no doubt the cause of hiccough either by direct irritation of the phrenic nerve or by reflex action of this nerve through the vagus, the latter more probable than the former, for although the mass was in the direct line of both propositions, yet the phrenic may possibly have escaped by being pushed aside, but the vagus must have suffered from the pressure of such a growth. I must leave it to a better pathologist than myself to say how long such a tumor would take to form.

Dr. Matthews Duncan on Sterility.

In the course of the third Gulstonian Lecture, (*Brit. Med. Jour.*), Dr. Duncan observes:

"It is scarcely an exaggeration to say that, in recent practical works on sterility, there is exhibited entire ignorance or entire neglect of the laws of fertility. Every woman from fifteen to forty-five is regarded as likely to breed. If she be sterile, a cure is at once set agoing; and, if a child be not born, the failure is not debited to the nature of the case, but to the want of ingenuity in the doctor. A reputation for curing sterility is spoken of as if it were founded on substantial claims. The prevalent methods for curing sterility are founded on an implied theory that it in most cases arises from impediments in the way of the spermatozoa reaching the ovum. Without sufficient evidence, strictures are assumed to exist, versions and flexions of the womb are held so to distort the interior passage as to prevent progress of the spermatozoa, cervical catarrh is believed to stop them by mechanical obstruction or by chemically poisoning them; and for these real or imagined evils, sterile women are made the subject of treatment. It is the theory of mechanical obstruction that, by its simplicity and directness, has possessed the profession and the public; and, accordingly, many operations and modifications of operations, and very many instruments, have been devised to do away with the obstruction. The theory has had real rational support in the fact that dysmenorrhœa of a spasmodic kind does, as already shown, frequently accompany the sterility, and in the supposition that the same obstruction which causes sterility by impeding the entrance of semen, causes also dysmenorrhœa by impeding the exit of menstrual blood, or *vice versa*. It has had still more satisfactory support in the observation that the cure of the dysmenorrhœa does occasionally bring with it cure of the sterility.

"The very zeal with which the mechanical theory of sterility has been fostered, and its treatment in many ways pursued, has led to its present decadence, and there is now increased attention paid to other departments of fertility than conception. Especially and justly, the difficulties of naturally starting and healthily continuing pregnancy are brought prominently into view. The mechanical obstruction theory has begun to shrivel, because of the impression produced by the enormous, though inexactly ascertained, proportion of the failures of the attempts to cure founded on it. Even the ignorant sterile women could see that, if this theory of causation were true, there was an easy and plain theory of cure; and they could also see that the failure of the so-called cure was prejudicial to, if not destructive of, the theory. The importance of the difficulties of pregnancy now brought into prominence will, on account of its great reconditeness, be received with no enthusiasm, such as welcomed the obstruction theory; and the physicians who entertain it can offer no such brilliant prospects of cure to their confiding patients. It is, however, a decided step of progress in a subject of great practical importance.

"It is in Germany that this department of sterility has been chiefly studied, and Grünewaldt of St. Petersburg is its best exponent. Recognizing the importance of this work, I take the liberty of using it to show the great incompleteness of even the most advanced accounts of the subject. For Grünewaldt, sterility is truly never a disease, but a symptom of a disease. Nature has, he says, set no limits to female breeding other than the natural changes in the sexual organs that are observed in the senile state. Sterility is one of the most frequently occurring disturbances of function caused by diseases of the female sexual organs. In these views, and in his whole work, it is implied that sterility depends on disease of the sexual organs, including chiefly endometritis, mesometritis, perimetritis, and parametritis. The difficulties of conception, he says, have only a slight importance, compared with the disorders of the more important vital processes of pregnancy, and these disorders affect chiefly the tissues of the uterus."

Eyesight of School Children.

The *Brit. Med. Jour.*, April 28, 1883, says that a lecture on the effect of reading and writing on the eyesight of young children, was recently given at Berne by Professor Pflüger. The lecturer first called attention to the portentous fact that more than one half of 45,000 children lately examined in Germany were found to be suffering

from defective vision. In some schools, the proportion of the short-sighted was as high as seventy to eighty per cent. whilst, in the Heidelberg Gymnasium, every lad in the school had bad eyesight. This lamentable state of things arose from insufficiently lighted school-rooms, bad print, and bad paper, the method of writing in vogue, and ill-contrived desks and forms. The burdening of children with too many lessons, and the consequent restriction of their hours of play, is a still more potent cause of defective vision. In order to solve the vexed question of the influence of German caligraphy on the eyes of those who adopt it, the Government of Würtemburg, some time ago, appointed a commission, consisting of three schoolmasters and three physicians, to investigate the matter, and make a report. In the opinion of these gentlemen, the mere writing is least among the causes which unfavorably affect children's eyesight. They found that, while comparatively few children write with their backs bent towards the left, fully eighty per cent. give their back, when writing, a right inclination. The latter position tends to produce a permanent elevation of the right shoulder, and ultimately causes curvature of the spine. In the schools they visited, the commissioners actually found twenty per cent. of the boys, and from thirty to forty per cent. of the girls suffering from more or less pronounced curvatures due to this cause. The difference between the two sexes is probably due to the fact that lads, besides being more energetic in play, are more rationally clad than girl scholars. As to position in writing, the distance between the desk and the eyes ought to be about 25 centimètres (nearly 10 inches); yet it was rarely, indeed, that the commissioners met with any children who could keep their eyes at this distance from the paper. Many of them found it necessary to bring their faces within seven centimètres (2.75 inches) of their copy-books. The general conclusion of the commissioners, as of Professor Pflüger, is that of all the evils enumerated, the worst, and those most in need of reform, are the seats and desks at present in use. The Professor further remarked that only ten per cent. of the children examined were naturally short-sighted, and that, as among wild races defective vision is almost entirely unknown, the trouble in question is peculiar to modern civilization and the existing system of teaching. Professor Pflüger expressed the fear that he was like one crying in the wilderness, the prevailing tendency being to lay on the children of this generation still heavier burdens, and to force their minds to the lasting injury of their bodies.

The Diagnosis of Scarlet Fever.

In the *Brit. Med. Jour.*, April 14, 1883, we find a paper on this subject by Dr. J. Spottiswoode Cameron. The author remarked that it was occasionally very difficult to diagnose this disease. Compulsory attendance at school made it especially desirable to recognize every case. He dwelt upon the several symptoms of vomiting, headache, and early delirium; and insisted, when these were present, on an examination of the throat. Enlarged lymph-glands between the ear and the jaw were often of importance in doubtful cases. The tongue, if characteristic, was of value, but absence of strawberry-tongue did not necessarily exclude scarlet fever. Sudden high temperature persisting, typhus and smallpox excluded, generally in a child meant scarlet fever. The rash usually appeared not later than the second day, bnt he gave cases in which it had been delayed to the fourth or fifth days. In a case with a doubtful history, if he found a tongue with a moist, pale red base, smooth, except that its surface was covered with minute, bead-like papillæ, he should strongly suspect scarlatina: this symptom was, perhaps, the least seldom absent of those characteristic of scarlet fever. This tongue might be found weeks after any pyrexia, but disappeared when there had been no pyrexia. There might be scarlet fever almost without fever, without angina, and without rash. In such indefinite cases, the tongue, the state of the skin, and the urine, were important. Passing to the differential discussion of scarlet fever, Dr. Cameron considered the difficulties presented by a case first seen in (1) the initial, (2) the eruptive, (3) the defervescent, and (4) the convalescent stages of the disease, going over the important symptoms *seriatim* in each step, and showing what light each threw on the differential diagnosis. In the initial stage, measles, diphtheria, smallpox, typhus, pneumonia, quinsy, and simple continued fever might cause difficulty. The history of previous illnesses, the acuteness of the symptoms, the course of the temperature, and the state of the throat, were important. Hospital and drain-throats were apt to be asymmetrical. Ulceration was not common at the beginning of a true scarlatinal angina. A sore-throat in a person who had previously had scarlatina might be infective, as in a case quoted; but diagnosis was generally helped by history of exposure. In the eruptive stage, measles, erythema, rötheln, and even urticaria, might have to be eliminated. In the stage of defervescence, typhoid fever, amongst other diseases, might be mistaken for scarlatina; and in that of desquamation, other febrile symptoms, latent albuminuria, nephritis, and even some skin-diseases, might require to be separated. There was no one sign always present in scarlatina. In doubtful cases, as complete a history of the attack as possible should be obtained; and a percentage of cases would remain in which the only guide to a diagnosis would be a knowledge of the diseased conditions prevalent around.

Congenital Malformation of Both Knee-Joints.

Mr. Hubert Sells, Senior Resident Obstetrician of Guy's Hospital, describes in the *British Medical Journal* the following case of malformation in a new-born infant, very fairly developed:

On looking at the lower limbs, the first thing that struck one was, that the patellæ on both sides were apparently missing, and in their place was, on each limb, a depression. The description of one limb will suffice for both. The movements of the hip-joint were complete. The thigh, instead of being convex, was slightly concave on its anterior aspect. The tibia and fibula were in their normal relative positions. The foot looked forwards naturally, and the ankle-joint was normal. The patella was placed at the back of the

joint instead of in front. In the normal position of the patella was the depression above mentioned, which apparently represented the popliteal space, as the continuation of the femoral artery could be felt pulsating here, and there were some tendons on either side of it, analogous to the ham-string tendons. There was also, running down a little to the inner side of the centre of this space, a strong tendon, which was continued downwards to the head of the tibia, and may have been the representative of the quadriceps extensor tendon. Posteriorly, the patella was rather firmly fixed, nearer the femur than the tibia, in a strong tendon, so that the impression at first was that it (the patella) was attached by osseous tissue to the femur. This idea was, however, dispelled on moving the joint. The movements of the knee-joint were perfect but reversed. The tendon in which the patella was fixed was exactly like the ordinary extensor tendon of the thigh. The artery could not be traced below the head of the tibia. It may, I hope, be seen from the above description, that the leg could be flexed on the thigh anteriorly, as much as it would have been posteriorly in the normal state. When the child was first seen, it had the toes of one foot almost in its mouth, which, of course, it could reach easily without flexing the thigh. The child died on the third day after birth, and, unfortunately, the parents would not consent to a *post mortem* examination.

Chloroform Breath in Gastric Disturbance.

The French correspondent of the *Medical Press* (April 18, 1883,) says:

"There is a symptom of gastric disturbance in children which I have never yet seen mentioned in any text-book, French or English, and yet it is almost invariably constant and generally to be met with at the *début* of the affection, so that it may be considered as a sure premonitory sign, I mean that of the breath, which smells as if the child had freely inhaled chloroform. I have always found that this "chloroform breath" not only commenced with the gastric disturbance, but continued during the whole period of the malady, and that its cessation indicated also a cessation in all the other general symptoms, fever, vomiting, etc., and consequently a return to health. I have remarked this peculiar odor in children of every age, and once in a grown-up person; it was then very strongly marked. I do not pretend bringing to light anything new, but I have never heard this peculiar symptom alluded to anywhere. In gastric derangement or *embarras gastrique*, as the French call it, the breath has always been described as possessing a heavy odor, but that is very different from the chloroform smell which is sometimes so pronounced as to be liable to induce the medical man to believe that the patient had been using the anæsthetic.

Another correspondent writes to the same journal (April 25, 1883) as follows:

"As a corollary to your French correspondent's remarks in last week's *Medical Press*, I may mention that this phenomenon is not confined to gastric disturbance. It is at times common immediately after sexual connection, and during the act a naturally foul breath may become quite sweet and of a distinct chloroform odor. The explanation is to me a mystery, but I am *positive* as to the fact."

Puerperal Septicæmia.

Dr. W. N. Bryant concludes a paper on this subject in the *Boston Medical and Surgical Journal*, May 3, 1883, as follows:

I. Puerperal septicæmia is a strictly infectious disease, depending upon the absorption of a specific *materies morbi*.

II. The infecting material may come from without or be developed from within the patient.

III. It is amenable to treatment, which should always have for its first object thorough local disinfection.

IV. It is a preventible disease, and to this end the utmost care should be used by all attendants upon puerperal women to guard them from infection from without, while a systematic course of antiseptic uterine washes should be given night and morning in all lying-in cases for the first ten days following delivery.

Reviews and Book Notices.

Notes on Current Medical Literature.

——Among new journals one of the most noteworthy is *The American Psychological Journal*, a quarterly, edited by Dr. Joseph Parrish, and published by P. Blakiston, Son & Co. It is well printed on good paper, and makes a neat number of 112 pages. The National Association for the Protection of the Insane and the Prevention of Insanity issue it. Price, $2.00 a year.

——*The Quarterly Therapeutic Review* is the title of a trade publication issued by Baiss Brothers & Co., Jewry street, London. Price, one shilling.

——In a neat reprint, Dr. Henry O. Marcy, of Boston, discusses the best modern methods of treating operative wounds. The paper was first read before the American Academy of Medicine at its meeting in this city.

——The question of the pathology and morbid anatomy of tubercle is discussed in an article by Dr. N. Senn, of Milwaukee, in a reprint of thirty-four pages. It contains also a good bibliography of the subject.

——In the Department of Sanitary Literature we have received the "Proceedings of the Sanitary Council of the Mississippi Valley, 1883," the "Proceedings of the Illinois State Board of Health, 1883," the "Seventh Report of the Board of State Commissioners of Public Charities of Illinois," and the "Fifth Annual Report of the Connecticut State Board of Health for 1882." The last mentioned is a handsome volume of 400 pages, with maps and a number of special reports on subjects of sanitation.

——A convenient 12mo. "Manuel des Injections Sous-cutanées," by Drs. Bourneville and Bricon, has been published by De la Haye & Co., Paris, pp. 171.

——The ordinance proposed for this city with reference to house draining, etc., has been published by P. Blakiston & Co., 1012 Walnut street, (price, 10c.) and is worthy the consideration of sanitary students.

——The subject of trichinæ and trichinosis is well handled by Dr. W. C. W. Glacier, of the Marine Hospital Service, in a pamphlet of twenty pages, (price, 25c., Illustrated Medical Journal Company, Detroit, Mich.)

——The valedictory address to the graduating class of the Jefferson Medical College was delivered this year by Prof. J. M. Da Costa. It is on "The Higher Professional Life," and is replete with those true and noble views of professional duty and thorough appreciation of the dignity of professional work which have always been well marked in the productions of this admirable writer.

——An interesting study of the various forms of bacteria has been recently made by Dr. T. J. Burrill, of Champaign, Ill. (8vo. paper, 50c., pp. 65). Its contents are as follows: Part I. "Nature and Organization of Bacteria." (1) Existence, (2) Color, shape, size, (3) Movement, (4) Structure, (5) Reproduction and development, (6) Vitality and endurance, (7) Nutrition, (8) Origin, (9) Place in nature. Part II. "Effects of Bacteria." (1) Fermentations and putrefactions, (2) Diseases, (3) Benefits. Part III. "Classification of Bacteria." Sixteen genera (with artificial key) and over one hundred species systematically arranged and described.

——In a reprint describing his last year's work in ovariotomy, Dr. Wm. Goodell, of this city, reports the results of twenty-five cases. Of these six died, but, as Dr. Goodell very correctly observes, this mortality must be balanced by the fact that in not a single instance did he decline to operate. Many ovariotomists do not state in how many cases they decline to operate for fear of ill results.

BOOK NOTICES.

Therapeutic Handbook of the United States Pharmacopeia. By Robt. T. Edes, M. D., etc. New York; Wm. Wood & Co. 8vo., pp. 397.

The plan of this work is to take up the articles in the U. S. Pharmacopeia, *seriatim*, and give their therapeutic action, doses, immediate and remote effects, and in what diseases they are particularly indicated. The sources of the author's information are the Dispensatories and the leading treatises on materia medica. The physiological and toxic actions of drugs come in for a share of attention, and a number of non-officinal drugs and preparations are discussed in a similar manner at the close of the volume.

The author has performed his task with care, and his collation has been sufficiently thorough not to omit anything of much importance, although he has added but little to what may be found in the last editions of the Dispensatories.

In connection with the publication of this book by the Messrs. Wood & Co., we remark that what appeared to be the unfair and dishonorable action of the Committee of Publication of the U. S. Pharmacopœia in giving its publication to that house has not yet been explained. (See REPORTER, January 27, 1883.)

The Diseases of Women. By Heinrich Fritsch, M. D. Translated by Isidor Furst. New York: Wm. Wood & Co., 1883.

The author is Professor at the University of Halle, and writes a condensed practical treatise in a plain and direct manner. The translator has done his part satisfactorily, giving a fair English dress to the author's German. There are a number of wood engravings, but like most of those in Wood's Library of Standard Medical Authors, of which this is one volume, they fall short of what is desirable in point of clearness and careful printing.

A Manual of Auscultation and Percussion: Embracing the Physical Diagnosis of Diseases of the Lungs and Heart, and of Thoracic Aneurism. By Austin Flint, M. D., etc. Third Edition. Philadelphia: H. C. Lea's Son & Co. Cloth, 8vo., pp. 242.

This convenient hand-book has proved very acceptable to the profession, and it unquestionably merits its popularity. Dr. Flint writes clearly, and while he does not go into the tedious and unnecessary minuteness of the German and French Auscultators, he tells all that is of real importance on his subject. The present edition has been carefully revised by him, and has been brought up to the latest advances of diagnostic art. It will no doubt continue to be appreciated by the studious public.

——An illustration of stinginess is cited by an Arkansas editor, who knows a man that talks through his nose in order to save wear and tear on his false teeth.

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With January 1st, 1883, the COMPENDIUM OF MEDICAL SCIENCE, formerly published half yearly, has been commenced as a *quarterly*, to be issued on the 1st of January, April, July, and October.

It is especially adapted to be taken with the REPORTER, as few or none of the articles in it appear in our weekly journal.

The price of subscription remains the same, $2.50 per year. But as a special inducement to subscribers to the REPORTER to take the COMPENDIUM also, we offer the two journals at the very low price of

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THE DRAINAGE PROBLEM.

Old as the hills, yet ever new, the question of drainage is still in an unsettled and unsatisfactory condition.

It seems that we are altogether on the wrong tack, and that nothing short of a great sanitary revolution can set us straight.

From the mother country we are commencing to hear a great deal about the "pollution of rivers," and it will not be long until the same cry is heard in our own land.

The system of drainage of cities into water courses seems fundamentally wrong, yet it is the plan almost universally resorted to.

Let us take Philadelphia, to illustrate. Most of our drainage, of our rotten, poisonous refuse, flows into the Delaware river. This river is subject to tidal influences; as the tide falls the refuse is carried towards the sea, as it rises it is brought (a goodly portion, at least,) back towards the city; day by day, this foul mass flows down and up, each twenty-four hours, adding greatly to that already in the river.

That this refuse does not pass out to sea, and that it does not subside to the bottom of the river, will be satisfactorily demonstrated to the optic and olfactory nerves of any one who will take the trouble to visit our river front.

Now comes the hot sun of summer; the surface of the water is vaporized under its influence, and some of this poison is carried up with the vapor; when the wind blows from the east, north-east, or south-east, this pestilence-breeding vapor is wafted over our city and into our houses. Do you wonder where epidemics come from? Do you want any further explanation of *so-called* malaria?

As we say, each twenty-four hours adds to this contamination, until, in time, if it is not now, the Delaware river will become one large uncovered sewer.

The famous Delaware river shad are caught at Gloucester, (six miles below Philadelphia); some people eat them and become sick, and wonder why fish make people sick. Is it any wonder? Is it not rather matter for surprise, that we are not all down with blood-poisoning?

The purifying influences of the atmosphere, we fear, are inadequate to render innocuous such enormous masses of refuse as are daily discharged from so large a city.

Our remedy lies in disposing of our waste as nature intended that we should. Horses, cows and dogs do not use water-closets; their refuse is spread sparsely over the soil, which it feeds and enriches.

Organic refuse must go where it belongs, to nourish lower organic life.

We do not mean to deprecate the use of water-closets; they are necessary conveniences to our present state of civilization; but what we mean is that instead of carrying our refuse into water courses, we should cause it to accumulate, in suitable localities, remote from the cities, where it can be utilized in the manufacture of manure.

One of our leading sea-shore resorts is about to introduce such a system of drainage, and they calculate that the sale of the refuse in the shape of manure will pay all the expense of maintaining this system of drainage.

When we have succeeded in educating the public up to the point of realizing the value of preventive medicine, then, and not till then, can we hope that they will understand that money spent for sanitary purposes, is money just as well spent as are the large sums consumed in the erection of unsightly and unnecessary public buildings.

THE INSANE COLONY AT GHEEL.

A correspondent of the *Boston Medical and Surgical Journal* (May 3, 1883), furnishes a very interesting account of a visit to the town of Gheel, which argues much for the advocacy of non-restraint in the treatment of the insane.

Gheel is within an hour's ride of Antwerp, and on one of the direct routes from Berlin.

At the time of his visit there were 1600 insane patients living around as inmates of the families of the colony, and in almost every case they were absolutely free from restraint.

One-half of the sane inhabitants of the town are employed in taking care of their insane fellow creatures, for which they receive pay from the government sending them or from friends or the patient himself, varying from $60 per year for paupers, to $100 to $1200 for wealthier patients.

The colony is under the charge of a medical director and his assistants, who appoint the families to take care of the insane, this privilege being considered in the light of an honor, for which all strive. The patients are separated according to the degree of their malady: the most quiet and curable are located in the centre of the village; those somewhat troublesome, but offering hope of recovery, are located not far from the centre of the village, and to them is held out, as an inducement for good behaviour, a prospective removal to the more desirable location.

The idiotic children are congregated in a hamlet where special educational advantages are furnished, although they associate freely with other children.

The town is divided into five sections, each of which is presided over by one of the assistant physicians, whose duty it is to make the round of his section once a month, while the director must visit the entire colony twice in the year. Each section is also under the charge of a non-medical "guard," an officer who has the general management, including the enforcement of sanitary regulations. A peculiarly quiet and orderly air pervades the town, which seems to result in part from the natural character of the inhabitants, and in part from a spirit of emulation among them, all wishing to be considered worthy of obtaining and keeping *pensionnaires*. The question naturally arising as to the effect on the normal mind of this constant and familiar association with the insane was answered by the statement that no more insanity exists among the permanent inhabitants of Gheel than among those of other places of its size, and that many families have handed down this occupation through generations without sign of nervous or mental affection appearing among their members.

While apparently doing as they please, the patients are carefully and intelligently watched.

The date at which Gheel began to be devoted to the care of the insane is hard to determine. It

may with certainty be placed as early as the twelfth century, and legend carries it to a much earlier period.

Judging from the account given, this town is well worthy of a visit from all traveling physicians.

THE PARIS MUNICIPAL LABORATORY.

The necessity for similar institutions in our large cities will be apparent when it is realized that during last year out of sixty-two samples of butter examined, only eleven were pure. Preserved vegetables showed the presence of copper in eleven out of thirty-five samples. Milk was found to contain oatmeal, dextrine, white of egg, sugar, brain matter, oils and fat. Wines showed oxide of lead, alum, salt, salicylic acid, and sometimes arsenic in liquids colored with fuchsin. Beer showed picric acid, gall, aloes, colocynth, cocculus indicus, cubeb mixed with nux vomica, and carbonate of sodium, strychnia, box leaves, juniper, etc. Even *residues* of *fecula manufactories* were found in some adulterations.

This laboratory was erected in 1881, and only costs about $26,000 per annum, divided as follows:

1 Director of the Laboratory	$1,200
1 Sub-Director	900
1 Analyst (1st class)	480
3 Analysts (2d class), $360 each	1,080
16 Inspectors (1st class), $525 each	8,400
16 Inspectors (2d class), $360 each	5,760
3 Employés, Porters	1,000
General Expenses	960
Total	$19,780

The rest of the money is applied to the purchase of instruments, books, etc.

Tradesmen, whose places of business are pointed out as those in which adulterated articles are sold, are visited by two officers (inspectors). They request to be allowed to examine the products on sale, and do so, both microscopically and chemically, on the spot, with the means they carry with them. If an article appears to be adulterated, two samples, one for examination at the laboratory, the other to be preserved in case of dispute, are taken, and attested by the signatures of the tradesmen and both officers. Suspected samples can be lodged at the nearest bureau of police, where they are placed in a special chest for the purpose, and forwarded to the laboratory at the prefecture of police, by means of the prison van. Every article that enters the laboratory is analyzed quantitatively, the result, however, being only made known to the sender on payment of a fee varying according to the nature of the substance, from five to thirty francs. It is upon the figures obtained in this analysis that the chief of the laboratory bases his opinion. Each analysis is registered in a book for the purpose, which remains at the laboratory and forms part of an important collection.

Such laboratories in our large cities would be productive of much good, and would be a wise way in which to spend a portion of the public money.

SOMETHING PRACTICAL ABOUT MICROCOCCI.

"I care not," said a gentleman the other day, who is well known for the practical nature of his contributions to medical science. "I care not whether micrococci are the cause per se, or whether they are the vehicles carrying the cause of zymotic diseases, but I do know one thing—they possess great prognostic value."

He then went on to describe his belief in the following proposition: That in scarlet fever, measles, puerperal fever, and the like, when a microscopic examintion of the blood demonstrated the presence of large quantities of granular matter (call them micrococci, or whatever you choose), the prognosis is very bad.

This matter, he believes, acts mechanically, it obstructs the capillary circulation, causing the formation of heart-clot, and death from mechanical interference with the circulation.

In support of this view, he cites numerous instances where this granular matter has been found in the blood, when, after death, enormous clots are found in the right ventricle, while the left ventricle is found firmly contracted, dying in systole, failing to overcome the mechanical obstruction offered by this granular matter in the capillaries.

When he finds this condition under the microscope, his prognosis is grave, and *vice versa*.

The discoloration of the skin, found after death in these so-called malignant cases, he considers due to this capillary stasis.

Still further, and what is of greater moment, he is convinced that alcohol possesses great power to alter this morbid condition of the blood. "Make your patients drunk, if you can, but you will find that the tolerance of alcohol in these cases is something wonderful. I used to use carbonate of soda and digitalis, and I lost my patients; I now use whiskey, and I save them." As soon as he has reason to suspect a grave case, from the severity of the symptoms, he commences to use alcohol and pushes it to the stage of intoxication, and he has had most excellent results.

Our authority is so well worthy of confidence that we would be glad to have his recommendations heeded and to have our readers give the alcohol treatment of grave zymotic diseases a fair trial.

It is truly refreshing in these days of ponderous, wordy, theoretical, micrococcal discussions, to have some reliable authority tell us something truly practical about them.

Notes and Comments.

An Obscure Affection of the Feet.

When Dr. John McIntyre, Medical Officer of Health for Avoca Circle, S. Natal, Africa, first entered upon his duties, he was extremely puzzled by a curious affection of the feet, which he found peculiar to the Coolies, Europeans and Kaffirs never suffering from it. They complained of excessive tenderness and heat or burning in the plantar surface of the feet. They professed not to be able to walk, and sometimes even to stand. They were generally weakly and debilitated, but how far this might be the result of the inconvenience from the feet he could not tell. The temperature was normal, and, except that they were weak, there was nothing he could find to confirm their statement regarding their feet. Thinking it might be in some relation to specific disease, he tried iodide of potassium; then he tried tonics—quinine, iron, cod-liver oil, arsenic, local embrocations, etc. No treatment seemed to influence the feet in the least. At last he thought he would try the effect of nerve-stretching. He cut down on the posterior tibial nerve and stretched it. The first few cases were much relieved, but after he had tried this treatment on four or five with apparent benefit, he began to pull the nerve in both directions much more forcibly than in the first cases, and since he began to do so all the cases so treated have been entirely free from the heat and tenderness in the feet, and the general health has also improved. In some of the cases it is over three years since he so treated them, and they have had no return of the tenderness and heat.

His communication appears in the *Lancet*, April 28, 1883.

Six Years' Experience in the Treatment of Syphilis.

Dr. Charles R. Drysdale thus concludes an article on this subject in the *Med. Press*, April 18, 1883:

The treatment of syphilis, commencing with the initial lesion, ought to be continuous, and should consist of very small doses of some mercurial salt, continued for months. When severe symptoms are seen, inunction, calomel vapor baths, or fractional doses of the mercurial salt should be given for a week or so every four hours, in combination with large doses of the iodide of potassium, sodium, or ammonium. Atropia drops should be frequently used in iritis. In gummy deposits the chief curative remedy is iodide of potassium in large doses; but a tonic dose of some form of mercurial salt may be added as a germicide. If cerebral symptoms supervene, they are to be treated energetically with the iodide and with immersion.

Mercury in such small doses seems to do no harm to the general health, and there is much evidence to show that it is a tonic, which may be given even for years with advantage in some cases of anæmia. All cases of syphilis, mild or severe, should be treated by these small doses of mercury in order to prevent the supervention of tertiary symptoms or gummy products. The germ of syphilis has not yet been seen by the microscope, but it exists in all probability, and this is the rational account of the useful action of mercury and iodine, which are both germicides.

Hysterectomy.

Dr. G. Graville Bantock in the *Lancet*, April 14, 1883, says that we should never dream of resorting to oöphorectomy in a case of pediculated fibroid or large multiple fibroids. Experience has already shown it to be useless in these two classes. "But that there are certain cases in which oöphorec-

tomy should take the place of hysterectomy I am free to admit. Such a case is that of a small or very moderately sized intramural fibroid; in such a case oöphorectomy will, I believe, render us good service, and should be preferred because of its small risk. But when the tumor is large, I believe oöphorectomy to be as dangerous as, and in some cases even more dangerous than, hysterectomy has now become under improved methods of performing the operation."

Ear-Ache in Children.

Dr. Samuel Sexton contributes an article on this subject to the *Medical Record*, May 5, 1883, in which he deprecates routine treatment or injections until we have found out the cause of the ache by careful examination, for in a very large number of the earaches in childhood the causes are to be sought elsewhere than in the hearing organ itself, and they will be found to depend, for the most part, on nervous sympathy; the most prominent are dentition, dental caries, and colds in the head. Thus nervous impulses propagated from regions remote from the ear may give rise to pains in the ear—neuralgic otalgia—without perceptible hyperæmia; or the intensity of the congestion arising in a part so richly supplied with blood-vessels may manifest itself as an acute aural catarrh.

To Abort a Stye.

Dr. Louis Fitzpatrick, who has recently returned from Egypt, where all kinds of eye affections are extremely common, writes to the *Lancet*, April 21, 1883, that he has never seen a single instance in which the stye continued to develop after the following treatment had been resorted to: The lids should be held apart by the thumb and index finger of the left hand (or a lid retractor, if such be at hand), while the tincture of iodine is painted over the inflamed papilla with a fine camel's-hair pencil. The lids should not be allowed to come in contact until the part touched is dry. A few such applications in the twenty-four hours are sufficient.

Vertigo.

In the beginning of a communication on this subject by Dr. Edward Woakes, in the *Brit. Med. Jour.*, April 28, 1883, the author says:

The point of view which I propose to submit for consideration in this paper is, that all vertigo is essentially auditory in its seat; that is to say, whenever the symptom of giddiness, disturbance of the equilibrium, defective gait, falling, or whatever modification of these may characterize the symptom of vertigo, its immediate occurrence is due to a modification of tension of that part of the labyrinthine fluid contained in the semicircular canals, and the appreciation by the ampullar nerve-apparatus of this change of tension.

Erythematous Eruption in Enteric Fever.

Two cases of enteric fever, in which there occurred a scarlatiniform eruption, causes Dr. Whipham to ask in the *Med. Press*, April 18, 1883, whether these are really cases of double poisoning, of mixed scarlet and entric fevers. The absence of desquamation, and the fact that an erythematous eruption is not uncommon in variola, pyæmia, and other forms of pyrexia, led to the conclusion that there are really instances of enteric fever preceded by erythema and not mixed cases of scarlatina and enteric fever.

Glycerine in Skin Disease.

M. Desguin, of Anvers, has given glycerine internally in certain forms of skin disease with, it is said, marked success, especially in acné punctata and the furuncular diathesis. He commences with four drachms daily and gradually increases the dose. He states that the secretion of the cutaneous glands, which is thick and irritating in these diseases, becomes more liquid, and cutaneous irritation is notably lessened. During convalescence from scarlet fever, he believes that it facilitates desquamation.

A Case for Venesection.

Dr. A. C. Shout reports in the *Brit. Med. Jour.*, April 28, 1883, the case of a young man, who, for some days, had been suffering from a fullness in the head, that rendered his gait unsteady. He fell into a canal, and when seen was lying on his back. His wet clothes removed, body warm, skin dry, breathing slow, face and neck swollen and congested: pupils semi-dilated, and jaws firmly locked; pulse 100, and comatose. Venesection was performed to the extent of thirty ounces, when he slept for two or three hours and awoke perfectly well.

Nephroraphy.

Dr. David Newman, of Glasgow, has just performed this operation for the first time in Great Britain. The *Lancet*, April 28, 1883, says of it:

The patient is a female, who suffered from floating kidney, which Dr. Newman determined to treat by fixation. The kidney was reached from behind, its capsule stitched to the edges of the

incision, and several deep button-sutures were passed through the tissues and kidney-substance. The patient has recovered satisfactorily, and is now quite relieved of her former pain.

Spina Bifida.

In the *Brit. Med. Jour.*, April 14, 1883, Mr. Robson, referring to the case related by him in a former issue (see p. 415), and in which he had transplanted periosteum from a rabbit, reported that no new bone had been formed, but he thought the periosteum had helped to thicken the spinal coverings. A new principle in the operation was the treatment of the meninges by bringing together the serous surfaces, after the manner of modern peritoneal surgery.

Chylocele of the Tunica Vaginalis.

Dr. Wm. M. Mastin, of Mobile, reports a case in the *Annals of Anatomy and Surgery* for May, 1883. He considers the morbid condition much less infrequent than either the literature or the numbers of the recorded cases would suggest, and believes that a more careful examination of many so-called cases of hydrocele will substantiate this statement. The treatment he advises is free incision into the sac and ligation of the ruptured and leaking duct.

Carbolized Iodoform.

The following formula is given by C. Sherk (*Berliner Klin. Wochenschrift*) as a great improvement over iodoform:

R.—Iodoform,	10 gr.
Acid, carbolic.	5 gr.
Ol. menth. pip.,	2 drops.

The acid is to be rubbed up with the iodoform, and the peppermint oil added subsequently. The disagreeable odor of the drug is completely covered, and it is not again developed even at an elevated temperature.

Belladonna in Gonorrhœa.

Dr. J. Numa Rat states in the *Lancet*, April 7, 1883, that he has treated a few cases of mild gonorrhœa successfully by smearing the penis with ointment of belladonna, and enveloping it in a cloth smeared with the same. No injections were used nor internal medicine employed, and the cure was complete in a week.

The Micrococcus of Cerebro-spinal Meningitis.

Herr Leyden demonstrated this micrococcus before the Berlin Society for "Medicine," on February 19 (*Med. Press*, April 2, 1883). He concludes that there can no longer be any doubt as to the parasitic nature of cerebro-spinal meningitis. He has found in the exudation liquid of meningitis the same cocci as had been met with in pneumonia, and he has likewise proved the existence of the cocci in a case of pyocephalus.

Aneurism of Both Popliteal Arteries: Cure.

In the *Brit. Med. Jour.*, April 7, 1883, Dr. Samuel Gordon relates the case of a man upon whom, in 1817 (at the age of 29), Mr. Todd tied the left femoral artery for aneurism of the left popliteal, with a perfect cure. In 1820 the same operation was performed on the right side, with a like result. Thirteen years later, the patient died from cancer of the stomach.

Iodine an Antidote for Snake Bite.

Dr. George H. Carpenter, of Moorefield, W. Va., writes to the *Medical News*, April 21, 1883, that he has secured excellent results in two cases of poisoning by the bite of the copperhead, from the internal administration of tinct. iodini comp., fifteen drops in a third of a glass of water, and the local application of the tincture of iodine to the bitten limb or part.

Iodoform in Diabetes.

From the *Gaz. degli Ospitali*, February 4, 1883, we learn that in two cases of diabetes mellitus, Bozzolo has used iodoform (30 grains daily) with good results. In both cases the quantity of urine was decreased; in one (mild) the glycosuria entirely disappeared; in the other (severe), it was lessened.

Popliteal Aneurisms.

From the Sussex County Hospital (*Lancet*, April 7, 1883), is reported one case of popliteal aneurism cured by instrumental compression of the femoral, and one case cured by manipulation and rest.

Albuminuric Retinitis of Pregnancy.

Dr. A. Emrys-Jones calls attention to this condition in the *Brit. Med. Jour.*, April 14, 1883. The prognosis he considers good, so far as vision is concerned, though sometimes patches of choroidal atrophy remain, which considerably diminish the acuteness of vision. For treatment he recommends iron in some form and extra care. He hopes that this note will induce practitioners to take careful notes of the presence of albumen during pregnancy, and the effect on the labor itself, and on the general health of the patient afterwards.

Correspondence.

Tænia Medio Canellata in Three Members of a Family.

Eds. Med. and Surg. Reporter:—

Last October Mr. R. came to my office, wishing me to relieve his thirteen-year-old daughter of a tape-worm. I advised him to first bring me some of the proglottides as soon as they should be passed. He was able to demonstrate them to me in a short time, and I now prescribed for her as follows: Take to night for supper nothing but oatmeal or barley gruel, and take nothing else whatever before retiring but a cup of absinth tea made of one drachm of the herba absinthii. On rising in the morning take 2½ drachms ext. filicis maris æth. and two minutes after ½ oz. ol. ricini, which passes the extract quickly into the gut. Half an hour later take another cup of the absinth tea the same as the night before.

The next day the father brought the tape-worm, head and all, in a bottle. He stated that it passed without trouble at half-past eight, one hour after the tea was taken, and that the girl was feeling a little weak, but well otherwise.

In January last the mother of the above case came and stated that she also had a tape-worm. I prescribed at once for her the same treatment, but in larger doses. She took a half ounce of the ext. male fern and two drachms of the herb in each cup of tea.

In April, the 14-year-old son came with the same statement. I prescribed for him the same as for his sister.

The effect was in all cases the same, and in the same short time, without any bad consequences, and the above treatment has never failed me in any case.

When Mr. R. brought the last specimen, he thought he would rather not have any more raw beef in his family after this. They had always freely indulged in it, contrary to my advice.

J. H. Voje, M. D.

Fredonia, Ozaukee Co., Wis., May 7, 1883.

News and Miscellany.

West Virginia State Medical Society.

The Medical Society of West Virginia convened in sixteenth annual session in the court house at Grafton, May 16, the President, Dr. B. W. Allen, of Morgantown, presiding. Prayer was offered by Rev. Robinson, of the Baptist Church.

Dr. W. L. Grant, chairman of the Committee of Arrangements, made an address of welcome on behalf of the committee, and Hon. John W. Mason, on behalf of the Mayor and citizens of the city, welcomed the Society to Grafton in an eloquent and well-timed address, which was received with hearty approbation by the members.

The first Vice President, Dr. Grant, of Grafton, was called to the chair, and the President delivered his address.

Dr. Allen, among other things, advocated the establishment of a full Medical Department in connection with the State University.

Dr. R. W. Hall, of Mannington, from the Committee on Climatology and Epidemics, presented an interesting report of several epidemics that have occurred in different parts of the State during the past year. This report gave rise to an animated discussion on the subject of typhoid fever, that was opened by Dr. Reeves, and participated in by Drs. Stover, of Richmond, Landis and Baldwin of Ohio, and Gerstell, Jepson, Lazzell and Carpenter, of the Society. The prevailing opinion seemed to be that the disease may arise *de novo*, that it is not contagious in the common acceptation of that term, that many cases recover with but little treatment except the most careful nursing and attention, and that bad symptoms may be often successfully combated with proper medicines. A preamble and resolutions were introduced by Dr. Reeves commending the good done by the Library of the Adjutant General's Office and the Army and Medical Museum at Washington, and calling upon Congress to keep the two united under one control and to secure for them fire-proof buildings, and an annual appropriation that shall be adequate to their support.

Several other unimportant matters were acted upon, when the session closed until half past eight o'clock the next morning.

The committee of arrangements provided splendidly for the entertainment of the members.

In the evening at half past seven o'clock a lecture was delivered by Rev. W. A. Shipman, of the Lutheran church of Grafton; subject, "Materialism."

At nine o'clock a grand ball was given in honor of the Society.

After the lecture the Society was entertained at a ball given in its honor at Brinkman Hall.

The Society reconvened at 8:30, on the 17th, with an increased attendance. Resolutions were offered by Dr. Morgan, of Clarksburg, providing for the establishment of a medical journal to be under the control of the Society, with the aid and co-operation of the State Board of Health.

On motion of Dr. Jepson, the resolution was referred to the Committee on Publication, with instruction to report on the subject at the next annual meeting.

Dr. A. F. Stifel, on behalf of the Committee on the Brock Prize, reported that no paper had been placed in the hands of the Committee.

Dr. J. Frissell read a paper entitled "Health." The paper contained so much information of value to the people, that it was referred to the State Board of Health, to be published in their reports, in order that it might have a much wider circulation than if reported in the transactions.

Dr. J. P. Birney and J. T. Warder were elected to membership.

Dr. Vankirk introduced a resolution which was adopted, commending the work of the National Board of Health, and calling upon Congress for appropriations to enable it to continue its good work.

Dr. Lazell read a paper on new remedies.

A paper by Dr. Myers, on the Germ Theory of Disease was read and referred; also a paper by Dr. Morgan, of Clarksburg, on the Abuse of Ergot in Obstetrics.

Remarks were made on the subject by Drs. Landis, of Ohio; Stover, of Virginia; and Morgan and Gregg.

Dr. Carpenter read a paper entitled Insanity as a Disease, and the Duty of the Medical Profession of the State in regard to it.

It was discussed by Drs. Baldwin, of Ohio, Reeves, Kunst, and Howell. The latter offered the following resolution, which was adopted:

Resolved, That a committee be appointed by the President of the Society, whose duty it shall be to collect statistics and general information relative to the management of the insane, and report to this Society at the next annual meeting.

Under this resolution the following committee was appointed: Dr. G. H. Carpenter, chairman; Dr. Fleming Howell, of Clarksburg; Dr. A. H. Kunst, of Weston; Dr. Allen Gettings, of Weston; Dr. G. H. Moffat, of Parkersburg; Dr. A. F. Stifel and Dr. J. B. Reed, of Wheeling.

The following amendment was made to the By-Laws: No member shall occupy more than twenty minutes in reading of a paper before the Society. If the paper prepared is too lengthy to be read within its limit, it may be read by abstract, the paper in form being referred.

The following resolution offered by Dr. Lazzell was adopted:

Resolved, That the Secretary be authorized to purchase twenty-five copies of the Code of Ethics of the American Medical Association for distribution among new members.

Dr. S. L. Jepson read a paper entitled "Puerperal Fever," with special reference to its treatment by intra-uterine antiseptic injections. The doctor warmly advocated this as a valuable therapuetical measure to the treatment of this disease, and made reference to cases in which it had been used with great success.

After remarks by Drs. Laudis and Morgan, the paper was referred.

The Society adjourned to meet at Clarksburg.

Action of the Medical Society of Harford County, Md.

In Memory of Dr. Silas B. Silver, May 8, 1883.

Dr. Silas B. Silver died at his residence, "Silverton," in Harford county, Md., on April 1, 1883, of chronic disease of the heart, induced by inflammatory rheumatism. Dr. Silver was born near his late residence on February 20, 1815, and was 68 years of age at the time of his death. He was a pupil of the celebrated Dr. Joseph Parrish, of Philadelphia, and graduated in the medical department of the University of Pennsylvania in 1838. He was quite successful in his early practice, and acquired considerable reputation as a physician; but his health failing, he was compelled to retire from active practice many years ago.

Dr. Silver was ever active in upholding the honor and dignity of the medical profession, and was particularly active in the organization in 1866, and in the subsequent support of the *Medical Society of Harford County, Md.* Although not engaged in the practice of the profession for several years previous to his death, he was, nevertheless, a regular attendant upon the meetings of the society whenever his health permitted, and always expressed sound and conservative views upon the subjects discussed. The *Medical Society of Harford County*, at its recent annual meeting, held in Bel Air on May 8, 1883, unanimously adopted the following resolutions, which were prepared and offered by Drs. Forwood, Lee, and Hopkins—the committee appointed by the President—as in some degree expressive of the loss sustained by the Society in the death of Dr. Silver:

Whereas, The sad visitation of death has invaded our body, and again reminded us of our mortality by the extinguishment of the vital flame of our friend and professional collaborator, Dr. Silas B. Silver; therefore be it

Resolved, That we, the members of the *Medical Society of Harford County*, in meeting assembled, while submitting to the inevitable—to the laws of nature and to the will of God— do, in sadness and sorrow, sincerely grieve over the loss of an active and useful member of our society, whose efforts were largely instrumental in its organization, as they were also exerted toward the elevation of the standard of medicine, and in the cultivation of the amenities of life between professional brethren.

Resolved, That while experiencing our personal pain in the loss of our fellow and friend, we are still mindful of, and sympathetic with, the sorrow of his immediate family circle; and that we do hereby tender our most profound respect and hearty sympathy to the devoted wife, who so faithfully and so tenderly ministered to every want of the suffering invalid through his long and painful illness; and who now in her widowhood must bear the storms of life without his sheltering arm and love.

Resolved, That a copy of these resolutions, designed to express our esteem and respect for our departed member, be presented to the widow of the deceased; and that copies of the same be offered for publication to the Philadelphia Medical and Surgical Reporter and to the *Maryland Medical Journal*, and also to the newspapers of Harford county.

Dr. Forwood, a life-long friend, and one of the attending physians of Dr. Silver in his last illness, delivered an enlogium upon the life and character of the deceased, and also explained the peculiarities of the patient's disease, and the course of treatment adopted.

Dr. W. W. Hopkins next spoke in terms of high respect of the personal and professional acquirements and standing of the deceased—the friend and cotemporary of his father, the late Dr. Thomas C. Hopkins—of his deep interest in the Medical Society, and of his dignified and unblemished personal character.

Dr. Lee also added a few words in commendation of the services of the deceased—of his professional integrity, and of his valuable services to the Medical Society.

Upon motion, the Society then adjourned to meet in Bel Air on the second Tuesday in November.

W. Stump Forwood, *Secretary*.

Illinois State Medical Society.

The meeting was called to order in Peoria on Tuesday, May 15, at 10 o'clock, by the President, Dr. A. T. Darrah, of Bloomington, Ill.

After prayer by Rev. J. C. Bruce, the chairman of the Committee of Arrangements, Dr. John Murphy, made a brief address of welcome, to

which Dr. Wm. Hill, of Bloomington, responded.

Dr. J. E. Owens read the report on "Surgery."

Dr. Prince, of Jacksonville, showed an apparatus for distension of the bowel.

Dr. J. S. Whitmire showed a new truss for hernia.

Dr. N. Holton read a short paper on dislocation of the left kidney.

Dr. Crummer, of Warren, read a report on a case of deformity from effects of nerve injury.

REPORT OF NOMINATING COMMITTEE.

The committee was organized by electing Dr. N. S. Davis chairman, G. W. Jones secretary.

The following is the report of the committee:

Mr. President and Members of the State Society.

Your Nominating Committee have the honor of presenting the following names of gentlemen as suitable for officers, and recommend their selection for the positions to which they are severally assigned for the ensuing year:

President—Prof. Edmond Andrews, Chicago.

First Vice President—David S. Booth, Sparta.

Second Vice President—Geo. W. Nesbitt, Sycamore.

Treasurer—Walter Hay, Chicago.

Secretary—D. J. Jones, Chicago.

Members of the Judicial Council for three years—Robert Boal, Peoria; Herbert Judd, Galesburg; L. G. Thompson, Lacon.

Committee on Practical Medicine—J. C. Frye, Peoria; J. W. Hensley, Yates City; N. S. Reed, Chandlerville.

Surgery—Roswell Park, Chicago; D. S. Booth, Sparta; J. D. Whitley, Petersburg.

Obstetrics—S. R. Crawford, Monmouth; Ellen A. Ingersoll, Canton; C. DuHadway, Jerseyville.

Gynecology—W. S. Caldwell, Freeport; L. H. Corr, Carlinville; A. F. Rooney, Quincy.

Ophthalmology and Otology—J. P. Johnson, Peoria; Robert Tilley, Chicago; P. H. Garrettson, Macomb.

SPECIAL COMMITTEES.

J. V. Black, Jacksonville, on Oral Surgery.

Dr. Christian Fenger, Chicago, continued for another year.

W. G. Ransom, Roscoe, continued.

C. Truesdale, Rock Island, on Tetanus.

M. F. Bassett, Quincy, on Vaccination.

J. P. Matthews, Carlinville, on Diseases of Children.

A. Wetmore, Waterloo, on Physiology.

COMMITTEE ON ARRANGEMENTS.

D. W. Graham, Chicago; Chas. Gilman Smith, Chicago; R. C. Hamil, Chicago; H. A. Johnson, Chicago; E. Ingals, Chicago.

Society will meet next year at Chicago.

Items.

—1430 graduates from our various reputable medical schools this spring. What will become of them?

—Injection of a nevus with perchloride of iron produced immediately fatal results in a surgical clinic at Chicago, recently.

—Lycopodium can be put to an excellent use when sprinkled over oiled silk. It prevents the fabric from adhering together.

—A German patent has just been taken out for the manufacture of bottles, etc., from cast iron, containing 12 per cent. of silicon, a compound which is said to resist action of the strongest acids.

—Sounds from the consulting-room.—"How long will it take you to cure me, doctor?" "Well, Mr. Blank, I think you can get back to your desk at the bank in about a month, but you will have to remain under treatment for several years." "But you mistake; I am not Mr. Blank the banker, but Mr. Blank the letter-carrier." "Oh, that alters the case. There is nothing the matter with you but a little biliousness. You will be well in a month!"

OBITUARY NOTICES.

WILLIAM FARR, M. D., C. B., F. R. S., D. C. L.

The father of English vital statistics is dead; he to whom the civilized world owes the present system of statistics upon which all our vital calculations are based, has passed away. He died April 14, aged 75 years.

QUERIES AND REPLIES.

EDS. MED. AND SURG. REP.—Under the "Scott Law," lately passed by the Legislature of this State, no person is able to obtain alcoholic liquors except on the *prescription* of a physician. A patient comes and asks for *a prescription* for some whisky, or brandy, or what not, and says: "I always use it when I become so-and-so," or, "It is the only thing that will do my wife any good when she has a cold," or, plainly, "I like to have a little about the house to use when I need it." Ought I to write him a *prescription* (?) for what he asks for, without further ado? Would it be a *prescription?* Would it not be evading the law, even though I feel assured that he will not use it abusively?

Will you describe the method of obtaining carbonic acid water by means of siphon, referred to by W. B. Atkinson in the *Quarterly Compendium* for January?

I ordered gr. 1-20 doses of belladonna for a child of three years, once a day, at bed time. Each dose caused a brisk and copious purgation within two or three hours of taking. Is that common, or did it depend on idiosyncrasy?

Hilliare, Ohio. P. F. JEWELL, M. D.

1. Unless the use of alcohol is indicated as a drug by the patient's condition, a physician prescribing it would be evading the intention of the law.

2. You can buy it at any good drug store.

3. The dose is a *little* too large for a child of that age, though it should not act as you describe, unless under some peculiar idiosyncrasy.

MARRIAGES.

PERRY—THOMAS.—On April 26, 1883, at the First Baptist Church, by Rev. George Dana Boardman, D. D., Dr. Safford G. Perry, of New York city, and Miss Frances S. Thomas, of Philadelphia.

DEATHS.

JONES.—In this city, on the morning of the 3d of May, at his residence, No. 200 Washington avenue, John William Jones, M. D., in the seventy-fourth year of his age.

SHRADY.—Suddenly, April 29, Mary Lewis, wife of Dr. Geo. F. Shrady, of New York.

THE

MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

THE SEWERAGE SYSTEM OF CAPE MAY.

BY JAMES MECRAY, M. D.,

Of Cape May, N. J.

In your issue of October 14, 1882, you gave a most excellent editorial on Drainage at Seaside Resorts, in which you say, "Fundamentally good drainage at the sea-shore is very difficult to procure, since one of the most essential requisites is a fall or decline in the land so that gravity may aid the water supply in carrying off refuse. At the majority of our seaside resorts the land is very flat. Also it is very essential that the sewer outlets should be so located that they can freely discharge their contents at all times," etc.

The State Board of Health has been making sanitary inquiry and investigation of all the resorts along the coast, and as they are considered the best authority, I will quote from their report, page 132, 1882, on *Sewers*. A careful examination of the sewer system of Cape May was made. Some changes and alterations which were being made gave an excellent opportunity for careful examination. The city has no map of its underground structures, and like most of our cities, much needs a complete sanitary map. The gradients of the different sewers, could not be obtained, *but there was good evidence that they were fairly flushed, and that the fall was sufficient*, unless some special hindrance occurs. One sewer, which was being taken up on account of deficiency of fall, illustrated the fact that portions are sometimes laid with too little fall. There is obstruction because there is irregularity of fall more frequently than because from *end to end there is too little fall*. In this sewer, the obstruction was found to be caused by a variation in grade which had been made to suit a gas main, and only required the simple remedy of raising the line of pipe before it was reached. The pipes beyond this were so clean as to show a good flushing. The whole system is between three and four miles. As the emptying is into tide water, at points where the tide rises from three to four feet, the outlets are covered a part of the time, *but not so long as to interfere with frequent delivery*. For this reason there should be more frequent man-holes. (Since last visit of Board of Health, April, 1882, every sewer has been well ventilated.) The sewer pipes are from ten to sixteen inches calibre, and often unnecessarily large. They carry all the storm water which enters by gully-traps. At some of these there is free ventilation. It is much easier to keep sewer-gas out of these sewers, than it is to keep it out of the hotels. We find at Cape May the structural provision for water, for disposal of sewage, and all that relates to outside sanitation, either good or capable of easy correction. *There is little danger from sewer-air in Cape May save such as is made in the buildings*, and the city has more to fear from them than they have from the city.

Same report says the soil of Cape May is admirably adapted for a city. It is a common fallacy that sandy soils, as being so loose and porous, are the best adapted for close population. The fact, however, is that gravelly soils are much preferable as percolators. The soil which underlies Cape May city is mostly gravelly, with sand under the gravel bed. The water is soft and pleasant—quite

tasteless, unless a slight sulphur taste is perceptible. We think it can be said that the city has a good and abundant water supply. On the whole, it can be said that few sea-side resorts on such narrow strips of land can be found with so good a water supply. The death-rate of Cape May is only 14.12, showing conclusively that the sewers and water supply are good. There are no resorts on the coast that can show so small a mortality.

The question is often asked, "Is there malaria at the sea-shore?" Any one living here knows full well such a thing cannot exist. Salt water will not generate it. Salt mixed with fresh will. Cape May is so situated that fresh water cannot mix with the salt. The Delaware bay and river are salt as far as New Castle, and in droughts as far as the Lazaretto. So there is no fresh water within fifty miles of the Cape. Malaria is unknown among the residents, as will be shown by the return of deaths. Page 341 gives the principal cause.

Typhoid fever, none; remittent fever, none; scarlet fever, one; diphtheria, none; diarrhœa, three; consumption, one; acute lung disease, one; brain and nervous disease, children, five; heart, two; adult brain, one.

"PEAR GRIT" AS A CAUSE OF ANAL IRRITATION.

BY DR. J. T. ROTHROCK,
Of Philadelphia.

For three successive summers my attention has been called to a case for which I can find no exact parallel in our medical literature, and as it presents some marked features, is, perhaps, worthy to place before the medical public; especially as the diagnosis is easy, the treatment merely abstinence from the offending cause, and because, further, it may give a clue to many other cases with like symptoms.

The patient, a middle-aged, strong, active man, very fond of fruit, each summer was taken with what he first supposed a "fit of piles." There was excessive pain on defecation, tenesmus, flattened feces, and a more or less copious discharge of blood. At one time the pain was so severe and so distinctly localized as to lead to the suspicion of fissure or ulcer of the anus.

The periodical return of these attacks was suggestive, and induced an examination for cause.

Among the fruits quite too freely indulged in by the sufferer were pears. This at once suggested the inquiry as to whether the "grit" that all, even the best pears, contained, might not have to do with the trouble. On mention being made, it at once brought to mind the fact that on the paper used in the closet there were small white hard bodies, never larger than the head of a pin.

Examination by the microscope revealed the fact that in the feces there were quantities of bodies like those shown in the figure—clearly the so-called sclerenchyma, or stone cells, of vegetable histologists. This furnished the clue to the treatment, which was simply to abstain from the pears, a cure always following.

(*Barker.*)

"PEAR GRITS" *i. e.*, STONE OR SCLERENCHYMA CELLS FROM THE PEAR. CLUSTERS MAGNIFIED ABOUT 200 DIAMETERS.

An idea of the hardness of these cells may be gained from the statement that they are of exactly the same material and hardness as the shell of the hickory nut.

One may readily understand from this, and from the numerous sharp angles a cluster of these cells show, that lodged in the folds of the mucous membrane at the verge of the anus, even if it were not in an inflamed condition, it would speedily become so, and that to an inflamed or ulcerated membrane it would soon prove an intolerable source of distress.

There is this further consideration in connection with other like cases: may they not be caused by similar substances? Does any one, for example, know whether the sharp-faced crystals of calcium oxalate which are found so abundantly in rhubarb, are dissolved in passing through the alimentary canal? We do know that rhubarb is reckoned among the predisposing, if not actually exciting causes of hæmorrhoids.

The subject is especially commended to the attention of the profession in the country, where observation in this direction will doubtless show that the case above instanced is by no means a solitary one.

I am indebted to my friend and pupil, Thomas Ridgway Barker, for the illustration which accompanies this article.

CONGENITAL ABSENCE OF THE KIDNEY.—TWO CASES.

BY W. A. EDWARDS, M. D.,

Assistant to Prof. Clin. Medical University of Pennsylvania.

During my term as Assistant Pathologist to the Philadelphia Hospital, in the spring of 1882, a foundling was admitted to the house, suffering from marasmus; the babe died in a few days. An autopsy was held, not so much to confirm the diagnosis, as in the routine line of duty. Our work was rewarded by finding the following congenital peculiarity. My notes taken at the *post mortem* table read as follows:

Baby E., foundling, female, age fifteen months, much emaciated, all the thoracic and abdominal viscera normal, but very anæmic. In other words, a verification of the ante-mortem diagnosis.

The kidney of the right side is seen in its normal position, its ureter normal in size; traverses the ordinary course in reaching the bladder. Upon removing the organ its macroscopic appearance is that of a healthy kidney, which *microscopic* examination subsequently proved to be the case.

On the left side the organ and its ureter is nowhere to be found, but in their place the supra-renal capsule is discovered adherent to about the centre of the arch of the diaphragm; it, however, has not the "cocked-hat appearance" ascribed to that gland; it is bound to the diaphragm by firm, well organized connective tissue, which does not appear to have been of inflammatory origin; *microscopic* examination proves it to be the capsule.

No renal artery is given off on this side. Case 2, which is very similar, occurred in private practice—the child, age twelve months, female, dying because it was a futile effort of nature to vivify the diseased germ, overwhelming constitutional taint attaining the mastery; it was also the left kidney which was absent in this case; the supra-renal capsule was adherent to the diaphragm. *Microscopic* examination made as in the former case, with like result.

In the first case no history was obtainable; the child was found on the hospital steps, so I do not know if it showed any evidence of this congenital defect. The second case was under my observation for some time. The absence of a kidney was never suspected. The urine was apparently normal in amount and color. I never made a critical examination of this secretion, as no symptom seemed to demand it.

These are interesting studies to the embryologist. Why was the kidney in each instance absent and the supra-renal capsule *present?*

Does it not appear as if the defect was not rare? These two cases were met with within the year. Would the kidney in either case have grown in event of the child surviving, so as to present the "horse-shoe kidney," which we not unfrequently see in adults!

While these cases are not excessively rare, I am tempted to record them on account of the popularity and number of nephrectomies that we see reported in the various journals. If either of these children had reached adult age, and the operation of nephrectomy have been performed on them, it is needless to remark that the consequences would have been disastrous alike to patient and surgeon. That this does occur may be seen by consulting the New York *Medical Journal*, Saturday, February 17, 1883, (a case of extirpation of a displaced kidney by Wm. M. Polk, M. D.)

Perusal of this article suggests the advisability of surgeons determining upon some method by which the presence or absence of the organ can be determined beyond peradventure. Upon scanning the various devices adopted by certain surgeons for this purpose, one is struck with the futility of their endeavors to positively settle the question previous to operating.

"OVARIOTOMY."

Operation Commenced and Death Before Completion.

BY T. H. M'CULLOCH, M. D.,

Of Oil City, Pa.

Mrs. D——, farmer's wife, living four miles

from this city, aged forty-three, mother of three children living; one dead; delivered one year ago by craniotomy, at which time she was kept under the influence of chloroform for nearly one hour, with no bad effects as far as anæsthetic was concerned. But from that time her health failed, and she had been under the treatment of quite a number of physicians.

I saw her first on the 27th of last February. Abdomen distended with fluid, which caused great discomfort, interfering with respiration. Not much emaciated. Pulse, 110; temperature, 100°; bowels regular; appetite good, but, as she remarked, "had no room for food." Cheerful, bright and hopeful.

On examining, per vaginam, found a large tumor, rough, nodulated, immovable, filling up the entire excavation. With great difficulty (and some stretching, as it were, of the index finger), I could outline the os uteri in front of tumor, above the pubes, which appeared to be normal. But I could not pass the sound from its misplaced condition. I expressed to her my inability to give an opinion as to the nature of her disease without first tapping and relieving the distended walls of the abdomen.

On my next visit I drew off nearly three gallons of greenish-colored fluid, which revealed a double ovarian tumor; the one occupying the left side of the abdominal cavity, the other pressed down, occupying and filling up the entire excavation.

I explained to her the character of her trouble; that tapping was only palliative; that an operation for the removal of the tumor was either curative or death; and recommended that an ovariotomist be consulted.

Dr. Varian, of Titusville, saw her with me March 29th, and made arrangements to operate on April 2, at which time and in the presence of nearly all our city physicians, she was placed upon the table prepared for the operation.

It was now nearly four weeks since the evacuation of the fluid, and the abdominal walls were distended nearly, if not altogether, as much as before the tapping. The heart's action was good. She was cheerful, and exhibited an unusual amount of stamina for one under such trying circumstances. When spoken to in regard to the chloroform, she remarked, "It was delightful; that when she took it before she never felt better in her life. She thought she was in heaven;" not thinking, I presume, it would be a reality this time.

The anæsthetic used was ⅓ chloroform, ⅔ ether (Squibb's), using a small towel surrounded with a cone made with a newspaper. After a few inhalations an exploratory incision was made, some six inches in length, in the median line below the navel, exposing the sac. During this procedure she manifested pain by struggling. More of the anæsthetic was added, and the cone placed over the face. Simultaneous with this, by the manipulations of the operator, the sac was opened. The fluid gushed out, emptying the sac rapidly.

Heart ceased to beat; respiration ceased; face livid; pupils dilated. The tongue was seized with forceps; head lowered immediately; nitrite of amyl applied to the nostrils; hypodermic injections of brandy every few minutes; artificial respiration (Sylvester's method) kept up for forty minutes without any effect. Patient dead.

Post mortem revealed two large multilocular ovarian tumors, with adhesions involving the peritoneum, omentum and mesentery: the womb in a healthy condition, and when dissected out resembled a virgin uterus.

Was death caused in this case by the anæsthetic, or the sudden evacuation of the fluid, or both causes combined?

HOSPITAL COLLEGE OF MEDICINE.

Louisville, Kentucky.

CLINIC OF J. A. LARRABÉE, M. D.,

Professor of Materia Medica and Therapeutics and Clinical Lecturer on Diseases of Children.

Hydrocephalus.

Clinical teaching, gentlemen, is intended to fill a place which no amount of reading, perhaps, can occupy. It is the aim and object of such teaching to present to you from time to time the different phases of disease in as typical a manner as possible, so that you may arrange them in the gallery of memory—pictures, as it were, whose impress will come out distinct in future years. I have been enabled to-day by the kindness of my clinical assistant, Dr. Longest, to present several cases illustrating the more important diseases of the brain, of which we have heretofore had occasion to speak. Most of the children here presented have been treated in this clinic before; some of them at periods quite remote from the present.

This little girl, Minnie Williamson, now five years old, was presented and treated here for chronic hydrocephalus in September last. When she was presented to us she had been the subject recently of rapidly recurring convulsions: there was very marked diminution as compared with the size of the head, of the face and facial muscles, with also considerable emaciation of the extremities. She represents to us a particular class or kind of chronic hydrocephalus. I call your attention to the shape of her head in the first place, although it is now so changed since the time she

was treated as to be scarcely recognizable as the same. The circumference then was twenty-one or twenty-two inches. It still retains the form and shape, however, of the hydrocephalic head. The face as compared with the head is seen to be still diminutive, although if I hide from your view that portion of the face above the eyes, the countenance may be still considered well up to one of her years. This change in appearance you observe occurs then not because the face is smaller, but because the head is larger than it should be. This child represents the hydrocephalic head perhaps better than any picture here. The countenance converges to a point at the chin, and has its greatest divergence at the parietal prominences. Let us then say something concerning these cases in general.

Chronic Hydrocephalus is recognized under that name, and distinguished from another form called acute hydrocephalus. This condition is one which we may divide into two kinds or varieties, as regards mechanical symptoms, viz., external and internal. First, as regards the external, we mean as the term implies, that the water is upon the brain—external to it—instead of within it. In the external variety we have the water which produces the deformity, the separation of the bones and the distortion of the features between the membranes of the brain and the brain itself; between the dura mater and the arachnoid, or in the sub-arachnoid space. This effusion is the result probably of inflammatory action, because it is the province of serous membranes when inflamed to produce serous products, and these envelopes when the subject of inflammatory action pour out an amount of fluid differing perhaps in character, but not essentially, from such fluids elsewhere. The point to be observed is this, that the brain substance with its convolutions and divisions is pressed down into the base of the skull by the supernatant water, so that in this case the water occupies the upper portion of the head. In hydrocephalus internus the water is within the brain and the ventricles, which are intended in the normal condition of things, to contain a certain amount of secretion, by the augmentation of which the brain is opened up in the form of the leaves of a book, the brain convolutions being pressed apart, the water occupying the lower part of the cavity of the skull. This classification is important, and the discrimination of these conditions is accomplished not so much from the shape and contour of the head as from the expression of the eyes.

This child to which I now call your attention is a case in which the hydrocephalus is internal. The orbital plates are normally placed in a nearly horizontal position. In the internal variety of hydrocephalus the fluid presses these down, causing them to assume sometimes an almost perpendicular position. This change in the position of the orbital plates results in a like change in the axis of the eye, and consequently in its expression. The expression is downward, the eye bulged from the socket, and the sclerotic exposed. This is a merely mechanical effect of the water. This child has not the power to control the movements of the eyes. A distinction of this character is, however, of no importance in the treatment of the disease.

Here is another case in the person of Wm. Terry, æt. 5 years. He was treated two years ago at this clinic for chronic hydrocephalus. His head, while then measuring perhaps not quite so much as in the instance of the little girl sitting over there, was nevertheless so large and heavy that he could not support it upon his neck. You see him now so far restored that he is a bright—very bright—and intelligent little fellow. He is able to walk alone, in fact, he goes anywhere he chooses, just as other children of his age, and he has not had a spasm for a year. Here, then, we have two cases of external hydrocephalus, and one of internal, to illustrate the remarks I have to make on this extremely interesting subject—interesting because it concerns in its causes a variety of histories.

The etiology of chronic hydrocephalus concerns the past as well as the present. We may name the causes perhaps on three fingers. As we have often before, we will have here to allude again to the fact that in the study of the diseases of children we are gleaners in the field of practice. We observe the results of these little points which are omitted perhaps in the practice of adults, and as we follow those who practice upon adults, we are perhaps better able to judge of their success in the treatment of the various diseases.

Here again too we may well say we are treading upon the ashes of ruined constitutions, these ashes again disseminated to future generations; for the causes are in the first place tuberculosis, in the second syphilitic diseases, and my own limited experience teaches me to place before either of these intemperance, away back perhaps, on the part of the parents, as having to do largely with the production of this and kindred disorders. These I mention as the principal causes, and some of them begin to operate before the birth of the child, because the accoucheur notes that it is not unfrequently the case that he has to resort to various means to accomplish the birth of children whose heads are enlarged, and who are the subjects of this disease in utero. The causes of the disease then having spent their activity, and the effect remaining, these cases are generally unpromising. If we succeed in enabling them to bridge the difficulties incident to infancy, they usually succumb to those of childhood which come along afterwards, as the eruptive and epidemic diseases. Weakly by birth, and sickly by inheritance, when they meet the pitfalls that beset the path of childhood, they readily succumb, seldom reaching the period of adult life. It is perhaps fortunate, because, unable to care for themselves, they become an incubus upon their families and perhaps upon others.

Tubercle, in my estimation, should rank very high as an element in its production; whether or not there are present inflammatory processes of a low grade, we are not able to say definitely. I incline to the belief that, at least in the internal variety, such an inflammation of the lining membrane of the ventricles is present, a condition similar in many respects to basilar meningitis.

We have foreshadowed the times at which these diseases may occur. They generally show the first symptoms by a change in the expression, and by the early occurrence of convulsions. Convulsions do not originate the disease, however,

and it must make considerable progress before convulsions occur. These convulsions mark the progress of the disease, the pressure then taking place, and the absence of convulsions mark that period which is characterized by its quiescence. Mark, for instance, the periods of repose in tubercular deposit of the mesenteric glands. With the development of the convulsions you have the gradual emaciation, the wasting and atrophy of tissue, a want of assimilation; the limbs are small, dentition is delayed, and the head makes its impress upon the pillow with a wet spot—a mark always of debility. About this time another symptom of importance appears: the child frequently puts its hands to its head for hours at a time, and sometimes presses its fingers into its eyes; certainly a singular performance for a little child. All the symptoms which go to make up a disease in childhood differ from those attendant upon the same disease in adult life. Pain as felt by the adult is one thing; in the child, very different in its manifestations. As a general thing, you may make this distinction—the child, when the subject of continued pain is the subject of organic disease; this may or may not be true in adult life. So that if a child manifests the evidences of pain for days together by pounding the head with the hand, bowing down upon the floor, bumping the head against a door, etc., you may be certain a structural disease is present.

In hydrocephalus, the muscles of the neck become extremely weak and emaciated. This is a fact of importance when you come to make the distinction between meningeal inflammation, giving rise to pain in the head, and hydrocephalic symptoms. When meningitis gives rise to pain in the head, the head is fixed. In hydrocephalus the head rolls in any direction. I take it, however, that the principal point which would make your distinction in the diagnosis is the gradually increasing distension of the fontanelles, which, as you know, should be completely closed at the second year.

The case I show you now is illustrative of the syphilitic variety of the disease. I have already investigated the case far enough to learn that the history is one of that diathesis. The child is perfectly blind from syphilitic keratitis; it has been the subject of eruption since birth, and these effects of the operating cause have preceded the development of the hydrocephalus proper.

In the treatment of these cases, we have endeavored to represent, as far as possible, the different causes.

In the first case presented here there are unmistakable evidences of the strumous diathesis; the child has had extensive abscess in the hip joint, which was evacuated at the time by the aspirator, resulting in a cure without leaving any deformity worth mentioning, except shortening of the limb. In the treatment of such cases, as in the treatment of all others of malnutrition, recourse must be had to reconstructive agents. It has been proposed by some to tap the head and evacuate the fluid, afterwards resorting to strapping to prevent its refilling. I question the propriety of such a proceeding; not through the fear of immediate death, but from the improbability of such treatment relieving or preventing a second effusion.

Those who have watched closely the clinical history of the effusions of pleurisy will, I think, bear me out in the remark that they are seldom thus cured.

In this second case, the treatment was by mercurial inunction. This treatment was followed out for some time, and under it the child began to improve; not at first with regard to the observable symptoms, but with regard to the nutrition; and by continuing the treatment all this improvement has been brought about. The first case was treated by reconstructives entirely, the iodides and malt. I believe we have in malt properly made one of the best reconstructives known. This child has taken a great deal of it. It does good in all those cases in which malnutrition stands in the relation of cause to effect. This blind skeleton of a child has undergone no treatment whatever, though it has been under my continued observation for some time. It has been the subject of large sloughing sores. At that time it was treated with some mercurial inunction, but it was thought the child would soon die, so nothing further was done. At one time it had such an odor about it as to be almost unbearable, necessitating the use of chlorine and Labarraque's solution.

Let us now consider some of the other diseases of the brain closely related to this. In the first place I wish to fix upon your minds the signification of certain terms used, and confused in the minds of students. Of course we may have inflammation of any part. Different membranes surround the brain and spinal cord, and differentiation has been made in regard to diseases of the brain on the basis of the technicalities used to designate the parts, as you might coin for instance such a term as "piaitis." Such distinctions, however, if they might be discriminated during the life of the patient, I am not prepared to say would be of any particular benefit in the treatment of the disease; yet it is important that the diseases affecting these membranes should be differentiated from those producing hydrocephalus. Between acute and chronic hydrocephalus there is this distinction: An active inflammation of the brain coverings was formerly designated acute hydrocephalus; the term is now abandoned, and this inflammation designated as simple meningitis. The result of an inflammation of these membranes of any character is an effusion of serum upon or between the membranes of the brain. There is a form of acute inflammation also which we call tubercular meningitis, and of these forms of acute inflammation the tubercular is present in more cases than the simple, and meningitis in some variety is extremely common in children. Dr. West in his admirable work on Diseases of Children, I think says 9 and a fraction % of all diseases from which they suffer consist of some form of meningitis.

In simple meningitis a different set of causes operate to produce the disease. Suppressed eruptions, whether they be of the so-called eruptive diseases or manifestations upon the skin of various kinds, and perhaps more frequently than all the injudicious treatment and suppression of discharges from the ear by pledgets of cotton introduced, whereby structural disease of the bones takes place. More cases in practice come under

the observation of the physician of meningitis caused by the suppression of discharges from the ear, or perhaps from treatment of diseases of the ear or by delayed treatment of such diseases, than from all other combined causes. It may be a result of that process we so familiarly know as "taking cold;" it may be the result of the circulation of disease-poisons in the blood. This form occurs in the inception of such diseases as small-pox, scarlet fever, and rheumatism. It may be the result of various constitutional peculiarities, as where there is a tendency to diseases of the nervous system, as for instance from the complications from typhoid fever, etc. Again, it may be the result of so simple a disease as that we call whooping cough, a disease never fatal of itself, but sometimes so because of the complications which it causes.

I saw a case this morning which looked like a commencing case of pneumonia. The child had had the whooping cough for four or five weeks; it now suffered from a sudden rise of temperature, suppression of the cough, spasmodic blushes over the skin, and labored and restrained respiration. I was about to pronounce it incipient pneumonia, but more patient examination led me to believe it was suffering from congestion of the brain, the effect of whooping cough, and I so treated it, and will in all probability so relieve it. A mistake in the diagnosis, under such circumstances, followed by the course of medication such diagnosis would indicate, is almost necessarily fatal.

The symptoms which usher in an attack of simple meningitis are usually plainly marked, and essentially different from those which precede the development of chronic hydrocephalus. I have lately been able to prevent the development in a child of meningeal inflammation by an early recognition of the initial symptoms by appropriate treatment. The symptoms attendant upon the initiatory stage are usually a change in the child's disposition. Moroseness and fretfulness, perhaps, attracts the attention of parents, but seldom excites alarm. In the case to which I allude, the child, from an amiable, happy, cheerful creature, was changed into a morose, fretful and peevish child, almost constantly filled with fear. I found she had not slept for several nights; that there was intolerance of light and contraction of the pupils; there had been vomiting. There had been no crying with all her madness. The cry in simple meningitis is not attended by the increased secretion of tears which usually occurs in grief. As long as tears flow freely during a cry, there need be little apprehension of serious brain trouble. With these symptoms we have a particular kind of vomiting—vomiting not preceded nor attended by nausea, vomiting by central irritation. After this, the appetite is good, and the child sometimes eats voraciously. This symptom, combined with constipation, puts you on your guard. Cases often arise in which it is difficult to distinguish the disease from remittent fever. While it all seems plain to talk about, yet when you come to the bedside of the individual you will oftentimes find yourself puzzled. You may find the child presenting all the symptoms here mentioned, save that in stead of constipation the child has diarrhœa; that one thing throws you off adrift. I would teach you, therefore, to depend upon the grouping of symptoms, letting pathognomonic symptoms pass.

A word, now, upon the tubercular variety. In this form there are found after death depositions of tuberculous matter scattered like millet seed along the course of the vessels. Here, as in tuberculization of the lung, a prodromal stage, which may or may not have been noticed by the friends, exists. This form is more common than the other variety, and infinitely more fatal. Indeed, I would certainly be very skeptical as to the correctness of the diagnosis when recovery is said to occur from this form. Among the initial symptoms will occur weariness, lassitude, hectic fever, giddiness, vomiting, and constipation of the bowels —there may be diarrhœa, as sometimes occurs in infiltration of the mesenteric glands. A case of this kind closely resembles typhoid fever. I have seen cases of this description treated for four or five days under that diagnosis. I call to mind a case that occurred under my notice a few weeks ago. At that time the mother was not even alarmed. I predicted then the result which has since been fulfilled by the death of the child.

Tubercular meningitis is followed by paralysis of motion of one arm or leg; when this stage in the case is reached, I advise you to say that the child will inevitably be lost, and never change this prognosis because of any sudden change in the appearance. I could not tell how often I have been called to the bedside of these little patients to hear the statement that the child is better, and to be besought to continue my efforts to save it. Do not allow yourselves to be deceived by such ignes fatui as these. It is the mere flicker of the candle before it goes completely out. Nothing is more common in brain troubles of this description than to have this lighting up of the symptoms.

Here, now, is a boy who has been the subject of circumscribed simple inflammation at the base of the brain. His condition was diagnosed at the first visit to be such, and the parents then informed that it might concern in its effects some of the nerves which find their origin here. One of the products of simple inflammation is lymph, or semi-organized material evenly spread over the surface of the membranes. In the tubercular variety, post-mortem reveals only the tubercles studded along the courses of the vessels, and fluid; but in this case we are concerned in the character of the product deposited. Here, after an unpromising period of weeks, the boy emerged from a comatose condition to display the symptoms of a chronic form of inflammation. Long before this state, however, hearing was completely lost. This is the result of the involvement in the process of the auditory nerve at its origin. Otherwise, this boy's intellection and perception is good. It is possible that under the administration of such agents as iodide of potassium, he may recover this lost sense. I have had such a case to recover spontaneously in the person of a child at Danville, even after the lapse of a sufficient period to permit of a considerable degree of education in a deaf and dumb institution.

I have now another case illustrative of an entirely different class of brain affections. This case I show also on account of its novelty. It is scarcely probable unless you practice in mountainous districts that you will see another like it.

This is a case of cretinism. By cretinism is distinguished a class of individuals who, although in the animal scale they are perfectly developed with the exception of the power of locomotion and in height, have brains that are dwarfed and stunted to such an extent as to render them hopeless and helpless imbeciles. The condition here presented, however, is very different from idiocy. We have with us various grades of brain development, and those who practice among children will soon remark the different grades of development and intelligence displayed in childhood. Idiots are quite common; cretins are not common in this country. Our knowledge of the cause of this condition is very limited; however, it has come to be associated with certain climates: aside from this, various causes are able to impress the growing brain to arrest or prevent entirely its development; it may receive an impress which forever stamps it with imbecility. The disease, as I have said before, occurs in mountainous districts. Altitude rather than latitude has to do with its production, and a singular fact about it is that it always occurs in connection with another disease of altitude, viz., goitre. Goitre is essential to cretinism. The mother of this child I here show you has the goitre well developed. The child you observe has a well-shaped head and a good countenance; there is no idiotic stare there. Another peculiarity about these children, noticed in the countries where they most frequently appear is that they are wonderfully free from the diseases incident to childhood—measles, scarlet fever, whooping cough, etc., etc., they escape them all; why we do not know, but there is this it appears to me hinted in the fact, viz., the necessity of the integrity of the nervous system as a factor in the production of disease. The ignorant Alpine has a consolation, however, which this mother under more intelligent surroundings can hardly feel. Among them they are called God-children. They believe these children are perfectly formed in every respect of body, but that when they descend to the earth, through the power of the Almighty, their souls are kept in heaven, and that when they die their bodies go to make the perfect being by union with their souls in heaven.

As to the exact pathology of the disease we know nothing. We have then simply to show you the case and leave it as we find it, a case of cretinism.

Medical Societies.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated meeting, Thursday, April 5, 1883.

The President, R. A. Cleemann, M. D., in the chair.

Dr. W. Goodell exhibited some

Calcareous Particles Passed per Vaginam.

The previous history had been that of menorrhagia, and multiple fibroids were found in the womb. One of these fibroids had evidently taken on calcareous degeneration, and had subsequently broken down and discharged these fragments into the uterine cavity. He stated that these particles were not true bone, but merely the product of a disorderly deposit of lime, which possessed none of the osseous elements, not even cartilage corpuscles. This calcareous degeneration tends to cure the disease by breaking off the vascular filaments of attachment and lessening the nutrition of the fibroid. In one instance, the specimen of which is now in the Museum of the University of Pennsylvania, he had seen three fibroids wholly converted into stone. These stones were, however, very light, and not like those of the bladder. It was the expulsion, *per vaginam*, of these uterine calculi, which had greatly puzzled the older anatomists.

Dr. Goodell also exhibited two calculi, and related the following histories of two cases of

Stone in the Female Bladder Associated with Fistulous Connection with the Bowels.

The first case was that of a patient of Dr. C. A. McCall, who sent her to him in October, 1881. For the preceding four years she had suffered very much from vesical tenesmus. She frequently broke wind *per urethram*, and often passed through the same channel the seeds of raspberries, of tomatoes, and of pears. A year before Dr. Goodell saw her she had voided a great deal of her urine per rectum for several weeks. Dr. Goodell detected two stones in the bladder, and removed them. At once all the fistulous connection between the bladder and the bowels disappeared, and the patient got well. This rapid recovery led him to think that there had not existed any fecal fistulæ, but that the vesical tenesmus was so great as to cause a rectal tenesmus, which was masked by the former, and that the seeds and wind were voided per rectum unconsciously by the woman when attempting to empty the bladder. But he had been led to change his views by the following case, which he had seen with Dr. Wm. Corson, and which Dr. Ellwood Corson was kind enough to report for him.

Misled by the first case, Dr. Goodell was not at first disposed to admit the existence of a fæcal fistula, but from the subsequent history of the case there can be no doubt of it. In this case he believed that a pelvic abscess had burst into the bladder, and also into the rectum or small intestines, which had established the communication between the two viscera. Like the first case, as soon as the calculus was removed the fistulous tract closed, and the patient got well.

Mrs. R——, American, aged fifty years, the mother of five children. For three or four years prior to November, 1881, she was troubled occasionally by the passage of small calculi; but her health was reasonably good, with the exception of backache and an almost constant pain in the right iliac region. She often expressed her belief that there was something growing in the right side. There was no tumefaction in that region, and her opinion was based on the pain and distress she felt. She never applied to her physician for relief of this suffering. She was also troubled with constipation.

In November, 1881, she made a visit to the country and took a long walk. On her return home she had a constant desire to urinate, and she then noticed, for the first time, that her urine had an unnatural color and a very unpleasant

odor. The quantity passed was not excessive. This condition continued for five or six days, when there occurred a sudden gush from the bladder of a very offensive mixture of pus and urine, accompanied by great pain and straining. Her pain and distress became so great and was so augmented by being on her feet, that she was compelled to remain in bed. After the free discharge occurred, the pain in the right iliac region ceased, and she has never had any return of it. As she was troubled with constipation she was directed to eat stewed prunes, and she soon noticed that that the prune skins came from the bladder, as did other articles of food, along with the urine. Every day she was troubled with the escape of gas through the urethra, and this gave her as much pain as the passage of solid matter. She says that she occasionally passed urine through the rectum. She became greatly emaciated, and was but partially relieved of her suffering by the constant use of morphia.

Until January 20, 1882, she was under the care of homœopathic physicians. On that date Dr. Wm. Corson was called to the case.

February 10th, Dr. Wm. Goodell saw her and diagnosticated stone in the bladder.

February 20th, she was etherized and the urethra dilated, and a digital examination proved the existence of a calculus, about ¾ of an inch in diameter, attached to the fundus of the bladder. This was removed by Dr. Ellwood Corson. In attempting to dislodge the calculus, it crumbled on slight pressure with the extracting forceps, and proved to be a mass of fæcal matter with a calcareous crust, but slightly thicker than an eggshell. While she was under the influence of the anæsthetic, an attempt was made to wash out the bladder, but after injecting f℥ xij of water, and finding that it escaped into the interior of the body and did not remain in the bladder, the washing-out process was discontinued. After she regained partial consciousness and made a strong straining effort, the injection came away through the urethra. As there were some doubts expressed as to the possibility of there being an opening from the bowels to the bladder, she was induced to eat a few stewed figs and the seeds were *seen* to come from the urethra; on another occasion f℥ viij of carmine-colored water was injected into the rectum and was immediately drawn from the bladder by means of a catheter. After the removal of the calculus it was thought proper to keep the bladder washed out daily with warm injections, and to regulate the bowels with mild aperients: but after persisting in this course of treatment for four days it was abandoned, as it caused her great discomfort and did not improve her condition. Afterward she was allowed to eat such food as the system craved, care being taken to select such articles as would not leave an irritating residium. She rapidly improved, and since April, 1882, has had no trouble with her bladder. If she eats acid fruits or drinks lemonade she has some irritation in passing urine. That there was a fistulous opening from the bladder to the rectum, there can be no doubt; and when we take into consideration the fact of an abscess forming somewhere in the right iliac region and opening into the bladder, and that the food passed from the bladder in a semi-digested state, and the absence of a fæcal odor, there is a strong probability that there was also an opening from the small intestines into the bladder.

Dr. J. C. Morris has seen two cases of pelvic abscess bursting into the bladder. One case was in the person of a night nurse at the Episcopal Hospital. A tumor in the lower part of the abdomen first attracted attention. The uterus was drawn up out of reach of the finger when making a vaginal examination; an inflammatory mass could be felt between the uterus and bladder; every half hour a mixture of urine and pus was voided *per urethram*. If a catheter was passed into the bladder and turned to the right, urine escaped through it: but if it was passed to the left, nearly pure pus passed through it. Examination with the sound showed a large fibroid in the anterior wall of the uterus. This tumor having undergone purulent degeneration, and a fistulous opening being established into the bladder, the pus escaped through the bladder. A galvanic stem pessary five and a half inches long was introduced into the uterus, and was finally successful in effecting its reduction to the normal size. This woman died of fibroid phthisis, and at the *post-mortem* examination the uterus was found but slightly enlarged and the fistula into the bladder was not seen, but a communication from the small intestine into the bladder was discovered.

Dr. Wm. H. Parish had seen one case of fistulous communication between the bladder, vagina and small intestines, resulting from an attempted abortion, and consequent cellulitis. After long-continued pelvic symptoms, food commenced to pass through the bladder and the anterior and upper portion of the vagina. Water injected into the vagina passed into the bladder, but a sound could not be made to follow it. The food which passed through the fistulæ was incompletely digested.

Dr. Elliott Richardson read a

Report on Results of Post-mortem Examination of the Body of Lina Earl.

This woman was operated upon September 22, 1880, for removal of a living child from the uterus by Cæsarian section, as modified by Porro and Müller. A report of the case was published, *Amer. Jour. of Med. Science*, January, 1881. The immediate results of the operation were in every way favorable. The child was living, and the mother made a speedy recovery.

She died in New York city on February 24, 1883, two years and five months after the operation. She had been for two years previous to her death at times an invalid, and was under my care occasionally for the treatment of attacks of acute rheumatism, anemia, etc., to which her life of hardships and exposure as an exhibiting curiosity rendered her peculiarly liable. The more recent symptoms which appeared during the last illness I did not witness, but learned were attributable to defective action of the kidneys.

At the post-mortem examination, made about 9 p. m. on February 24th, ten hours after death, there were present Drs. Satterthwaite and Hegeman of New York, and myself.

Inspection of the body showed the long bones of the extremities to be deformed as in rachitis; deformities which had not been so apparent during life. General anasarca was present. On the

surface of the abdomen a cicatrix was observed extending from a point about 1½ inches above the umbilicus to within about ¾ inch of the symphysis pubis. This cicatrix was the remains of the abdominal incision made at the time of the operation for her delivery, and occupied the linea alba directly in the median line, except that at the umbilicus it was deflected to the left. Nearly the whole of that portion of the cicatrix extending between the symphysis pubis and the umbilicus was the site of a large hernia, which, however, did not extend into the latter. This hernia I had seen during the patient's life. It began to appear about six months after the operation, and received no treatment whatever until by its size it became inconvenient; then a bandage or truss was applied, and this she wore constantly until her death. The production and enlargement of the hernia had been greatly favored by the woman's course of life as an exhibitor of herself and child, for the latter she lifted up and held in her arms many times a day, in order to display it to her visitors, even after it had become much too heavy for her to carry.

The body was opened by a long incision from the top of the sternum to the symphysis pubis. This incision was deflected to one side opposite the cicatrix of the old abdominal wound, in order that the relations of this to the abdominal contents might be more closely observed. The body, as before stated, was anasarcous throughout; some clear serous fluid was found in the peritoneal cavity, and a good deal in the cavities of the pleural and pericardial sac. I very much regret that I have no data of microscopic appearance of any internal organ or tissue to give. Only the gross lesions which could be detected by the unaided eye in a hasty examination can be given. The heart was not opened, but the left ventricle appeared abnormally large. The lungs were œdematous, and pneumonia of the right side was observed. The spleen was enlarged. The liver presented an appearance of fibrous or "hob-nail" degeneration. The kidneys showed unmistakably the existence of Bright's disease. The abdominal and pelvic cavities gave no evidence of any peritoneal or cellular disease. The hernia was found to be covered by peritoneum and skin; the remaining structures having parted to admit the protrusion of the intestines and peritoneal covering. No adhesions between the cicatrix and subjacent structures could be detected, except at the lower angle of the wound. It was at this point that the stump of the uterus had been fixed in a manner similar to the disposal of the pedicle in ovariotomy. A fibrous band was found extending from a depression in the abdominal wall at this point, to a body consisting of the remains of the uterus.

Dr. Satterthwaite, who examined these specimens, writes me that this body, which occupied nearly the normal position of the cervix uteri, except that it was displaced somewhat anteriorly, presented the following characteristics: "The extreme length of the stump was 4.75 ctms. (1.87 inches); vertical thickness, 2.5 ctms. (1 inch); its breadth, 1.5 ctms. (½ inch). On attempting to pass a uterine probe into the os externum, it was found to enter with difficulty, though the cervical canal was capable of admitting a No. 10 (English) sound. The mucous membrane was coated with a deposit of white, thick, gelatinous material, and was intact for a distance of 3.5 ctms. (1¼ inches). No naked-eye evidences of cicatricial tissue were made out at the amputated extremity of the neck."

Examination of the pelvis in situ was of much interest to me. Measurement of the superior strait gave for the

Conjugate diameter, 2 inches exactly.

Transverse diameter, 4¼ inches.

Oblique diameter, 4⅜ inches.

The pelvis was a rachitic one, although the pavilion did not present the wide-spreading alæ or the diverging anterior-superior spinous processes of the ilia, which are the usual deformities of rachitis in this part of the pelvis. The true pelvis, however, presented highly characteristic deformities. The sacrum was at its upper part dislocated, and pressed downward and forward into the pelvic cavity, while the lower extremity being held by ligamentous bands to the ischiæ and pubic bones, caused a sharp bending forward of the last three vertebræ of the sacrum. This deformity implied abnormal softness and pliability of the bone at a time when the individual was of sufficient age to either stand or sit erect, so that it alone is conclusive evidence of rachitis having existed. The normal curvature of the pubic bones was nearly lost, so that they receded from the symphisis in nearly straight lines backward and outward to join the ischiæ and iliæ, the two pubic bones, when viewed from above, forming an abnormal angle at the symphysis. The shape of the superior strait was therefore obtusely cordate, deeply indented at its base by the promontory of the sacrum projecting far into it. I was much surprised at the evidences of rachitis, which became more and more conclusive as the examination proceeded, since the history of the patient formerly given me was that of excellent health from birth to the time of the operation in 1880, and we were told by the woman and those who had known her best in early life, that she was in figure almost an exact counterpart of her father. These facts, as I supposed them to be, led me to believe that her shape was due to arrested growth, and not to rachitis. It will be interesting to know that the child of this woman is now living, that he is well developed, and presents no deformity nor any symptom of rachitis. He is of fair size for his age.

In closing, I would draw the following conclusions from the examination:

1. That the deformity of pelvis and extremities was due to rachitis.

2. That the operation had nothing to do with the patient's death.

3. That the operation caused the patient no inconvenience except from the hernia which would either not have become developed, or at most would have been small, had it not been for the exposure of the woman to unusual strain, and her total neglect to resort to any treatment until the hernia became large.

4. That success in so far as the woman was concerned would have been posssible, and even probable, with diameters so large, if embryotomy had been resorted to in this case; but the operation would still have been dangerous, and the child would necessarily have perished.

Dr. R. P. Harris remarked that of five Porro operations in this country, four have proved fatal.

This is the first successful operation in which a *post mortem* examination has been obtained after entire recovery.

In reply to Dr. A. H. Smith, Dr. Richardson sated that no trace of a fistulous opening between the stump of the uterus and the abdominal wall existed at the time of death.

Dr. B. F. Baer read the history of a case of

Suppurating Cyst of the Broad Ligament, which had Perforated the Bladder,

and exhibited the specimens removed by laparotomy. (The case will be published entire in the *Amer. Journal of Obstetrics.*) The characteristic points were chills, exhaustion, anorexia, tenderness throughout the lower abdomen, and a small painful tumor in the left iliac region, with great irritability of the bladder. Pulse 120, temperature 100° to 102°. The tumor extended down between the bladder and the uterus, and the latter was retroverted. Douglass' cul-de-sac was occupied by a thin-walled fluctuating cyst about the size of a large orange. The uterus could be moved slightly from side to side. The anterior tumor rested on the bladder and was adherent to it. The history showed a slowly growing cyst with purulent contents, commencing about three years before, when the first chills and a mild septicæmic fever had occurred. Gradual emaciation had been progressive since that time. Tympanitic resonance of the tumor gave evidence of decomposition, with evolution of gas. When the catheter was passed before operating, several ounces of very fetid pus flowed through it, showing a spontaneous rupture of the cyst into the bladder. The cyst was found adherent to the abdominal wall and to the bladder, but not to the intestines nor uterus. The cyst was aspirated and removed by laparotomy. The pedicle, consisting of broad ligament and fallopian tube, to which the left ovary was adherent, was transfixed and ligated. The cyst in Douglass' pouch arose from the opposite broad ligament; it had formed no adhesions, and was removed without evacuation of its contents. The ovary and fallopian tube were healthy, and were not removed. The aperture in the bladder through which the contents of the cyst had escaped was valvular, and was closed by the compression furnished by the external dressings. The patient died from exhaustion soon after the close of the operation.

Dr. Baer introduced cases from W. L. Atlee, Peaslee, Keith, Geo. F. French, and Goodell, to prove the correctness of the principles upon which he operated.

Dr. W. H. Parish thought Dr. Baer's rules safe and sound; he had removed a suppurating cyst with anterior adhesions. An experienced operator who was present recommended delay; but feeling sure of the correctness of his own principles, he removed the cyst and the patient recovered. In another case in which a fistulous opening discharging pus existed, suppurative peritonitis was diagnosticated, but after death from septicæmia, a *post mortem* examination revealed a suppurating cyst of the ovary.

Editorial Department.

Periscope.

Are Phthisis, Bronchitis, and Pneumonia Epidemic Diseases?

Before the Epidemiological Society of London (*Lancet*, April 14, 1883), Dr. G. B. Longstaff read a paper on Phthisis, Bronchits, and Pneumonia: Are they Epidemic Diseases? The following is an abstract:

The author explained that his object was to examine the Registrar-General's returns in such a way as would make clear their bearing on the solution of the question propounded. As in previous papers, relating to summer diarrhœa and the diseases allied to erysipelas, respectively, he exhibited diagrams graphically representing the death-rates for England and Wales from the diseases in question, and certain others in various ways allied to them, during a period of twenty-five years; also showing the same death-rates in London for thirty-three years, compared with a curve expressing the number of cold days in each winter. Many other curves had been pointed out by the author, but only a few had proved useful for the purpose in hand. One diagram showed that the death-rate curve of phthisis deviates but very little from a straight line, resembling in this respect those for cancer, apoplexy, paralysis, convulsions, and fractures. The curves of tubercular meningitis (hydrocephalus), and to a less degree tabes mesenterica, resembled the phthisis curve. The phthisis death-rate had fallen 20 per cent. during the last twenty years. The bronchitis curve exhibited considerable fluctuations, but on the average it had risen 81 per cent. during twenty years. Pneumonia gave a curve closely resembling that of bronchitis in many respects, but the average mortality had fallen 20 per cent. The total mortality from all diseases of the respiratory organs, together with phthisis, showed an increase of 5 per cent., indicating that probably many deaths formerly returned as due to phthisis or pneumonia were now classed with bronchitis. Pleurisy appeared to be more allied to rheumatism than to respiratory diseases. From the curves relating to London deaths, it appeared that bronchitis and pneumonia corresponded with the coldness of the winters, but not so closely as might have been expected. Phthisis was but little affected. Curves derived from Messrs. Buchan and Mitchell's paper on the Influ-

ence of Weather on Mortality, showing the average weekly fluctuations of the death-rates from various causes in London during thirty years, strongly confirmed the author's conclusions, with the single exception of tabes mesenterica, which gives an entirely different curve from that of phthisis. In another diagram were exhibited the week-to-week fluctuations of the deaths from bronchitis and pneumonia during the last five winters in London, and their relation to cold; also the same for phthisis during two of the winters. This diagram showed clearly that the pneumonia death curve had a general correspondence with the bronchitis death curve; but it differed in two particulars—viz., the fluctuations were much less, and while it rose in the autumn as rapidly, it fell in the spring more gradually. In the spring of 1879 there was a prolonged high mortality from both bronchitis and pneumonia out of proportion to the severity of the cold; and during the whole winter 1878–9 the two curves of bronchitis and pneumonia corresponded less closely than in the others. The effect of two hard winters upon the phthisis mortality was shown to be remarkably slight. It was noted that for every 1000 females who died of pneumonia not less than 1460 males died, whereas in the case of bronchitis the numbers were 1000 females to 1104 males, and in the case of phthisis 1000 females to 1046 males. Bronchitis caused nearly three times as many deaths in proportion to population in Lancashire as in Gloucester. The mortality was also very high in metropolitan Surrey and Middlesex, West Yorkshire, Warwick, and Monmouth. It was very low in Cornwall, Sussex, Norfolk, extra-metropolitan Surrey, Cambridge, and Gloucester. Pneumonia was most fatal in Lancashire, Monmouth, South Wales, West Yorkshire, Stafford, and metropolitan Middlesex and Surrey; least in Sussex, Wilts, Hants, Bucks, Oxford, North Yorkshire, and Westmorland. In eight registration counties pneumonia was found to be comparatively much more fatal than bronchitis—viz., South Wales, Gloucester, Rutland, extra-metropolitan Surrey, Bedford, Cornwall, Monmouth, and Cambridge. In ten registration counties bronchitis was found to be relatively more fatal than pneumonia, viz., North Yorkshire, Warwick, Wilts, metropolitan Surrey, Cumberland, Nottingham, Westmoreland, Cheshire, Somerset, and Oxford. The author's main conclusions were: 1. That the mortality statistics of England and Wales did not give any evidence in favor of the view that phthisis is communicable, but they showed, on the other hand, that weather had very little influence on the phthisis death-rate. 2. That while bronchitis and pneumonia were both greatly influenced by meteorological conditions, it was difficult to explain by those conditions alone all the phenomena. 3. That common catarrh was a communicable disease, and that it was probable that very many cases of bronchitis and pneumonia might be looked upon as complications of that or some similar disease of mild character when uncomplicated. 4. That the different incidence of bronchitis and pneumonia on the two sexes pointed to some difference in the causation of the two diseases. 5. That there would appear to be some common factor in the causation of phthisis and tubercular meningitis.

Excision of the Entire Tongue by Scissors.

Dr. Frederick Treves reports four cases in the *Lancet*, April 21, 1883, in which the entire tongue was removed by what is known as Billroth's method. The procedure adopted in each of these cases was precisely the same, and was briefly as follows: The patient having been anæsthetized, the lingnals were first secured in the neck. Each vessel was reached by a curved incision that commenced behind a point some little way below the jaw, opposite the anterior edge of the masseter, and that was continued down to the level of the hyoid bone, and finally carried up to a point behind and below the symphysis menti. The submaxillary gland having been displaced, the artery was exposed by cutting through the hyoglossus muscle in the floor of a triangle formed above by the ninth nerve, and below by the converging bellies of the digastric muscle. In no instance was there any difficulty in securing the vessel, although, owing to the depth of the incision, the proceeding is somewhat tedious. Care should be taken not to disturb the sub-maxillary gland more than possible, and it is most desirable that no part of the gland should be included in a ligature.

Both arteries having been secured, the mouth is forced open by a Mason's gag, and the tongue drawn forwards by means of a stout ligature passed through its anterior part. The entire organ is then cut out with a pair of strong, straight scissors. The frænum is first freely divided, and one blade of the scissors being thrust beneath the mucous membrane of the floor of the mouth, that structure is divided on each side between tongue and the jaw, as far back as the epiglottis. Returning again to the middle line, the hyoid muscles are divided from before backwards, and, after a few vigorous snips with the scissors, the organ is free. The bleeding that follows is very insignificant, and usually is immediately arrested by firm pressure with a sponge.

For the first three days after the operation the patient is fed entirely through an India-rubber catheter passed into the gullet from the nose. On the fourth day he is able to feed himself, and usually finds it most convenient in swallowing his food to place the head very much to one side, so that the fluid may run by the side of the larynx into the œsophagus. The patient is up on the seventh day, if all goes well, and strong enough to leave the hospital by the tenth or eleventh day after the operation.

He thinks that the following advantages may be claimed for this procedure of Billroth's:

1. It is comparatively simple, and requires no elaborate apparatus.

2. By its means more of the tongue can probably be excised than can be removed by the écraseur, no matter how applied. With the écraseur it is somewhat difficult to vary the exact amount to be removed in particular cases, since the surgeon can only deal with what can be included in a noose. It may be noted, moreover, that with the scissors an extensive excision can be performed without such complication as division of the jaw or cheek, or an opening into the floor of the mouth above the hyoid bone.

3. The procedure is practically bloodless, and the great source of danger in tongue operations is thus removed. It appears to me that on this

ground Billroth's method is infinitely superior to Mr. Whitehead's modification of the same. Mr. Whitehead, it is well known, removes the tongue with scissors, but without previous ligature of the lingual arteries. The operation has been successful in the skilful hands of the surgeon who introduced it; but it would seem to subject the patient to a totally unnecessary and serious risk—a risk that is not counter-balanced by any other obvious advantage.

4. The wound left after the removal of the tongue is, in a surgical sense, extremely simple, and is actually a clean incised wound. Such a wound must compare favorably with the external charred surface left after the galvanic écraseur and with the lacerated wound that follows the use of the cold wire. When the tongue is removed by scissors there are no superficial sloughs to come away from the floor of the mouth, and there is, therefore, less opportunity for the formation of a fetid discharge.

5. The intra-oral part of the operation occupies but a brief space of time, the actual excision requiring probably about two minutes. It is needless to say that when a patient is anæsthetized a prolonged operation upon the tongue is objectionable in may ways. The cold wire, if cautiously applied for the removal of the entire tongue, will usually not have cut its way through in thirty minutes.

6. Through the incisions made in the neck the surgeon is enabled to readily remove enlarged glands, and to detect such bodies when they are not to be felt through the skin.

Congestion of the Brain, with Convulsions, Successfully Treated by Venesection.

Mr. Shout, of Chelmsford, writes, in the *Brit. Med. Jour.*:

"The following interesting case has just happened in my practice, which satisfactorily proves that the old disused custom of depletion is, at certain times and in properly diagnosed cases, the only available treatment; and, if judiciously employed, will most likely save life, as was evidenced by the results.

"I was hastily summoned to a young man, aged 21, who had accidentally fallen into the canal, and was supposed to be suffering from the effects of his immersion. I found, on my arrival, that his wet clothes had been changed. He lay upon a couch on his back; the surface of his body was warm; the skin dry, and in its normal condition; his breathing slow; face and neck swollen and congested; pupils semi-dilated, and which did not contract under the stimulus of a strong light; jaws firmly locked; he could not swallow, as a teaspoonful of water ran out of his mouth when given; pulse 100, slow and intermitting; and there was likewise constant spasmodic twitching of the right arm. He could not be aroused from his coma; even tickling the soles of the feet gave no indications of consciousness; there was no paralysis nor rigidity of any part of his body. Mustard plasters were applied to the front of the chest and to the nape of the neck. After a time, he became very violent, opening and shutting his mouth, forcibly protruding the tongue, and endeavoring to bite his arm, which he seized between his teeth, and it would have been severely injured, had he not been prevented by forcible restraint, it taking several strong men to hold him down during the paroxysms; his face and neck becoming more swollen and turgid, and the convulsions more frequent and urgent every minute.

"I concluded that nothing would relieve him except free depletion, which was at once performed in the usual situation in the left arm. The blood ran very slowly at first, but after a time more freely; it was very dark-colored, which condition continued until the necessary quantity was obtained, the lips becoming blanched, and the pulse more regular. He commenced yawning, and then talking; vomited twice, bringing up some half-digested food; and upon being asked, said he 'never felt better in his life,' and wished to lie down, as he felt very sleepy. Somewhere about twenty-five or thirty ounces of blood was drawn, but the exact quantity was not known, as a common hand-basin was used for the purpose. He was put to bed, when he slept for two or three hours, after which he awoke much refreshed, and was apparently quite well. He slept well all night; and next morning came to see me, having walked about half a mile. He said he was much better, but the spasmodic twitching of the right arm still continued.

"He gave the following account: Two days previously, he had attended some races, and had been induced to drink more beer than was good for him, having been an abstainer: he had likewise been engaged in wheeling coal from a barge, which he found very heavy work, not being used to it. The sun was, during this time, bright and warm, with a strong north-east wind blowing. He found, on getting up next morning, that his right arm was in continual motion; he could not hold it still. He thought he had delirium tremens; but he still continued at his work, his head feeling giddy and light, and gradually increasing in intensity; he commenced dancing about and performing other antics, not being able to control or direct his movements. He saw the water before him, and all the time thought he was moving backwards and away from it, but instead was going towards it, and into which he fell, its depth being sixteen feet. He found himself at the bottom, and everything he saw appeared enormously enlarged; he came quickly to the surface, and clutched at some reeds, and by the assistance of those present gained the bank, when he became perfectly insensible, and knew no more."

Nitrite of Amyl and Nitro-Glycerine in Uræmic Asthma.

In the *Brit. Med. Jour.* Dr. Sheen, of Cardiff, writes:

"The brief notes I give below illustrate the value of nitrite of amyl and nitro-glycerine in one of the sudden and distressing, though perhaps rare, phases of chronic Bright's disease, viz., uræmic asthma. Nitrite of amyl, acting, probably through the vaso-motor nerves, relaxes the arterioles, and thus reduces blood pressure. As it is very volatile, on the score of economy and convenience, I always carry some of Martindale's capsules in my bag, and these are very handy for

immediate use. Nitro-glycerine is said to have much the same action as nitrite of amyl, and, according to Dr. Mahomed, its great superiority over amyl lies in its gradual and more lasting effect, and the more convenient manner of prescribing it, and it can be taken regularly two or three times a day, or oftener, one minim of a one per cent. alcoholic solution being the usual commencing dose. It is also made up in chocolate tablets, each containing one-hundredth part of a minim; but its action, when given in this form, is not so rapid as that of the alcoholic solution.

"M. P., aged 55, retired from business May 4, 1882. Has been ailing for two weeks, but has been about. Has noticed swelling of the legs towards night for two months, and his face had swollen occasionally for the last month. Has always been careless of his health, and if he got wet, an event which happened not unfrequently, he would never change his clothes. He was taken suddenly ill last evening whilst out walking, about a mile from home, and had to be taken home in a cab. On visiting him at 10 a. m., I found him sitting up in bed, gasping for breath, countenance distressed, and of a sickly pallid hue. Pulse feeble; temperature 98°; tongue pale and sodden; expectoration frothy, with some little blood intermixed; moist *râles* over the whole chest, back and front; urine abundant, clear, containing one-fourth of albumen. At 2 p. m. I found his condition and posture unchanged; he could only speak a few words before he had to stop for breath. He inhaled three minims of nitrite of amyl (a capsule broken in a handkerchief). Within a few minutes his breath was easier, and he was able to recline in bed for the first time since the attack came on, before I left the house. I then put him on nitro-glycerine, one-hundredth of a minim ter die.

"May 5. He was lying easily in bed, breathing quietly, and expressing himself as feeling quite well; said he was only waiting till I came before he got up. I cautioned him that his life hung by a thread, and that he could only hope to continue it by the strictest obedience:—unavailing caution. On the 6th he remained in the same condition. The next day he refused to take any more medicine, but promised to stay in the house, a promise which he did not keep. On the 16th he had another attack, and died quietly within thirty-six hours, the urine being loaded with albumen."

Mercurial Decalcification.

From the *Lancet*, April 14, 1883, we learn that a remarkable effect of acute poisoning by mercury, in the form of corrosive sublimate, was discovered by Salkowski, and has been confirmed by Prévost and Frutiger, of Geneva, in a very interesting investigation. The effect is the deposition of calcareous salts in the cortical substance of the kidney. The deposits of lime-salts may easily be confounded with deposits of fat. The process commences in the straight tubules, and afterwards involves the tubuli contorti, and is sometimes so great that the kidneys appear as if petrified. The effect is most marked in the rodents, but may also be observed in the cat, and likewise, although with more difficulty, in the dog, and it is apparently of the same nature in all animals. It is very remarkable that this change is not, as might be expected, most marked when the poisoning is most chronic. It is greatest when the doses of the poison are such as to cause death in three or four days, and are too small to kill within four-and-twenty hours. The Swiss investigators have made a very important discovery as to the process by which this remarkable effect is produced. They find that the calcification of the kidneys is accompanied by, or rather accompanies, a removal of lime-salts from the bones which, in the case of rabbits, is sufficient to render the epiphyses of the long bones movable on the shafts. In order to estimate the actual amount of decalcification, a series of comparative analyses were made, the tibia being the bone chosen. The loss of lime was found to be usually from two to four per cent., and sometimes to amount even to eight or ten per cent. The change in the bones was always inversely proportioned to the change in the kidney. To obtain even more precise results, the leg of one animal was amputated before the commencement of the experiments, so that the normal proportion of lime-salts might be accurately compared with that present after the action of the corrosive sublimate. But the result of this experiment was the demonstration of a very interesting fact in relation to the processes of calcification and decalcification in the system. It was found that when the animal had recovered perfectly from the effect of the amputation, no mercury having been given, there was an increase in the amount of lime in the opposite tibia. Even after intoxication by mercury, it was found that there was still an excess of lime present, showing that the augmentation due to the amputation of the other leg was more than enough to compensate for the loss produced by the mercury. The peculiar effect of the corrosive sublimate cannot be attributed to impairment of the general nutrition, since in starving animals, which had lost 800 grammes of body weight, the proportion of the mineral constituent of the bone was positively increased instead of being diminished. The rapid decalcification of the bone seems to afford an adequate explanation of the accumulation of lime-salts in the kidneys, arrested in the process of elimination by these organs.

Beri-Beri.

The *Lancet*, April 21, 1883, tells us that the very fact of limitation to a certain part of the surface of the globe lends to the inquiry into the nature of such diseases as beri-beri a suggestiveness which has unfortunately not yet been productive of commensurate results. The relations of beri beri with other maladies have long been the subject of dispute, and the final solution of the question cannot be said to have been advanced by the most recent contribution to the study of the disease by M. Durodié. The central factors which go to make up the clinical picture of the disorder are anæmia, œdema, and numbness, with paralysis, chiefly affecting the inferior extremities. The disease may run an acute course, or the tedium of its symptoms may be felt over a long period. The profound and rapid anæmia has suggested to many German writers the question of the affinity of the malady with progressive pernicious anæmia. But it seems cer-

tain that we have to do with something more than an idiopathic anæmia, and it cannot be said that the association with the progressive pernicious variety would do anything else than render the disease more obscure. The œdema would seem to have somewhat special characteristics: it is of rapid onset and of wide extent, and in the final stages dropsy of all the serous cavities, but more especially of the pericardium, has been observed. The stiffness with numbness and palsy of the legs are also strongly marked features. It appears that a residence of more than six months in places where beri-beri is endemic is necessary for the due appearance of the disease. The imbibition of much brackish water also seems to play a part in the causation. The increase of the number of cases in gaols at the end of the rainy season is a remarkable fact, the full explanation of which would probably cast much light on the etiology, as would also the complete *rationale* of the limitation of the remarkably fatal disease to a littoral band of about fifty miles in breadth. The alliances of beri-beri with disorders of the nervous system and with the malarial fevers are also considerable. The disease has been studied more by English than other physicians, and the majority seem to have regarded the affection as an essentially constitutional disorder; and even the most competent of those English observers do not seem to think a more differentiated opinion of the nature of the pathology is possible in the present state of our ignorance.

Some Effects of Nasal Polypi in Children.

A. Jacobi, M. D., in the *New York Medical Journal*, April 7, 1883, relates several cases of obstinate asthma or emphysema in children. The first case was under treatment for some time before the nasal polypus was discovered and removed, when improvement immediately set in. In the second case the nose was examined, a polypus removed; another made its appearance, which was also removed; only ten paroxysms occurred since the removal of the polypi, and these are of a mild type.

"What is the explanation of the relationship existing between the presence of the nasal polypi and the asthmatic attacks, if any such exist?"

It is well known that the presence of any irritation of a mucous membrane will produce effects even at a disfance; not a small number of cases of prolapse of the rectum are due to the presence of a polypus situated either upon the sphincter or high up in the rectum.

We often see nasal catarrh coexisting with enlarged nostrils—treatment of the latter curing the former; it is, in fact the result of reflex action.

The doctor also speaks of the relationship between asthma in the adult and the presence of nasal polypi.

Chorea minor, he says, is due almost exclusively to a local irritation of the mucous membrane, associated with chronic nasal pharyngeal catarrh, the chronic symptoms becoming aggravated during acute exacerbations of the catarrh. An intimate relation exists between the nervous system and the nasal mucous membrane; the trigeminus, with all its branches, is subject to direct or reflex irritation, arising from inflamed condition of the nasal mucous membrane.

The thickened mucous membrane or a polypus, in the narrow nasal passages of a child, would seriously interfere with respiration, and hence an accumulation of carbonic acid gas in the brain, particularly about the respiratory centre at the medulla.

The lymphatic system of the nasal mucous membrane and that of the dura mater and the arachnoid membranes are in intimate relations with each other. It will be seen that good reasons have been advanced to show the intimate connection between diseases of the mucous membrane of the nose and cerebral affections.

The Effect of Noise on Healthy and Diseased Ears.

Dr. D. B. St. John Roosa read a paper on this subject before a recent meeting of the New York County Medical Society (*Boston M. and S. Jour.*, May 3, 1883), in which he summed up his experiments somewhat as follows:

(1) A large class of persons suffering from deafness can hear quite distinctly when in a noise.

(2) When this is the case, the disease is situated in the middle ear. The disease is usually of a chronic, non-suppurative character; but the same phenomenon is also noticed sometimes in acute and subacute affections of the middle ear.

(3) The proximate cause of this is not yet definitely determined, but it is believed to depend on the condition of the ossicles.

(4) Boiler makers' deafness is of an altogether different character from the above.

(5) The latter is believed to be due to disease of the labyrinth or the trunk of the acoustic nerve.

(6) Those suffering from boiler makers' deafness do not hear better in a noise.

(7) Cases of impacted cerumen and other affections of the external and middle ear occur in boiler makers as well as in other individuals.

(8) In disease of the labyrinth the tuning-fork C is heard louder and longer through the air than through the bones of the head.

Reviews and Book Notices.

Notes on Current Medical Literature.

——Two publications on the opium habit are worth the attention of those who would study this form of slavery. One is "Clinical Notes on Opium Addiction," by Dr. J. B. Mattison, of Brooklyn, N. Y.; the other is on the successful treatment of the habit by the *avena sativa*, by Dr. E. H. M. Sell. That a tincture of common oats should turn out to be, as Dr. Sell asserts, "the very best remedy in the distressful, and in many cases, hopeless, malady of the morphine or opium habit," is indeed remarkable.

——Dr. E. E. Montgomery, of this city, in a recent reprint argues against the justifiability of craniotomy on a living child. His presentation of his side of the argument is forcible.

——Of pharmaceutical reprints, the "Review of the Drug Trade of New York for 1882," by Mr. D. C. Robbins, of Yew York, and a discussion of the question: "Is there a necessity for Pharmacy Acts?" by M. G. J. Seabury, are excellent papers.

——*The Inter-Change* is a monthly published by Howard Challen, Philadelphia, the purpose of which is to give all sorts of information concerning books relating to, and periodicals publishing, articles on special subjects. Medicine and hygiene come within its domain. Subscription, $1 a year.

——A reprint on the "Medico-Legal Relations of Insanity," by Dr. Ira Russell, of Winchendon, Mass., deals largely with the question of insane criminals.

——At the last commencement of the National Medical College, Washington, D. C., addresses were delivered by Prof. A. F. A. King and Dr. Philip G. Wales, U. S. N. These have been published in neat pamphlet form.

——Under the editorship of Dr. Romaine J. Curtiss there has been commenced at Peoria, Ill., a monthly entitled *Home Health*. It is a popular journal on hygiene and sanitary science, and contains original articles and selections. It looks well and promises well, and we hope for it a prosperous career. Price, $2 a year.

——Dr. G. Reck's "Therapeutischer Almanack" for 1883 contains its usual condensed summary of information on this branch (J. Dalp, Bern, 1883).

BOOK NOTICES.

Brain-Rest. By J. Leonard Corning, M. D. New York. G. P. Putnam's Sons. 12mo. pp. 103.

By "brain-rest" Dr. Corning means *sleep*, and he discusses its vast importance and the means by which it can be obtained. He speaks especially of the value of compression of the carotids as a means of reducing the cerebral circulation, and describes and figures an apparatus he has invented for that purpose. The essay is an ingenious and suggestive one, and merits a careful perusal.

The Microscope and its Revelations. By William B. Carpenter, C. B., M. D., LL. D., etc. Sixth edition. Illustrated. Vol. I. William Wood & Co.

This is the April number of Wood's Library of Standard Medical Authors. It is profusely illustrated, and by an author who always writes both in an agreeable style and with a full knowledge of his subject.

A Treatise of Practical Instructions in the Medical and Surgical Uses of Electricity. By L. E. Morrill, M. D. Kalamazoo, Mich.

The author of this work is an enthusiast for the miscellaneous and universal uses of electricity in therapeutics. It is lacking in critical judgment, and will be sure to bring about disappointment in those who proceed confidently in many of its recommendations. Nothing is gained to science by lauding electricity as a panacea, or exhibiting it to the exclusion of other modes of cure. The volume seems to be aimed for general perusal, rather than professional, and if so will create in readers hopes of alleviation often doomed to be blasted.

Alcoholic Inebriety from a Medical Standpoint. With cases from Clinical Records. By Joseph Parrish, M. D. Philadelphia: P. Blakiston, Son & Co, Pp. 185. Price $1.25.

Few individuals have given such close attention to the study of inebriety as Dr. Parrish. With him it has been the main interest of his professional life. His matured views, as they are presented in this work, must command the close consideration of all who would solve or try to solve the hideous enigma of intemperance.

Evidently the author leans strongly to the belief that in very many cases persistent drunkenness is a disease which must be treated, and may be cured, as are other diseases. On one point we could wish he had been more definite. The distinction between inebriates and moderate or even "heavy" drinkers is not clearly drawn, and hence many of the statistical assertions are less accurate than they might be.

The subjects discussed are, who are inebriates, inebriety a disease, traumatic and hereditary inebriety, the relations of inebriety to insanity, inebriate asylums, their management, the different alcohols and their effects, and the psychology of inebriety. On all these the reader will find excellent material and carefully digested observations.

—A man went into a drug store, and asked for something to cure a headache. The druggist held a bottle of hartshorn to his nose, and he was nearly overpowered by its pungency. As soon as he recovered, he began to rail at the druggist, and threatened to punch his head. "But didn't it help your headache?" asked the apothecary. "Help my headache!" gasped the man. "I haven't any headache. It's my wife that's got the headache."

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KATATONIA.

By this term is to be understood, so Dr. Wm. A. Hammond says in the *N. Y. Med. Jour.*, May 5, 1883, a form of insanity first described by Kahlbaum, and characterized by alternate periods supervening with more or less regularity, of acute mania, melancholia, and epileptoid and cataleptoid states, with delusions of an exalted character and a tendency to dramatism.

Several cases from his practice are cited.

A merchant presented the first symptoms by a condition of exaltation; he entered the office with all the air of a prince, and answered all questions by repeating in a supercilious way, "And the Lord spake unto Moses, saying." This he repeated during the entire visit. By inquiring I learned, however, that eight days previously, without any assignable cause, he had passed into a condition of melancholia, with stupor. By extending his arm at right angles to his side, it was noticed that it remained in that position for thirteen minutes, and then descended slowly to his side. Ophthalmoscopic examination being demanded, the patient would not enter the dark room. Upon endeavoring to carry him there, he at once became as rigid as a bar of iron—his muscles were in a state of extreme tension.

The next case, a young German, exhibited the cataleptoid state, and a tendency to utter high-flown language, and to assume histrionic attitudes, exclaiming at intervals, "My lord, it shall be done!" He had passed through the stage of melancholy before presenting himself.

He frequently cried and groaned, said afterwards that the reason he did not speak was because he had the idea that it had been decreed that if he uttered a single word, his mother would at once die.

The third case was a physician. When seen he was in the stage of melancholia with stupor, attended with cataleptoid symptoms. If physical efforts were used, his whole muscular system was thrown into extreme tension. He appeared to be in a condition not unlike a person suffering from tetanus. Another case, a Swede, age 30, presented much the same symptoms as the former cases.

The doctor says that many cases of unrecognized katatonia are to be found reported in writings on psychological medicine.

The disease is more common in men than in women.

"Katatonia is of rather favorable prognosis. It appears in the first stage, at least, to be a vasomotor affection characterized by a paralysis of the vascular coats, and by consequent cerebral hyperæmia."

All his cases except one yielded readily to the bromide of sodium; that patient did not get the medicine prescribed.

ANCIENT ROME AND THE CAMPAGNA.

Dr. Drummond, of Rome, recently delivered a lecture before the British and American Archæological Society of that city, on the "Climate of Ancient Rome," in which we have the same old story told again.

Unused organic remains producing disease.

From the historical fields of ancient Rome, as from our own new country, comes ever forth the imperious mandate, *unto dust thou must return*, not figuratively, but absolutely.

From these soul-stirring campagnas, we read the same lessons that sanitarians of to-day are teaching.

Dr. Drummond very sensibly argues that the ancient Romans must have been a healthy race, else their wonderful physical achievements would have been impossible; and with equal reason he concludes that this health was due to their belief in hygiene and sanitary matters; to their athletic sports and their unparalleled baths.

The malaria of the campagna, he attributes to systematic neglect of proper drainage and cultivation.

Here it is again: the old lesson.

This campagna was once thickly inhabited with organic life; it died, and for centuries has been lying, decomposed and unused, save to poison the atmosphere. The experiments or experience within a short time of the Trappist monks, who are cultivating certain portions of the campagna, is that they have rendered their vicinity free from atmospheric poison.

Does not this experience teach us, that the rotatory life of atoms is an essential to healthy surroundings; from vegetable life, directly, as well as indirectly, through the lower animals to man, and from man back to the vegetable kingdom and so on?

Any interference with this rotation, any delay on the part of these elements, in their journey, renders them more or less inimical to healthy animal life, since it disarranges the beautiful economy of nature.

Let us learn the lesson, and ponder well over it.

L'HOPITAL DES ENFANTS ASSISTÉS A PARIS.

A very interesting report on this large and important institution was recently presented to the Ministre de l'Interieur by MM. Lunier and Foville.

This hospital admits from five to nine thousand children annually, but as many of them remain but a short time in the institution, from twenty to thirty are admitted or discharged daily. Usually there are from 350 to 400 children in the hospice. The ages vary from a few days to twelve years or over. In 1881, 1,758 under one month old were admitted, 906 from one month to one year, and 1,628 from six to twelve years old. The Enfants-Assistés are children, presented by their families to be abandoned (à la Jean-Jacques Rousseau), and others found in the streets or left in the hands of nurses. Another class, the Enfants-Secourus, are children at first abandoned by their parents, but returned to them with a small government allowance to enable them to bring them up.

The commissioners very warmly recommend isolation of contagious diseases, which is impossible in the present condition of the hospice. According to M. Lunier, one-third, at least, of the children who die in the institution contract in the wards the contagious disease to which they succumb. Diphtheria is so prevalent and so malignant as to have caused the death of two very distinguished chefs-de-clinique, who were obliged to make direct applications to the throat.

An unique feature of the institution is the

nursing service for syphilitic infants, established by M. Parrot. The nurslings draw their nourishment directly from the teats of the ass, to which they are presented five times during the day and three times at night. They thrive under this treatment, and 70 per cent. live, while almost all formerly died when fed from the bottle.

COLD BATHS IN TYPHOID FEVER.

In the recent lengthy and desultory discussion on the treatment of typhoid fever in the French Academy, the method by cold baths provoked considerable discussion.

Prof. Bonley was the defender of Brand's method, bringing forward in support of his views statistics obtained through the French ambassador at Berlin. M. Ricklin has since reviewed the statistics obtained, and arrived at the following conclusions:

Brand claims that the average mortality before the introduction of the refrigerant treatment was as high as twenty-one per cent., and that under the influence of this method it has fallen to seven per cent. In support of this assertion, in the last edition of his work (*Die Wasser Behandlung der Typhosen Fieber*, 1877,) he gives statistics founded on 355 cases observed in his own practice, with fifteen deaths, an average mortality of less than five per cent.

But on consideration of the cases we find that 211 occurred in his private practice without a single death; so that among the remaining hospital patients, 124 in number, fifteen deaths took place, making the real mortality in the cases adduced by Brand twelve per cent.

Closer examination of the statistics presented by the German authors in support of this method, show that the average mortality in Schmidt's service at Erlangen was nineteen per cent.; in the Rudolph Hospital, at Berlin, from fifteen to thirty per cent.: in the Bethany Hospital, where the method was systematically carried out by M. Goltdammer, from ten to sixteen per cent.; in Stricker's service, seventeen per cent., and so on in all the hospitals of Berlin where this method of treatment was most rigorously carried out.

NOTES AND COMMENTS.

Irregular Contractions of Uterus a Source of Danger After Labor.

In the *Med. Times and Gaz.*, April 28, 1883, Dr. William Alexander calls special attention to this condition, and indicates its dangers and its relief with the following cases:

"Some years ago a patient in the lying-in wards had my attention called to her three days after delivery on account of her feverish and restless condition. I found a firm round tumor in the right iliac region, about the size of an adult human head. It was very tender, and was freely movable. Next day peritonitis had set in, and the tumor was much less distinct. Poultices were used, and the usual treatment of those days, but the patient died. The uterus had contracted irregularly, and had become tilted into the iliac fossa, so that drainage could not be carried out. About six months ago I saw a similar case in private, accompanied by much fever and such an appearance of the patient that the ordinary medical attendant thought it was "all up" with her. Having by this time unraveled the true pathology of such cases, I grasped the uterus gently, and by gradual pressure caused it to contract and to expel a considerable quantity of discharge. A little pain was produced at first, but this soon subsided, and before I left the house the patient expressed herself as much relieved. In the first case, the old treatment—poultices to the abdomen, sudorifics, anti-pyretic vascular sedatives were used—remedies that I believe increased rather than diminished the mischief. Antiseptic syringings of the uterus and vagina are the only rational treatment hitherto employed; but these syringings were rarely complete, and seldom passed beyond the vagina. The amount of pressure must be reasonable, for harm might be done by doing too much, and practically is rarely required in my hospital practice, because of the efficient way in which the *binder* is applied. Its application is, I believe, one of the most important subjects in midwifery, and it is applied by my nurses in the following manner: The uterus is first ascertained to be well contracted, and at least in the entrance of the pelvis. A broad and substantial pad is applied over that organ, and kept in its place by a strong twilled calico binder that reaches from the great trochanters to the eighth or ninth ribs. This binder is drawn as tight as the patient can bear with comfort, and is watched, and readjusted if necessary several times in the day. I make it my business to see that

the binders are properly applied, the patients and napkins clean, and the wards pure. Nothing else requires to be done except to pass my hand over the abdomen, generally outside the binder, in a small percentage of cases who show high temperature."

An Inquiry into the Causes of the Increase of Cancer.

At the end of a long and elaborate thesis on this question, Mr. Dunn concludes (*Brit. Med. Jour.*):

"1. That, in the face of incontrovertible facts, cancer is increasing in England.

"2. That this increase is due (*a*) To the success attending the legislative measure and other means for the preservation of the infant population, by which a large proportion of persons reach adult age, and the general healthiness of the community is increased. (*b*) To the greater prominence which, in the present day, prevails, of the most predisposing causes of the disease—such as the fecundity of women, the prevalence of high nervous tension, the existence of possibly greater general luxury in the mode of living.

"3. That the immunity apparently demonstrated by the records as present in certain counties of England and Wales, is presumably, as we have attempted to show, not due to any real declination of the disease, but rather to such causes as can be explained by special local predisposition to other diseases, to which a large proportion of the adult population succumb.

"4. That in consequence of this, if each district of England and Wales were equally healthy, each would probably exhibit a high cancer mortality.

"5. That the geographical area of which England and Wales is composed, is insufficient to account directly for interruption in the distribution of cancer as met with in this island."

Alcoholism a Cause of Sterility.

In the course of the Gulstonian Lectures on Sterility (*Brit. Med. Jour.*, April 21, 1883), Dr. J. Matthews Duncans attributes a causative influence to the free use of alcohol. He says, "The immoderately great consumption of alcoholic drinks by women, without their necessarily ever reaching the stage of drunkenness, is so common and so potent a cause of disorder and disease, that it requires special mention. It is possible that much of the influence of this drinking might be justly ranked as part of mere overfeeding, whose injurious effects we have already spoken of; but this is far from certain. Indeed, while I am unable to give any strong evidence of the specially injurious action of alcohol, considered as an article of diet, I am much disposed to this view, being led to it by the good results in practice which I believe justly attributable to desisting from the use of it. But alcoholic drinking has, in addition to the general or constitutional disorder which it produces, well ascertained power, in certain cases, to induce disease of the internal genital organs. That which is most easily and distinctly made out is chronic ovaritis. It often comes and goes in the presence or absence of the cause. When it is present, sterility is not always a result, but frequently so, and its cure is often followed by the disappearance of the sterility."

Presence of Phosphate of Magnesium in the Urine of Persons suffering from Affections of the Stomach.

A man, æt. 49, suffering from a chronic affection of the stomach (dyspepsia, constipation, frequent vomiting), discharged urine which was free from albumen and a sediment, but was alkaline, and whose reaction was caused by a fixed alkali. Letting the urine stand for five days in a warm room had not made it ammoniacal as yet, but there now appeared a sediment of transparent crystals (four-sided prisms), which by their shape, as well as by their reaction to carbonate of ammonia (opaque and stripes, especially in the longitudinal direction) proved themselves to consist of phosphate of magnesium. Such a sediment formation out of an alkaline urine (whose reaction in this case was caused by frequent vomiting and the abstraction of acid from the system necessarily connected with it) seems to be very rare, and to happen then only, when after letting the urine stand for a number of days, the decomposition of urea into carbonate of ammonia, and the formation, connected therewith) of phosphate of ammonia—magnesia has not taken place. As the occurrence is so rare, and can be caused only under the circumstances mentioned, it may be possible that the fact, by further investigations, may become an important one in the always difficult diagnosis of certain obscure diseases of the main organ of digestion. (Deutsch Arch. of Klin. Med., xxxi., p. 203.)

Lacerations of Cervix Uteri.

Dr. Mary A. Smith contributes to the *Boston Med. and Surg. Jour.*, April 5, 1883, the statistics of operations for this accident occurring in the New England Hospital for the two years beginning October 1, 1880. Only such cases are reported as

were of sufficient gravity to require surgical interference. There were forty cases, fifteen in primiparæ and twenty-five in multiparæ. Thirty-seven were operated upon thirty-nine times, three yielding to non-surgical treatment.

SITUATION OF THE INJURY.

On the right side	1
On the left side	8
Bilateral	28
Stellate	3
Total	40

CHARACTER OF LABORS IN WHICH THE LACERATIONS OCCURRED.

Rapid	16
Tedious	7
Difficult	3
Forceps used	8
Unknown	6
Total	40

The after treatment consisted in rest in bed and confinement of bowels for one week. Stitches removed on tenth day, unless menstruation had occurred, when they were left until fourteenth day. In ordinary cases patient began getting up after two weeks.

RESULT OF OPERATIONS.

Perfect union	33
Partial union	4
Secondary operations	2
Total	39

An Explanation of Inhibited Development.

A Case of Perobrachy Explained.

A railroad laborer, æt. 40, who was fatally injured by an accident, and who had been affected all his lifetime (being born that way) with a want of development of his right lower arm and hand, gave Dr. L. Davida (Centrbl. f. d. Med. Wiss., 48, 82, p. 879) a good opportunity of studying the morbid condition of his nervous system accurately. D. found that from the sixth cervical nerve to the first thoracic nerve, the anterior as well as the posterior roots contained a decidedly smaller number of nerve fibres on the right than those on the left side. The spinal ganglia on the right side were also smaller than those on the left, and the anterior branches thinner than on the healthy side.

The explanation would seem natural, that this condition of things caused the perobrachy. This is the opinion of Davida. But we believe that in the brain the real cause would have been found. The abnormal condition in the spinal cord simply showed the same status which we always find whenever an extremity, or a part of one, or a muscle, or a set of muscles, has not continually exercised its normal function. In such cases, the spinal origin of the respective nerves becomes atrophied, dwindles away. Why would we find such lesions in persons who all their life had a perfect use of their limbs, and who some years before their death were by an accident, or by paralysis, or amputation, deprived of their use?

Hæmorrhage from the Lachrymal Duct During Epistaxis.

Mr. D. Hoadley Gabb, M. R. C. S., of Hastings, describes the following remarkable case in the *British Medical Journal:*

"Mr. S., aged 50, with mitral disease and albuminuria, sat out one of our recent sunny days, and caught a chill, which culminated in an attack of bronchitis and a relaxed state of the fauces and uvula, producing severe spasmodic cough: during one of these paroxysms, epistaxis, from the right nostril especially, came on rather profusely, and I was sent for. There was no difficulty in arresting it by plugging the anterior nares with dry lint. In two or three hours, after a severe cough, the hæmorrhage returned, and a messenger was sent for me, saying the bleeding had come back, and was running out of his nose and eyes; and so I found that the blood had welled up through the right lachrymal duct, and was suffusing his eye, so that he was constantly obliged to wipe it, and the handkerchief was pretty well stained with the blood, and the discharge only ceased when the nose left off. I have never met with the phenomenon before, neither have others to whom I have mentioned it; and so, I think, perhaps it is worth recording."

The Treatment of Parturition and the Parturient State in Hospital Practice.

Commenting on the fact that nature unaided deals much more leniently with the parturient woman, at any rate among the lower classes, than when she is aided by the highest medical skill and with all the appliances of hospital treatment, Dr. William Alexander, in the *Medical Times and Gazette*, April 7, 1883, raises his voice against *meddlesome* midwifery. He deprecates unnecessary examinations, lest our fingers may introduce septic material, and urges us to give *nature* a fair chance to expel the placenta before we interfere. He again urges cleanliness as the great desideratum, and considers that the proper kind of a bed for a lying-in hospital is one made of clean straw, retained in an easily-washed sack of coarse ticking; a double blanket will make it sufficiently soft. At

the end of twenty-four hours the patient is transferred to the lying-in bed, another new straw bed of larger dimensions. This the patient occupies for a week, when she is transferred to another new bed in the convalescent ward. The ticks are thoroughly washed, and the same straw is never used twice in the *lying-in wards*. From these suggestions we can derive some hints for our guidance in private practice.

Lister and the Spray.

Dr. Henry Gray Croly publishes the following letter from Mr. Lister on this subject in the *Medical Press*, April 25, 1883:

"I have not given up the use of the spray, although I certainly regard it as the least important part of our antiseptic arrangements. Whatever other good it may do, it is a very mild form of antiseptic irrigation, and tends to keep the *entourage* of the wound, including the surgeon's hands and instruments, pure. But if I had not a spray-producer at hand, I should not on that account omit other elements of antiseptic treatment. I still use the spray in changing dressings, so long as the wound is not merely superficial. But far more important than using the spray is it to make a point of covering the wound with some pure aseptic material before beginning to wash the parts which were covered with the edge of the dressing only, and were, therefore, impure. In other words, I believe one of the commonest causes of failure is dabbing alternately the impure surrounding parts and the pure wound with the same piece of rag, which, though moistened with carbolic lotion, cannot work miracles."

Compound, Comminuted Fracture of Skull; Trephining; Recovery.

Dr. A. D. Murray reports a case in the *Lancet*, April 28, 1883. The operation was performed in the usual way. A little more than half a circle was removed from the sound bone above the apex of the triangular depressed portion, and after a corner had been removed by means of the saw, the piece was easily lifted out; a clot was found under this. The middle meningeal could be seen pulsating at the lower corner, but was uninjured. Some fragments were taken away, the wound dressed with carbolic oil and washed frequently with carbolic spray. The man made an excellent recovery, never having had a bad symptom.

He thinks that this case points strongly to the advisability of trephining at once in compound comminuted depressed fracture of the skull, without waiting for symptoms of compression. The operation does not add to the patient's danger, and may, in all probability, be the means of preventing serious complications.

Sub-periosteal Amputation at Hip-joint.

Before the Clinical Society of London (*Medical Times and Gazette*, April 14, 1883), Mr. Howard Marsh read the report on Mr. Shuter's case of subperiosteal amputation at the hip-joint which was signed by Messrs. Croft, Marsh, Clement, Lucas, and Shuter. The report went to show that it was doubtful whether any amount of bone was present in the central cord of firm resisting tissue, that it was true that the muscles were in a high state of nutrition, and were able to give the stump and an artificial limb independent motion. The committee also decided that in the operation performed there was diminution in the risk from hæmorrhage, with preservation of muscles of such a length as would correspond to that obtained by an amputation through the upper third of the thigh; it was also found that the periosteum had been stripped off as high as the trochanters.

The Coat-Sleeve Amputation.

Some time since we referred to this operation of Mr. Davy's (*Brit. Med. Jour.*, June 17, 1882), in which a circular incision is made, the tissues dissected up, the bone sawed through, and the tissues brought together as one would the end of the coat-sleeve. Dr. L. Colbourne, of Buenos Ayres, writes to the *Brit. Med. Jour.*, April 7, 1883, that having occasion to amputate the leg of a fairly muscular man, he found it impossible to turn the tissues up, when the diameter of the leg was (as in robust people, it always will be) greater above than at the point of incision. To obviate this difficulty, he made a longitudinal incision in the posterior aspect of the flap.

The Deligation of Large Arteries by the Application of two Ligatures and the Division of the Vessel Between Them.

Attention is called by Dr. W. J. Walsham, in the *Brit. Med. Jour.*, April 7, 1883, to the fact that secondary hemorrhage, after ligation of arteries, is often due to the fact that in separating the sheath from the artery, the blood supply of the latter is cut off, and sloughing or gangrene of the vessel in the vicinity of the ligature results. To obviate this danger he recommends applying *two* ligatures, about half an inch apart, the denuded and devitalized portion of the vessel being thus between them, and dividing the vessel in this portion.

The Benzoates in the Uric Acid Diathesis.

In the course of the Lumleian lectures on uric acid, Dr. Alfred Baring Garrod states (*Brit. Med. Jour.*, April 21, 1883), that the Benzoates possess the power of causing the disappearance of uric acid from the urine. He frequently uses benzoate of sodium, and if at the same time he desires to increase the quantity of the urinary secretion, he gives the benzoate of potassium or lithium. He is directing his researches towards the formulating of some food sufficiently rich in hippuric acid as to keep in check the tendency to form and deposit uric acid.

Salicylic Hair Tonic.

A correspondent of the *Druggists' Circular* recommends the following as the best remedy against dandruff, itching of the scalp, and falling of the hair:

Borate of soda	10 drachms.
Salicylic acid	10 scruples.
Tincture of cantharides	6 ounces.
Bay rum	25 "
Rose water	25 "
Boiling water, enough to make	4½ pints.

Dissolve the borax and the acid in boiling water; mix the bay rum and rose water with the solution; then add the rest, and filter.

Spasm of Eyelids and Ciliary Muscles with Intense Pain, Caused by Exposure to Electric Light.

Dr. A. T. Thomson reports in the *Med. Times and Gaz.*, April 14, 1883, the case of a man aged twenty-five, who on two different occasions neglected to wear his eye-protectors when working about an electric light. In both instances, some three hours after the exposure, violent pain, so intense as to prevent sleep, came on in both eyes, and he lost control over the eyelids, which remained rigidly closed. Free instillation of solution of atropine gave prompt relief.

Balano-posthitis of Diabetics.

For this trouble Prof. Simon specially recommends cleanliness, and after each micturition, lotions feebly charged with phenol, and after drying the part, powdering it with the following:

R.	Oxide of zinc	25 parts.
	Starch	25 parts.
	Salicylic acid	1 part.
M.		

Iodine for Vomiting.

Dr. T. T. Guant (*American Journal of the Medical Sciences* for April, 1883,) has for a number of years been employing the compound tincture of iodine in drop doses in nearly all forms of emesis, and reports thirteen cases of the most varied character, in all of which vomiting was promptly arrested by its use.

Oxide of Zinc in Chronic Diarrhœa.

M. Gubler has found it most useful in the diarrhœa of phthisis, and whenever ulceration of the uterus is suspected. He gives it in powders in the following form: Oxide of zinc, thirty grains; bicarbonate of soda, ten grains: in four powders, two or three daily.

Fatal Shock from Supposed Snake Bite.

That imagination may prove fatal, receives fresh proof from the case reported in the *Med. Press*, April 25, 1883, by Dr. C. R. Francis. The patient, awakened from his sleep by something creeping over his naked legs, immediately jumped to the conclusion that it was a cobra, went into a state of collapse, and died, though it was discovered, even before death, that the supposed cobra was a harmless lizard.

Salicylic Acid for Venereal Warts and Ulcers.

Dr. Solon D. Stone (*Boston M. and S. Jour.*, April 26, 1883), has had very good results. His method is to fill, or pack, an ulcer with the acid which he keeps constantly applied until there is a healthy granulating surface. For a few minutes following the application of the acid to a raw surface the pain is quite severe, but it soon subsides.

Occlusion of Vessels by Oil.

Dr. Handfield Jones believes (*Brit. Med. Jour.*, April 21, 1883), that in atheromatous conditions of the small vessels of the brain, and presumably also of other organs, the degeneration of the patches of atheroma lead to the formation of oily masses within the lumen of the vessel, and so to obstruction.

Incision into and Drainage of the Pericardium.

Dr. Samuel West has performed this operation for the first time in England in a case of purulent pericarditis. The *Med. Times and Gaz.*, April 28, 1883, tells us that it was a great success: there is no deformity of the chest, and only a very small scar remains.

Hamamelis in Varicose Veins.

Dr. J. H. Musser has procured good results in a number of cases of varicose veins from the use of fluid extract of hamamelis in teaspoonful doses. The cases are recorded in the *Medical Times*, April 21, 1883.

Correspondence.

Pepsin Preparations.

Eds. Med. and Surg. Reporter:—

I have this day tested a specimen of Dr. Jensen's so-called "crystal pepsin," with the following results, which may be of interest to your readers:

Experiment 1. One-quarter of a grain of Jensen's pepsin dissolved in f. ʒ iss. of water mixed with f. ʒ ij. of water containing 9 drops of hydrochloric acid, and kept at a heat varying from 100° to 110° F., dissolved 125 grains of hard-boiled white of egg in two hours.

Experiment 2 was an exact copy of the first, except that solution was effected in two and a quarter hours.

Experiment 3. One-quarter of a grain of the same pepsin, under like conditions, dissolved 150 grains, or 600 times its weight, of coagulated albumen, in about three hours—this amount of albumen being rather more than half that usually found in an egg of average size.

Experiment 4. One-quarter of a grain of the pepsin similarly tested with 200 grains of boiled white of egg, left a small residue (estimated to weigh 20 or 25 grains) at the end of three and a half hours, when the experiment was interrupted. It was therefore probably capable under these circumstances of dissolving at least 700 times its own weight of freshly coagulated albumen.

The solvent power of this pepsin is thus shown in these investigations of mine to be not less than twelve times as great as that of the "pepsinum saccharatum" (U. S. Pharm. 1880), and hence this method of preparing pepsin unquestionably places within the reach of physicians a vastly improved means for aiding the stomach digestion of nitrogenous foods.

Jos. G. Richardson, M. D.,
Prof. of Hygiene in the University of Pennsylvania.
Philadelphia, May 16.

News and Miscellany.

American Laryngological Association.

The Fifth Annual Congress of the American Laryngological Association was called to order in the hall of the New York Academy of Medicine, at 10 o'clock, on Monday, May 21, by George M. Lefferts, M. D., President of the Association.

After delivering his annual address, the President, Dr. George M. Lefferts, read a paper detailing new facts in laryngology.

S. W. Langmaid, M. D., of Boston, called attention to a common form of vocal disability resulting from pathological processes, the phenomena being used to demonstrate the falsity of one system of voice training. He had observed a class of patients who are in the habit of making considerable use of their voice, who complain that at a certain point in singing the scale a break occurs in their voice; below this their normal tones are preserved. He attributed this condition to fatigue of the vocal apparatus, caused by fatigue following over-exertion. It not infrequently results from sudden cessation of singing after excessive use of the voice, and is more likely to occur in those filling a leading *rôle* than in the subordinate parts.

A paper on the

DESTRUCTION OF NASAL POLYPI BY CHROMIC ACID

was read by Frank Donaldson, M. D., who said that the object of treatment in cases of mucous polypi is to remove the growths with as little discomfort as possible, and to prevent their return. Of the three methods in use—evulsion, abscission, and the electric cautery, each had its advocates and its advantages, and each its disadvantages. Evulsion causes pain, and is often inefficient to prevent their return; the removal by the snare or wire loop is open to the same objection, unless the origin of the growth is cauterized, or part of the underlying structure, including the bone, is removed, as recommended by Mackenzie. Of the caustics, in his experience, chromic acid deserved the preference. His manner of employing it is to protect the surrounding mucous membrane with a lead solution, and part of the paste is then taken up on a glass rod and buried in the polyp, which shortly afterward dries up, and is easily removed with the forceps or snare. With chromic acid we can touch the exact point of origin of the growth; and it is useful in both forms of polypi, in gelatinoid and adenomatous. In the fibrous polypi it is less efficient, because they extend frequently to the naso-pharyngeal cavity. It is not intended to substitute chromic acid for surgical procedures, but it is effective as an aid to them, facilitating their action by destroying the substance of the neoplasm, by making the operation less painful, less bloody, and by supplementing their action in destroying the insertion of the growth, and thus preventing their reformation.

Dr. F. I. Knight, of Boston, then read a paper on

CHOREA LARYNGIS,

in which he first directed attention to the close relation existing between chorea and hysteria. The object of the paper was to call attention to the different kinds of cases which have been reported as chorea laryngis, and to invite discussion upon the same. Chorea laryngis was probably but one of the many manifestations of a general affection. There were three varieties which had been described. First, that in which not only the abductors of the larynx were involved, but the expiratory muscles of the chest are affected, characterized by cough occurring in paroxysms, accompanied with more or less vocal sound, the barking or crowing character of the cough sometimes occurring suddenly, sometimes at particular periods of the day, usually affecting patients between eight and fourteen years of age—these were the leading symptoms mentioned. On examination of the larynx in these cases, only structural changes were discovered. The second class of cases were those in which the muscles of the larynx alone had been affected, particularly the hyothyroid muscle. The author of the paper then reported one case of chorea of the adductors of the larynx without any affection of the expiratory muscles, and hence no effort at coughing. In this case there was a peculiar ticking in the head which the patient heard and which he could hear, and which he identified as a clicking to-

gether of the vocal cords. He believed that it was a unique case, at least it was in his experience, and, so far as he had been able to find, in literature; that is, a case in which the spasm was rhythmical, and in which it continued during sleep. Third, and which did not, strictly speaking, belong under the head of chorea laryngis, those cases in which the expiratory muscles alone were affected.

Dr. E. Fletcher Ingals, of Chicago, then read a paper on

THE TREATMENT OF LARYNGEAL PHTHISIS.

There are three prominent indications: First, to relieve pain; second, if possible to cure the disease; and, third, failing in either of these, to modify the course of the affection and prolong the patient's life. He believed that these indications could be met successfully in quite a proportion of cases. Pain can generally be relieved by topical applications, even though internal medication is of but little avail. The second indication is met best by the combined topical and internal medication. In the third place, we may succeed in modifying or relieving pain, and enabling the patient to swallow, and so prolong life. Dr. Ingals then gave the history of a few cases which illustrated that the indications mentioned could be satisfactorily fulfilled. He recited the history of two cases which illustrated that laryngeal phthisis can be cured when the pulmonary complications are improving. One favorite local application which he had employed was a combination of carbolic acid, morphia, and tannic acid. He had used encalyptol with benefit in several cases. In his hands iodoform had given but little or no relief from pain, and had failed to produce any perceptible curative effect. His conclusions were that we may meet the first indication better by topical applications than by any other means, and that we may confidently expect to give relief in a considerable proportion of cases. Second, that a limited proportion of cases may be cured by local and general treatment, the former sometimes being the most important factor. Third, that in many fatal cases life may be prolonged by local applications which relieve the patient from the exhaustion of the pain and irritating cough, and at the same time allow digestion of food.

Dr. Wm. C. Jarvis, of New York, read a paper, entitled

THE HEALING OF ULCERS IN LARYNGEAL PHTHISIS.

He premised his remarks with a reference to the incredulity of the medical profession regarding the cure of laryngeal phthisis. This was in part due to fragmentary histories of cases reported, insufficient evidence, and claims for cure based upon peculiar methods of treatment. The history of a case was recited in which the phthisical ulcers had been entirely healed. The evidence of physicians and specialist from whence the case came, demonstrated conclusively advanced laryngeal phthisis. The lungs had been examined by experts, and coexisting pulmonary phthisis discovered. The treatment was explained in detail. It consisted locally in the frequent use of fine, unirritating sprays; atomized alkaline fluids were employed for cleansing; local sedation was practised, and iodoform freely used. Constitutional medication was considered of much importance to quiet cough and favor cicatrization, promote sleep, relieve restlessness, and to nurse and nourish the enfeebled body. Change of climate was also considered essential. By carefully combining these means, a patient threatened with death by starvation from painful deglutition, was restored to strength and comfort. One vocal cord had been almost entirely eaten away, firm cicatricial tissue forming the excavation.

He showed there was an analogy between certain forms of phthisical ulcers in the larynx, and simple superficial ulcers in the mouth; that sores in the mouth were sometimes produced by the irritant action of perverted buccal secretions upon slight wounds. A pellicle of shellac varnish, or an eschar, afforded protection and facilitated healing. If the lesion happened upon a part in frequent motion, it was converted into a severe ulcer, producing a train of constitutional symptoms resembling in certain respects those of ulcerative laryngeal phthisis. He believed the incipient wound of phthisical ulcers could be caused by a violent cough; constant motion, and acrid discharges from the lungs, completed the analogy. Certain forms of phthisical ulcers, easily recognizable, could be cured. Far-advanced phthisical ulcerations invariably proved fatal.

Dr. F. H. Bosworth, of New York, then read a paper entitled

PARESIS OF THE CONSTRICTOR MUSCLES OF THE PHARYNX, SIMULATING SPASMODIC STRICTURE OF THE ŒSOPHAGUS, WITH REPORT OF CASES.

The histories of five cases were given, which illustrated the myopathic affection, what we had been taught to regard a myopathic paralysis, neurotic in character. Dr. Bosworth believed that the affection was essentially muscular, and could be best explained by the general law that muscles which are overworked show a tendency to break down, and this tendency is especially marked if they are situated just beneath a diseased mucous membrane. The author of the paper then spoke of the inherent tendency in certain muscles of the larynx to become the seat of myopathic paresis. His cases were treated with rest, strychnia, salt-water bathing, etc., and all the patients except one recovered.

Dr. Cohen, of Philadelphia, regarded this class of cases as essentially hysterical, certainly the majority of them as they had occurred in his practice. He had obtained the greatest success by placing a nurse over the patient and insisting that food should be swallowed.

Dr. Langmaid, of Boston, had had the best success in their treatment by passing bougies, beginning with a very small one, and advancing gradually to one of large size,

Dr. Knight, of Boston, had had similar cases, but there was no loss of electro-muscular contractility. He had felt that in most cases the difficulty was due to hyperæsthesia, and was best overcome very much in the way mentioned by Dr. Langmaid.

Dr. Bosworth said the question of hysteria was excluded in his cases, because there was unquestionable sluggishness of the muscles, and anæsthesia when touched with the probe.

The Association then adjourned to meet at 11 a. m., on Tuesday, May 22.

The annual dinner of the Association was given at Delmonico's, in the evening at 7 o'clock.

SECOND DAY.

Dr. T. R. French, of Brooklyn, read a paper on

PHOTOGRAPHING THE LARYNX,

which concluded as follows:

The results of the experiments made this year may be summed up as follows:

1. Better photographs have been taken with the stationary apparatus than those of last year.

2. A camera has been so adapted that it can be held in the hand and be quickly placed in position. This makes it possible to photograph the larynx in patients whose fauces are only moderately tolerant.

3. The photographs are taken instantaneously by a drop-shutter, thus making it possible to photograph the larynx even if the parts are in motion.

4. The parts reflected in the mirror are alone exposed, thus avoiding the confusion which arises when the mouth and lips are included and out of focus.

5. As the apparatus is so small, and the exposure is made instantaneously, if desirable, photographs can be taken without the patient being aware of the object of the procedure.

6. Several diseased conditions of the larynx have been photographed. This is an important step in advance, for we believe that it is the first time that it has been accomplished.

7. Portions of the rhinoscopic image have been photographed.

The photographs show, among other things, hypertrophy of the mucous membrane covering the posterior portion of the nasal septum. So far as we are aware, this is the first time that any portion of the posterior nares has been photographed.

Dr. H. A. Johnson, of Chicago, reported five cases of congenital tumor of the larynx.

Dr. Wm. Porter, of St. Louis, communicated a paper on

LARYNGEAL PARALYSIS FROM ANEURISM.

Laryngeal paralysis, he said, though a common sequence of thoracic aneurism, is not always the first evidence of the lesion. He presented notes of three cases in which the patients had, when first seen, no other subjective symptoms than those caused by the laryngeal condition.

The first had hoarseness and slight dyspnœa for two months, gradually increasing. There were no evidences of chest trouble, but by the laryngoscope could be seen the left cord fixed nearly in the median line. The opinion that there was pressure upon the left recurrent nerve was confirmed by the sphygmographic tracing of the left radial artery, which was characteristic of the lesion suspected. The tracing at the right wrist was normal. In a few months, the direct evidences of aneurism were easily found, and the affected cord receded to the "cardiac" position, showing that both adductor and abductor filaments of the recurrent nerve were pressed upon. The patient had since died of rupture of aneurism.

The second case resembled the first in the more important particulars, but, although yet alive, has undoubted evidence of aneurism.

The third case, but recently seen, was one in which the hoarseness and change in voice were due to paralysis of the abductors of the right cord. No intra-laryngeal cause could be found, and as over the region of the ascending aorta near the arteria innominata, a bruit could be heard and slight thrill felt, an aneurism at this point was diagnosed. In this case the sphygmograph showed abnormal tracing at each wrist, which aided in fixing the location.

It is not a rule that an aneurism of this part of the aorta should press upon the right recurrent nerve, unless of large size. The proof of aneurism, however, is almost complete, and there is nothing else as yet found to cause the laryngeal paralysis. The patient returned to his home in the South, and Dr. Porter has not been advised of any change in his condition.

In all of these cases the patients sought relief from the laryngeal condition, not knowing of the thoracic lesion, and, in the first two, there was nothing in the chest to indicate it. We know that aneurism may exist without appreciable bruit or impulse, but these symptoms as well as increased area of dulness, are generally present when there is lesion enough to produce pressure upon the laryngeal nerve, and, in this, these two were also exceptional.

In all, as is generally true, the abductor filaments were first affected, but in the first as the pressure became greater, the adductor filaments became also impaired, and the changes in voice and respiration consequent were very interesting.

In these instances the sphymograph gave valuable aid. It may not always give evidence of existing lesion, but where certain deviations from the normal tracings are obtained we can certainly trust its corroborative testimony. The importance of a laryngoscopic examination is self-evident in cases like those reported.

Dr. Louis Elsberg then read a paper on

REFLEX PHENOMENA DUE TO NASAL DISEASE.

In the discussion which followed, Dr. Mackenzie emphasized the importance and insisted upon the great frequency of cough as a symptom of nasal disease. Clinical observation and experimental investigation had led him to the following conclusions:

1. That in the nose there exists a well-defined and sensitive area, whose stimulation, either through a local pathological process, or through an irritant introduced from without, is capable of producing an excitation which finds its expression in a reflex act or in a series of reflected phenomena.

2. That this area corresponds, in all probability, with that portion of the nasal membrane which covers the turbinated corpora cavernosa.

3. That reflex acts are produced by stimulation of this area, and are only exceptionally evoked when the irritant is applied to other portions of the nasal mucous membrane.

4. That all parts of this area are not equally susceptible to irritation, the most sensitive spots being, probably, represented by those portions of the membrane which cover the inferior half of the lower turbinated bone, and the erectile body on the septum immediately opposite.

5. That the susceptibility to irritation varies in

different individuals; in some the slightest touch is sufficient to produce the reflex act, whilst in others it can only be produced after long-continued irritation.

That the reflex tract is limited to the above area is rendered probable by the following clinical facts:

1. That where reflex cough exists, this is the area chiefly, if not solely, involved.

2. That the act may be induced by artificial irritation of the diseased structure.

3. That it may be dissipated by topical applications to, or removal of, the diseased membrane.

4. That polypi give rise to reflex phenomena only when they arise from or infringe upon the sensitive area.

5. That in cases where foreign bodies, such as pins, become impacted in the above area, reflex cough will sometimes occur, which latter is not observed when they lodge in the non-sensitive part of the nose.

Dr. Seiler said that he had reported in the *Archives of Laryngology* two cases of reflex irritation due to nasal disease, and gave the history of a case of chorea due to hypertrophies which was cured by the removal of the hypertrophies. He also mentioned the existence of cases, which he believed to be neurotic, in which a sudden copious discharge from the nose, accompanied by sneezing, headache, and so forth, of a watery fluid, attacked the patient, and continued for some time, to disappear as suddenly as it had set in.

Dr. Clinton Wagner then read a paper on

SMELL, HYGIENICALLY AND MEDICO-LEGALLY CONSIDERED.

He discussed the physical nature of odors, and pointed out the fact that many of them owed their characters to odorous particles held in suspension, while others were purely gaseous. The smells of various diseases, and different individuals were considered, and the fact that the sense of smell was analogous to that of sight in many respects; it can be cultivated and rendered keen by exercise, can be dulled by fatigue or over-use, and can be suddenly destroyed by overpowering odors. Where the sense of smell is lost by public nuisances, damages may be obtained from the municipality. The existence of odors is one important indication of the existence of certain causes of disease, which should be removed and destroyed.

After which Dr. Harrison Allen, of Philadelphia, presented some remarks on

ASYMMETRY OF THE NASAL CHAMBERS WITHOUT SEPTAL DEVIATION.

The subject of asymmetry of the nasal chambers, he said, can be considered from two points of view, viz., from the changes in proportion due to deflection of the nasal septum; and second, from the standpoint of inequality of the chambers themselves in subjects in whom the nasal septum is straight. The group last mentioned will form the basis of the present communication.

As a result of observation of ten examples of crania, selected from the anatomical cabinets of Philadelphia, it may be concluded that a difference in the diameters of the posterior nares can be detected. In the living subject, the writer has reason to believe that the same asymmetry in the posterior nares can be discerned, and that, at least in the persons of those reporting for the relief of catarrhal affections, the number exhibiting such asymmetry is much larger than would appear from the examination of crania. As the result of clinical study in this direction, extending over the last two years, he concludes that nasal obstruction may be limited to one side of the nasal chambers only; and that such tendency to obstruction may be due to the congenital narrowing of this passage, the nasal septum remaining without deflection.

It is not necessary at this time to attempt an elaborate description of this variety of conformation of the nasal chambers, with its clinical applications, but simply to call attention to a fact which appears to have escaped observation, or, at least, to have received so little attention in the minds of observers as not to enter into questions of diagnosis and prognosis of nasal disorders. It is quite evident that imperfect nasal respiration, due to the above-mentioned cause, cannot be relieved by any operation on the septum, as these operations are at present defined, and that no operation short of drilling away the entire inferior turbinated bone will be likely to afford relief.

It is interesting to remark that among the crania exhibiting the above peculiarities, the best-marked examples were found in the skulls of idiots, in whom marked asymmetry of the cerebral fossæ was also seen. It is not at all unlikely that the real solution of the subject of congenital asymmetry, without septal deflection, is to be found in the peculiarities of development of the cerebral hemispheres themselves; and that the study of this subject can not be separated from the general subject of bilaterality; that is, the general subject of right and left symmetry as controlled by the cerebral nervous system.

(*To be continued.*)

A Final Word on the New York Code Quarrel.

With this title, the *Louisville Med. News* of May 19 gives an editorial thrashing to those recalcitrant New Yorkers who are endeavoring to upset the old code, and thus valiantly defends the Flints.

"The Flints, Austin sr., and jr., seem to be singled out as the chief objects of attack by the malevolent malcontents, who seek to overthrow the code, and to assume the dictatorship of the medical profession of America. Austin Flint, jr., barring Dr. Gross and Dr. Austin Flint, sr., has done more than any living American to make our profession illustrious. A great man himself, and the son and grandson of great men, he needs no eulogy. The world knows and admires him. Austin Flint, sr., is not only America's, but, since Sir Thomas Watson's death, he is the world's most eminent physician. Blameless man and stainless gentleman, of peerless eminence in medicine, he should be elected, as we believe he will be, the next president of the American Medical Association. In making Dr. Flint its chief magistrate, the Association will honor itself more even than it will the recipient of the office, and at the same time will vindicate the honor and honesty of the profession by the election to its highest office of so prominent and faithful and steadfast a defender of its code.

"We are for Austin Flint and the old code. For Dr. Flint forever, and for the code so long as it is the creed of the American Medical Association."

British Medical Association.

The fifty-first annual meeting of the British Medical Association is to be held in Liverpool on July 31 next and the three following days. Dr. A. T. H. Waters is the President elect. An address in Surgery will be delivered by Reginald Harrison, F. R. C. S.; and an address in Pathology, by C. Creighton, M. D. The arrangements are as follows: On Tuesday, July 31, church service at the Pro-Cathedral, 10:30 a. m.; first general meeting, 3 p. m.; adjourned general meeting, 8:15 p. m. On Wednesday, August 1, second general meeting and address in Surgery, 11 a. m.; sectional meetings, 1:30 to 5 p. m.; soirée in the Arts Gallery by the President and local committee, 9 p. m. On Thursday, August 2, third general meeting and sectional meetings, 10 a. m.; sectional meetings, 2 to 5 p. m.; public dinner in the Philharmonic Hall, 6:30 p. m. On Friday, August 3d, fourth general meeting, address in Pathology, and sectional meetings, 10 a. m.; concluding general meeting, 2 p. m.; soirée by the Mayor of Liverpool at the Town Hall, 9. p. m. On Saturday, August 4, excursions to various places of interest will be held.

German Apothecaries.

Berlin, with a population of 1,122,385 in 1880, had but sixty-nine apothecary shops, or one to every 16,266 of the population. This does not, of course, include the drug stores, which are not kept by licensed apothecaries, while many drugs are also sold in grocery stores. In Germany, the number of apothecaries being limited by law, each receives a better support, and there is less competition than in this country.

In Leipsic there is one to 10,000 inhabitants; in Cologne, one to 7,964; in Hanover, one to 8,207; in Breslau, one to 12,423; in Stuttgart, one to 7,151; and in Königsberg, one to 9,438.

Census of Providence, R. I.

A census of Providence, taken in the month of January by men of experience and responsibility, shows a total population of 116,755, of whom 55,736 were males, and 61,019 were females. The gain in population since the United States census of 1880 is 11,898, or 11.34 per cent., an average of 4.53 per cent. annually.

One of the Numerous Nuisances of New York.

The health authorities have found that in laying the pipes for supplying the city with steam, gas has been liberated from the saturated ground, and that the composition of tar and other materials with which the pipes have been covered also gives out a sickening smell when heated.

A Mammoth Model of the Human Brain.

Dr. Schulgu, of Heidelberg, has constructed a model of the human brain of such dimensions (25 vol.) that every fibre or fasciculus can be traced from the spinal cord to the cortex, or some of the gauglia of brain.

Items.

—Mr. Arthur Benson reports a case of retinitis albuminuria, without constitutional disturbance.

—Among the million of paupers aided by the public charities of England in 1865 there were eight hundred thousand drunkards.

—St. Louis is supplied with water gas for fuel purposes, made by the Lowe process. The laying of the pipes is progressing, with ten miles under contract.

The *Chemist and Druggist*, April 14, 1883, says that the taste and smell of turpentine are best masked by sulphuric ether. A mixture of turpentine ℥ij., ether ℥j., syrup of orange ℥j., and water ℥iv., can be taken in teaspoonful doses quite readily.

—The *Cincinnati Lancet* says that "the business of looking after the health of that city is vested in a health board whose active members are two saloon-keepers, two druggists, and one politician."

—The report of the Vaccination Bureau of New York city shows that in the year 1882 the physicians of the Board of Health performed 99,661 vaccinations. In the last seven years nearly 500,000 persons have been vaccinated by members of the bureau.

—The forms of pessaries figured in recent works on gynecology are as varied as the inventive genius of man can make them. Some resemble a grasshopper, some the devil-fish, some the horse-shoe, some the side-saddle, and others are but plain rings.

—A glue ready for use is made by adding to any quantity of glue common whiskey instead of water. Put both together in a bottle, cork it tight, set aside for a few days, and it is ready for use. In cold weather it may have to be placed in hot water for a few minutes before it gets soft.

MARRIAGES.

BOYER—WOLFF.—Tuesday, April 24, 1883, by Rev. G. W. Dubois, Walter N. Boyer, M. D., and Miss Laura V. Wolff, at the residence of Mr. and Mrs. Charles H. Wolff, the bride's parents, in Mt. Washington, O.

HIGGINS—OAT.—In Philadelphia, by Rev. S. S. Belville, of the N. J. Conference, M. E., Dr. F. C. Higgins, of Defiance, Ohio, and Miss Emma Belville Oat, of Philadelphia, Pa.

TAGGART—GRANT.—In Shenandoah, Pa., April 30, by Rev. F. F. Kolb, Dr. David Taggart, of Frackville, Pa., and Mary Grant, of Shenandoah.

TINKER—SANGER.—On Tuesday, May 15, at the residence of Horace B. Claflin, Brooklyn, by the Rev. Thomas B. McLeod, Horace H. Tinker, M. D., and Anna P. Sanger.

DEATHS.

BRADFORD.—In New York, suddenly, May 10, at his late residence, No. 15 West 48th street, Theodore Dwight Bradford, M. D., in the 45th year of his age.

BUCKNER.—At Shelbyville, Ky., Friday, May 4, 1883, Rev. Dr. Edmund P. Buckner, aged 61 years.

LATIMER.—In New York, on Tuesday, May 15, Jennie B., wife of Dr. C. E. Latimer, aged 46 years.

PAULDING.—May 1, 1883, in the 30th year of his age, at Fort Sidney, Neb., Captain Holmes Offley Paulding, Assistant Surgeon U. S. Army, only son of the late Commander Leonard Paulding, U. S. Navy.

PHISTER.—In this city, on the 18th of May, Benjamin Phister, M. D.

STOKES.—In this city, on May 12, of Bright's disease, Dr. Chas. Stokes, son of H. M. and the late Dr. T. J. P. Stokes, in the thirty-eighth year of his age.

THE

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ORIGINAL DEPARTMENT.

LECTURE.

ON THE TREATMENT OF TYPHOID FEVER.*

BY PROFESSOR GERMAIN SÉE,
Paris, France.

(*Continued from page* 480.)

The third method is that which consists in the use of antithermic and antipyretic remedies. There is a clear distinction between these terms, the action of the first being much more limited than the action of the second: practically, however, we may consider them together. In that class, then, we may reckon such antiseptics as salicylic acid and salicylate of soda, which are powerful antithermic remedies. To this class, also, belong cold baths, quinine and alcohol. Quinine is the type of antipyretics, having a marked action on the temperature, the heart, the pulse, the blood-vessels, in short, all the constituent elements of the fever.

What is the *raison d'etre*, or justification of the antipyretic treatment?

While the followers of Hippocrates, Galen and Stahl regarded fever as a curative effort of nature—a means of depuration of vitiated humors—in our own time we have seen Donis and Bouillaud declare fever to be baneful, the source of grave lesions. Bartels, Jurgensen, Liebermeister, Hagenbach, have all demonstrated the pernicious influence of excessive heat on the organism.

We have, in fact, learned to regard the therapeutics of fever as a warfare against a master-symptom which dominates the entire morbid scene, and which alone deserves serious consideration. I allude, of course, to continued, as distinguished from ephemeral fevers.

What are some of the evil effects of fever on the animal economy?

I will briefly mention the principal of them. They are:

1. Wasting of the tissues. This wasting is a veritable consumption, and finds expression in an excessive elimination of urea, over-production of carbonic acid, and disappearance of fat. As for the excretion of urea, it is seventy per cent. greater than in health. The quanity of carbonic acid formed and eliminated, is fully twice the average of health. The consumption of fat is proved by the emaciation of the fever patient.

2. Fatty degeneration of organs. This has been again and again noted in the liver, the kidneys, and the muscles. Experimentation with animals has proved the accuracy of the inferences of the human autopsy. Hares, dogs and other animals have been subjected to gradually increasing high temperatures; degenerations of the muscles, heart, kidney, and liver have resulted.

3. Something more about the effects of prolonged febrile heat on the heart and circulation needs to be said. While fatty degenerations are very frequent, and often cause death, the heart may, without being anatomically injured, suffer such depression that the circulation may become virtually nil. The extremities are cyanosed, stases occur in the lungs and dependent parts, and thromboses form in the vessels.

4. The nervous system does not escape lesions, which may take on the form of inflammatory or degenerative disease; cerebral œdema has been noted.

* Translated by E. P. Hurd, M. D., Newburyport, Mass.

Antithermic Treatment by Cold Baths.

Refrigeration by the outward application of cold has been a favorite method of treating fevers. It has been believed that it is as easy to cool a fever patient as to cool a piece of metal. The physiological fact has been ignored that in the case of the fever patient, the organism is provided with a means of regulation and production of heat. Place an animal or a human being in cold water, and a double action ensues. There is first a contraction of the small superficial vessels, which slows the peripheral circulation, drives the blood towards the centre, and thus diminishes notably the chances of refrigeration of the entire organism. There is first an excitation (of a kind not well understood), of the calorific centre, which causes an increased production of heat, and this not only during the bath, but for some time after. So then, during the bath, nothing great is gained, and after the bath there is augmentation of temperature. No satisfactory refrigeration is obtained unless the patient is kept in the bath some time, say twenty minutes or half an hour.

You may, if you like, cool down the water to 10 or 12 degrees C. (very near the freezing point) as Liebermeister recommends, and you will, without doubt, refrigerate your patient, but animal heat may never return.

The cold bath produces another effect, and an effect which I do not hesitate to call disastrous; it exaggerates the oxidations which take place in the recesses of the tissues, causing more oxygen to be absorbed, and more urea and carbonic acid to be excreted; the tissues, the fat and the albuminates disappear more rapidly in consequence. All physiologists in France and Germany agree on this point.

The excretion of carbonic acid which ordinarily is about 13 grams in half an hour, is increased by a bath of 32 degrees to 15 grams, and when the water is the temperature of 18 degrees, it is 39 grams. The excretion of urea augments in the same proportions. But this is not all. Cold baths, besides their physiological inconveniences, have clinical disadvantages in the way of grave complications which they are likely to determine. Pneumonia (not hypostatic congestion of the lungs, but frank pneumonia), has again and again resulted from the use of the cold bath, according to the method of Brand. Statistics recently published by a physician of Lyons bear me out in this statement (*i. e.*, ten (10) pneumonias out of sixty-three (63) typhoid patients). Another complication no less severe is intestinal hemorrhage. During the period when this method was in use among us, I had experience of such hemorrhage in every fourth or fifth case. It does not stand to reason that the sudden forcing of a great mass of blood from the periphery to the internal organs, as a result of the contraction of the peripheral vessels, can have no disastrous effect on a congested ulcerated intestine!

What effect, moreover, is this intropulsion of blood likely to have on a weakened heart, whose fibres are undergoing degeneration?

The cold bath treatment, then, cannot be defended from either a physiological or clinical standpoint. I do not, however, condemn douches and cold lotions, which in some cases may have a good effect, especially in preventing cerebro-spinal complications.

Treatment of Typhoid Fever by Quinine.

Sulphate of quinine, tried as far back as 1840, by Broqua and Louis, but without much success, then by Rillet and Barthez, then by Pereyra and Boucher a few years later (1846), passed out of use as a febrifuge agent, till, in 1859, Vogt, in Switzerland, applied it to the treatment of fevers in general and of typhoid fever in particular. Shortly after, Liebermeister, following the course marked out by Vogt, instituted in a regular manner the treatment whose rules I shall now lay down, after having indicated the valuable properties of this medicament.

Properties of Sulphate of Quinine.

Quinine is an antithermic remedy. It diminishes oxidations in the blood and in the tissues. It is a precious cardio-vascular medicament. It has also been considered an anti-zymotic. Although Binz has defined the anti-zymotic properties of quinine, allying it to the salicylic series; although it arrests fermentations and putrefactions; although it acts in a special manner on the micro-organisms of marsh-fevers, we are not obliged to take into account its antiseptic power in the treatment of typhoid fever; for the most that we can do in this direction is, possibly, to utilize this singular action of quinine on the amœboid movements of certain cells, and especially the leucocytes. It has been claimed that by "quininizing" a tissue we may stay the transudation or diapedesis of the leucocytes, and thus favorably modify inflammation. Is there any possible application of this kind to the secondary inflammations so frequent in dothinenteritis? This question cannot be answered affirmatively. It would be necessary to give two to three kilograms of quinine to effect this object.

Quinine is also said to act on the whole cerebro-spinal system, diminishing reflex action and aug-

menting tone. Is it for this reason that it has been vaunted in typhoid fever of ataxic form? What is certain is that if the cerebro-spinal disturbances are almost constant under the influence of febrile excess, they ought necessarily to undergo marked abatement from the refrigeration produced by quinine.

Rules for the Administration of Quinine.

(1) *Quality of the Drug.*—The first condition for the obtention of a good result is to have a pure article for experimentation. M. Laborde has recently called attention to the adulterations practised with the quinine of commerce: in one sample he found 43 per cent. of cinchonine. Other sophistications are common. You ought then to be sure that your quinine is pure.

(2) *Dose.*—The dose of quinine for refrigeration in typhoid fever is larger than the dose indicated in fever and ague, the medium dose for an adult being from two grammes to two grammes and a half. [Somewhat more than thirty grains.] If you are not prepared to exceed one gramme (fifteen grains) *per diem*, you had better refrain from the use of the remedy. An "anti-periodic" of half a scruple to a scruple has not the least effect on the typhoid temperature. This is why Broqua and the followers of St. Antoini and Briquet prescribed doses of three, four, and five grammes (forty-five to seventy-five grains) a day, thus dangerously exaggerating the effects of the medicament, and bringing discredit on the treatment.

Mode of Administration.—The quinine may be given in powder, in capsules, in acid solution, which is with difficulty taken, in pills, to be possibly passed in the stools without undergoing solution, or better still, in powder stirred into coffee, which enables it to be well borne by the stomach.

Enemas with quinine, pommades, and hypodermic injections, are not to be thought of in this connection.

Interval Between Doses.—My method consists in giving one dose of a gram (15 grains) early in the morning, and a second dose of a gram about 9 o'clock in the evening. It is perfectly safe to give this quanity of quinine daily to an adult patient. If you make ten doses of the two grams instead of two doses, you will not obtain the antipyretic effect which you desire; the quinine will be rapidly eliminated by the urine before there will be enough in the blood at any one time to produce an effect. Liebermeister advises to give the first gram dose at three o'clock in the afternoon, and the second dose about two hours later.

Physiological Effects.—The quinine commences rapidly to act on the brain; whose disturbances manifest themselves by buzzings in the ears, tremblings of the limbs, troubles of equilibration, weakness, and intoxication. Its febrifuge action is realized after six or eight hours, and attains its maximum after eight to twelve hours. After this period, and often after a free sudation, the fever heat reappears, but without attaining by the second day the height of the previous day. We find generally that we have gained a degree and a half. Only in the most desperate cases is there absence of the thermal fall.

In general, it takes from twenty-five to thirty-six hours for the quinine to be eliminated, when the effect ceases. The elimination by the urine is, however, often intermittent, ceasing at one time to reappear after a few hours. In this respect the elimination of quinine resembles that of arsenic and mercury.

In my method of administration, I anticipated the evening rise of fever by giving the first full dose in the morning, and the evening dose prolongs and intensifies the effect of the morning dose.

It has been said that individuals of strong constitutions require a larger dose than weakly individuals: this is a mistake. Children from three to five years old may take one gram daily; from six to ten years, one and a half grams; from eleven to fifteen years, one and a half grams up to two grams. Such doses have often been prescribed by Barthez.

The treatment, when commenced, ought to be continued, the quinine being given daily, in the same, or in a lessened dose. If you suspend the treatment, you lose what you have gained.

Some refractory cases resist the largest doses that we dare to give. I have seen patients whose fever remained at its customary height after a dose of forty-five grains (three grams). I never have exceeded this dose. These are the grave cases that resist all treatment. The vitality of the organs and tissues is too far gone for them to respond to any medicament. In tetanus and in cholera you often see the same tolerance of the most powerful drugs. You must not abandon such cases, for you do not know beforehand whether there will be reaction or not. There are great fires which water cannot extinguish, but this is no excuse for abandoning water and the pumps.

The Antithermic Action of Quinine.

It produces but slight modifications in a person in health. Liebermeister has seen inconspicuous effects with a dose of two grammes. Small doses produce a very trifling lowering of the tempera-

ture; according to Sidney Ringer, not more than one or two-tenths of a degree. In febrile states, the fall of temperature is marked after full doses, as before stated.

Causes of the Refrigeration of the Quinine.—It can only be explained on the assumption of a retardation and lowering of thermogenesis. If you cut the spinal cord in an animal, there is ordinarily produced an excess of heat, *post mortem*, due to chemical processes which persist after death. If you "quininize" the animal, the temperature does not rise. This effect seems like an inhibition of chemical processes by the quinine. Quinine actually diminishes the oxidations of the economy. Ranke and Kerner have proved that there is diminution of urea from 24 to 30 per cent. The elimination of carbonic acid is also lessened, as proved by Strasburg and Buss.

Quinine as a Cardio-vascular Medicament.—This is undoubtedly the most remarkable of the properties of quinine. Fever determines a diminution, more or less considerable, of the intra-cardiac and vascular tension, which finds expression in the dicrotic pulse. This dicrotism is always proportional to the elevation of body temperature. Sulphate of quinine, in the dose of two grammes a day, brings back toward the normal the cardio-vascular tension, as the sphygmographic and cardio-graphic traces testify. The energy of the contractions of the heart is augmented. All experiments and observations made with animals and with man, sick or well, have given exactly the same results, that is, have set forth in bold relief the marvellous property which quinine possesses of staying the diminution of pressure produced by elevation of temperature, and of augmenting the tension of blood in the heart and vessels. It prevents that relaxation of the blood vessels which forms the point of departure of dicrotism.

With sulphate of quinine we are not compelled to fear, as when cold baths are administered, collapse of the heart, respiratory anguish, and intestinal hemorrhages, and we may continue the treatment eight and even fifteen days with perfect safety.

Alcohol in Typhoid Fever.

Alcohol acts in a similar manner to quinine, and may be given concurrently with the latter through the entire duration of the malady. Far from being a calorifacient agent, as has been pretended, increasing thermogenesis, it becomes a valuable means of restraining waste, for it moderates the organic combustions, and lessens denutrition. Like quinine, it reduces the temperature of the body, as all experiments on men and animals, sick or well, demonstrate. It is then, like quinine, a sub-oxidizing medicament; it diminishes the proportion of carbonic acid exhaled, and of urea excreted; it economizes substances introduced into the organism; it lessens disassimilation. It moreover supports the strength, stimulates the nervous functions, and is, from every point of view, the congener and rival of quinine. It is, however, of most signal use when administered along with quinine, which maintains especially the contractile energy of the heart. The doses of alcohol ought to be considerably larger than those ordinarily given, if one would obtain a refrigerant effect; but as it is impossible to exceed a certain dose without injury, it is well always to aid its action by suitable doses of quinine. This mixed treatment, in my judgment, constitutes the very best means of preservation of the vital forces during this protracted tedious disease.

The following table gives a bird's-eye view of the principal phenomena of the febrile processes, as habitually witnessed; the right-hand table gives the same processes as modified by quinine:

Febrile Phenomena Without Quinine.	*The same Phenomena with Quinine.*
(1) The combustions are exaggerated. CO_2 is increased.	(1) The combustions are diminished. The formation and elimination of CO_2 is lessened.
(2) Urea, which indicates the combustion of the tissues and albuminous matter, is greatly increased.	(2) Urea is lessened 15 to 24 per cent.
(3) The pulse is accelerated.	(3) The pulse is slowed.
(4) It is dicrotic.	(4) The dicrotism almost always disappears.
(5) The temperature is from 38 to 41° C.	(5) The temperature falls a degree and a half.
(6) The heart becomes gradually enfeebled.	(6) The heart acquires more contractile force.

Communications.

VIEWS OF MORTALITY STATISTICS, WITH SPECIAL REFERENCE TO THE U. S. CENSUS RETURNS OF 1880.

BY THOS. S. SOZINSKEY, M. D., PH. D.,
Of Philadelphia.

In the January issue of *The American Journal of the Medical Sciences* there is a very instructive article on the registration of vital statistics, by Dr. John S. Billings, of the United States Army, to whom, I need hardly say, the profession is under considerable obligations for much useful work. In

it the importance of accuracy and completeness in such statistics is insisted on, and the means by which these desirable features of them may be at least approximately attained, are treated of interestingly and fully. A few words of advice. I may say, are also given to presumptuous critics, a class who, he would seem to think with Bacon, not infrequently assume that "that which they understand not is false set down." On the points treated of by the learned doctor it is not my purpose on this occasion to dwell; my purpose is to treat of the interpretation, so to speak, of mortality statistics—a still more difficult subject, and one that is but poorly understood by many. I do not intend to take up all the phases of this important theme. To discuss the matter in its entirety and at length would require much space. I have elsewhere* treated of it somewhat comprehensively.

Notwithstanding what Dr. Billings says about critics—a class, after all, whose better members, at least, do something in the interest of truth and progress—my remarks will be in the main critical. In fact, it is hardly possible to discuss the subject satisfactorily, or at least interestingly, in any other way, there being much risk of becoming wearisome and unpleasantly didactic. I will dwell principally on errors which should be avoided in handling statistics. And I will not take a newspaper article, or any other every-day production, as the basis of what I shall say—it would not be worth while to do so; I will go where one should expect soundness: I will take Dr. Billings' introduction to the abstract of the mortality statistics of the United States for the census year ending June 1, 1880, given in "The Compendium of the Census," which has just been issued.

According to the census returns for the year ending June 1, 1860, the death-rate was 12.5 per 1,000 of the population; in the year ending June 1, 1870, it was 12.8 per 1,000; and in the year ending June 1, 1880, it was 15.1 per 1,000. Referring to these figures for the year 1880, Dr. Billings says, "This does not indicate any actual increase in the number of deaths as compared with the living population." If the doctor had been duly on guard against indulging in unsound logic, he would have introduced the saving word *necessarily* before *indicate*. Indeed it may be set down as an important truth that one who has little love for qualifying words and phrases had better avoid speaking or writing about any of the philosophical aspects of vital statistics. As Dr. Parkes says, "properly grouping complex facts so as to analyze them and to bring out all the possible inferences, can only be done by the most subtle and *logical* minds." However, Dr. Billings continues: "It shows rather that the efforts made in the census of 1880, to obtain more complete returns of deaths than had been collected in previous enumerations, have been to some extent successful." On the doctor's account and for other reasons, I would gladly take this statement to be true: but unfortunately I can find only a very little more ground than the doctor gives for believing it, which is none at all. He needs to be reminded that coincidence is one thing, and cause and effect another. The *non causa pro causa* or *post hoc ergo propter hoc* fallacy is far too common—especially in the writings of doctors, disgustingly common. My patient took such and such a medicine among others, perhaps with them, and got well; therefore it cured him. Very likely nature did it, and possibly in spite of that particular medicine.

I am aware, however, that some special pains were taken to make the returns of deaths reasonably complete in the census of 1880, but I have excellent reasons for believing that they were largely in vain. There is one obvious reason why the statistics for 1880 should be fuller than in other census years, all other things being equal; namely, because the local returns for the States of Massachusetts and New Jersey and the District of Columbia and twenty-two cities, were taken in place of a canvass by the census enumerators, returns which, being based on "a regular system of registration and on burial permits, are therefore probably very nearly accurate." In the State of Massachusetts, excepting Boston, the enumerators' returns were deficient 26.42 per cent. of the number returned by them; and in New Jersey they were deficient 34.45 per cent. Culling off a third in these States and cities would reduce the rate for the whole country considerably. This much may fairly be said, that while pot-house politicians compose the body of the enumerators there will be little room to hope that the returns will be very satisfactory.

As hinted already, I believe that Dr. Billings is in error, at least largely, in referring the increased death-rate in 1880 to greater completeness in the returns. I think that the increase can be shown to be, to a great extent, at least, the result of a heavier mortality in 1880 than in 1870, or 1860.

Now, if Dr. Billings had taken a critical glance at the causes of the deaths in 1880 he would

* "Aspects of Mortality Statistics," *Penn Monthly*, April, 1881.

likely have hesitated before making the assertions given above. Looking at death or any other vital statistics in their entirety is not apt to give right impressions. The doctor practically assumes that the deaths were in all respects essentially the same in proportion to the population in the census years 1860, 1870 and 1880. There is no sound reason for doing this; no reason at all in fact; whereas there are reasons sufficient and to spare for holding a reverse opinion. No disease is constantly alike in its fatality from year to year. Some, however, are comparatively so, while others are markedly otherwise. The various zymotic diseases are of the latter class. An epidemic disease may be infinitely more destructive one year than another. Weather differences are in themselves ample to cause very decided differences in the extent and character of the mortality from year to year—these being, as every one knows, great enough with us.

The deaths from many individual diseases and different classes of diseases were very far from similar in the census years 1870 and 1880. I have prepared the following table, which will show this very clearly:

DISEASES.	1870. PROP. OF DEATHS: *To the Whole.*	1870. PROP. OF DEATHS: *To the Pop..*	1880. PROP. OF DEATHS: *To the Whole.*	1880. PROP. OF DEATHS: *To the Pop..*
Measles	1 to 53	1 to 4,189	1 to 86	1 to 5,717
Scarlet Fever	1 to 24	1 to 1,904	1 to 46	1 to 3,055
Enteric Fever	1 to 22	1 to 1,744	1 to 33	1 to 2,189
Diphtheria	1 to 75	1 to 6,139	1 to 20	1 to 1,306
Whooping-Cough	1 to 54	1 to 4,296	1 to 67	1 to 4,477
Malarial Fevers	1 to 42	1 to 3,312	1 to 37	1 to 2,475
Consumption	1 to 7	1 to 552	1 to 8	1 to 546
Respiratory Diseases	1 to 7.6	1 to 605	1 to 7	1 to 565
Nervous Diseases	1 to 8	1 to 640	1 to 9	1 to 599
Digestive Diseases	1 to 6.6	1 to 523	1 to 7.6	1 to 503
Diarrhœal Diseases	1 to 11	1 to 914	1 to 11	1 to 765

As the reader will observe, there was an increase in the death-rate in 1880 from diphtheria and malarial, diarrhœal, respiratory and nervous diseases and more or less of a decrease from measles, scarlet fever, whooping-cough, and enteric fever. The increase from diphtheria was shockingly great: in 1880 there were 38,398 deaths reported, while in 1870 there were only 6,303. If the deaths from this disease had been as few in 1880 as in 1870, the whole death-rate in the former would have been 14.4 instead of 15.1. Another contagious disease which tended to increase the mortality in 1880 was yellow fever. The deaths reported from this disease in 1870 were only 177, while in 1880 there were probably 1000 or more*. There were 587 in Memphis alone. The increase in deaths from malarial fevers was large. Likely it was real. The table of temperatures given below would prepare one for many cases of these diseases. A cool September and a warm October and mild winter as a whole, with great ranges of temperature, will almost inevitably produce many cases. In the census year ending June 1, 1880, there were forty deaths from malarial fevers, which was a fifth more than in preceding years, in Philadelphia.

Of the diseases which are nearly alike destructive from year to year, consumption is a notable one. Thus, in Philadelphia for the three years ending with 1881, the deaths from this disease were respectively 2,471, 2,692, and 2,768. The increase here is about proportionate with the increase in the population. In that city the deaths from the disease were 1 to 308 of the population in 1870, and 1 to 325 in 1880. Now, if the returns of the deaths from consumption should be in nearly similar proportion to the population from year to year, of course, the returns of it should give a fair idea of the completeness of the returns as a whole. This test would not give much support to Dr. Billings in his assertion that the returns for the census year 1880 are more complete than those for that of 1870. As seen above, there was 1 death to every 552 of the population in 1870, while in 1880 there was 1 to every 546.

The fact that the proportion of deaths reported from consumption in 1880 was 1 to 8, while in 1870 it was 1 to 7, would apparently indicate that the returns of deaths from other diseases were fuller in the former than in the latter year, the proportion of deaths from it to the population being taken as alike each year. What has been said above, however, regarding the greater mortality in 1880, from diphtheria and other diseases, greatly lessens the probability of the truth of this.

Probably, as Dr. Billings says, the deficiency in returns of deaths "is greatest in the case of infants, of females and of foreigners, and increases in a tolerably uniform ratio for each month, going backward in time from the date of taking the census. It is also greatest in the more thinly settled sections of the country." Taking the greatest deficiency to be in the case of young children, it of course follows, other things being equal, that the more complete the returns the greater is the proportion of such children. Now,

*The returns given in the *Compendium* do not indicate the number.

in 1870 the proportion of deaths of persons under one year to the whole was 1 to 4·4; and in 1880 it was 1 to 4·3. The proportion of deaths of persons under five years in 1870 was 1 to 2·4, and in 1880 it was 1 to 2·5. There is but little in these figures to support Dr. Billings. The slight increase in the proportion of deaths of infants in 1880 may not be entirely, or at all, due to greater completeness in the returns. The increased deaths from diphtheria, diarrhœal diseases, etc., would, perhaps, entirely account for it.

As stated above, weather differences are in themselves ample to cause decided differences in the extent and character of the mortality from year to year. Now, it is not possible to furnish, in a limited space, definite information about the weather throughout the United States for any particular year, the extent of territory being so great. And indeed it is difficult to get definite meteorological information for any year previous to 1872, the U. S. Signal Service Bureau not being fully in operation till then. The following table, compiled from the observations so long and admirably made at the Pennsylvania Hospital, indicates in degrees Fahrenheit the state of temperature at Philadelphia, for the census year ending June 1, 1870 and the one ending June 1, 1880:

MONTH.	1869–70.		1879–80.	
	MEAN.	RANGE.	MEAN.	RANGE.
June	73.62	38.0	73.18	48.0
July	76.54	35.5	77.32	40.0
August	76.30	37.5	74.53	40.0
September	67.33	40.0	64.70	46.0
October	52.50	44.5	62.09	56.0
November	41.27	32.0	42.96	54.0
December	37.31	42.5	37.81	50.5
January	41.07	51.5	39.12	39.0
Februaary	34.73	48.0	39.03	55.5
March	37.87	38.0	39.64	56.5
April	53.50	49.0	53.10	55.5
May	65.26	34.5	70.59	64.5

These figures will give some idea of the temperature in a large section of the United States in the two census years. It is not to be presumed that they will give a very definite idea. However, it will be seen by them that July was warmer and October, February, March and May greatly warmer, in the census year ending June 1, 1880, than the corresponding months of the census year ending June 1, 1870; but what is more remarkable is the greater range of temperature every month, except January, during the former than the latter year. The figures of ranges in the former year are very extraordinary. It may be said that the winter of 1879–80 was altogether mild, but with great ranges of temperature. In a volume before me (the Ninth Annual Report of the State Board of Health of Michigan) an intelligent meteorologist (Dr. Baker) says: "The winter (1879–80) which is now far spent seems destined to take a memorable place in the annals of meteorology. Although its extraordinary thermometric ranges have yet to be fully made up, it bids fair to exhibit the most marked record of sunshine and warmth east of the Mississippi and south of the forty-fifth parallel." Now, generally speaking, it is the extent of range of temperature which tells on health. The records show a very heavy mortality in Philadelphia in July, September and October, 1879, and in January, April and May, 1880. In August, 1879, the mortality was somewhat less than in August, 1869, and the same was the case in December and in February, 1880. From all the data at hand I should say that the census year ending June 1, 1880, was much less healthful than that ending June 1, 1870.

There are reasons besides the state of the weather why an increased mortality might have been expected in 1880 over what it was in 1870. Among them are these two, namely, the fact that the deaths of great numbers of young men in the civil war lessened greatly the number who, in 1870, would otherwise have been parents and passing beyond middle life; and the other, that the great multitudes of immigrants who landed on our shores from the close of the civil war forward had largely become parents, and were fast passing beyond vigorous adult life in 1880.

(*To be continued*).

THE ARSENITE OF BROMINE AND ITS USE IN THE TREATMENT OF DIABETES MELLITUS.

BY R. H. GILLIFORD, M. D.,

Of Allegheny, Pa.

Read before a meeting of the Allegheny County Medical Society at Pittsburgh, Pa., May 15, 1883.

In the early part of December, 1882, I began some experiments with bromine and arsenious acid, the results of which have in part been corroborated by experiments performed at my request by a practical chemist. As I can find no account in any works on chemistry of a compound or salt formed by the union of bromine and arsenious acid, I submit my results or views with diffidence, and will welcome either correction or confirmation. I find that bromine and arsenious acid will unite under certain favoring conditions, in the proportions of two hundred and forty parts by weight of bromine to ninety-nine parts by weight of arsenious acid. When they are perfectly

united, or the arsenious acid completely dissolved by the bromine, they form an oily liquid, soluble in water and alcohol without any apparent reaction. They unite very slowly, and sometimes seem for many days as if no union was taking place, when merely agitated in contact with each other. When united without the addition of water, they form a salt which consists of three equivalents of bromine and one equivalent of arsenious acid, and would be represented by AsO_3, 3 Br.

When water is added before the bromine is united completely with the arsenious acid, or when bromine and arsenious acid are brought together in the presence of water, there takes place an immediate and rapid reaction, with the evolution of considerable heat. Evidently the water is decomposed, and hydrobromic and arsenic acids are formed, and the result is a solution of the two acids with a little free bromine in the excess of water.

The solution used in the appended cases was made by the complete union of the arsenious acid and bromine before the addition of water, and from observation I believe it to be much less irritating to the stomach than a solution of the hydrobromic and arsenic acids.

As I have seen no account of any compound of bromine and arsenious acid in any medical works or journals, I have concluded that I have been the first, in this country at least, to make and prescribe arsenite of bromine.

Dr. Theodore Clemens, of Frankfort, Germany, has been using some compound of bromine and arsenic in the treatment of diabetes, and has reported great benefit from its use.

The medical journals have called his remedy bromide of arsenic, but from the known properties of bromide of arsenic, it seems much more probable that the article he uses is either arsenite of bromine, or a solution of the hydrobromic and arsenic acids.

I have made a solution of arsenite of bromine and used it in a number of cases, and furnished it to several physicians, who have prescribed it and reported to me its effects in the treatment of diabetes mellitus.

While the notes of some cases are incomplete in many important points, yet its use has been followed by the most marked benefit in every case of diabetes in which it has been prescribed so far.

Some of the cases seem to have made a complete recovery, others seem to be progressing steadily towards a complete recovery. Dr. C. Emmerling, of Penn avenue, Pittsburgh, has treated two cases of diabetes mellitus with my solution.

The first case, a male, aged 30 years, was benefited so much that in two weeks' treatment he had got rid of all the distressing symptoms of the disease; the specific gravity of the urine falling from 1036 to 1029, and the quantity of urine being decreased to less than one-half that passed at the beginning of the use of the remedy.

The patient being of dissipated habits, disappeared from the dotcor's observation.

Dr. Emmerling's other patient met with the same marked and immediate improvement following the use of the remedy. His age was 47 years, a saloon-keeper by occupation, and a very large man, and a very heavy eater and drinker; the quantity of urine passed was enormous. Dr. Emmerling reports that he seems to be getting well. The specific gravity of the urine has been reduced from 1036 to 1028, and the quantity of urine passed has been reduced to four and one half pints in twenty-four hours after one month's treatment.

Dr. A. D. Johnston, of Sedgwick street, Allegheny, furnishes the following notes of a case treated by him: Weston Hall, aged 19 years, laborer in steel works; called March 19, 1883, for treatment, and stated as follows: About January 1, 1883, he was carrying one end of a steel axle, and the man at the other end allowed his end to fall: the jar or shock was so severe as to unfit him for work for several days. Shortly after the accident he noticed an increase in the flow of his urine. The flow increased until March 20; he was passing three gallons of urine in twenty-four hours, of acid reaction and specific gravity of 1035.

His thirst was constant. He cannot eat enough to satisfy the cravings of hunger, and is very much emaciated and very weak. Tests for grape-sugar in the urine show not less than twenty-five grains of sugar to the fluid ounce, estimated by the fermentation test.

March 22d. A solution of arsenite of bromine was procured from Dr. Gilliford, and two drops ordered to be taken four times daily.

March 25th. Improvement marked as regards the quantity of urine passed; thirst not nearly so excessive; feels better after eating; feels stronger; spasms of the calves of the legs disappearing; specific gravity of the urine 1030; can lie until nearly morning, whereas formerly he was compelled to rise at least three times during the night to void urine. Dose increased to four drops four times a day.

March 29th. The patient is able to lie all night

without rising to urinate. The improvement in strength and general health very marked.

April 17th. The patient thinks himself well. His gain in flesh is very noticeable. Urine passed in twenty-four hours, eighty fluid ounces, specific gravity 1020, acid reaction. Fehling's test shows no sugar in the urine. The patient leaves for Clarion county in a few days to go to work, promising to write weekly and keep a record of the amount of urine passed.

Dr. J. B. Johnston, of No. 25 Pennsylvania avenue, Allegheny, furnishes the following notes:

On the 16th day of April, 1883, I was called to see a boy aged sixteen years and five months. I found him very much emaciated, but complaining of nothing in particular, only that his thirst was insatiable, and he was *ravenously* hungry, as he said. He said his fauces and throat were very dry and parched. I examined his *tongue* and found it red and fissured. From the symptoms, I concluded he had diabetes; he was passing from a gallon to a gallon and one half in twenty-four hours of limpid urine. I immediately made the tests for saccharine urine, and found it to contain sugar in a very decided quantity, *Moore's*, *Tromer's*, and the *yeast* test all verifying each other. I put him on the usual treatment of cutting off the supplies, and fed him mostly upon meats, animal broths, vegetable soups, fresh fish, etc., including cabbage and turnips. The sp. gr. when I first saw him was 1038. I found it to vary in density from 1035 to 1040. I tried the different modes of treatment usually resorted to, but must say I found little or no improvement in the case. I found the best results in the first part of the treatment from tinct. ferri. mur., given in fifteen-drop doses half an hour after meals, in a wine-glassful of water. During the time he was taking the *iron*, the thirst was not so distressing nor was the appetite so voracious, but the urine was nearly if not quite as copious, and the specific gravity remained high.

During the time the iron was being given, there was passed on

April	27,	132	fluid	ounces of urine.
"	28,	130	"	"
"	29,	129	"	"
"	30,	127	"	"
May	1,	131	"	"
"	2,	129	"	"
"	3,	126	"	"

During this time the sp. gr. varied a little, from 1036 to 1038. On the 4th day of May I began giving four drops of solution of *arsenite* of *bromine* (my attention having been called to *it* by Dr. R. H. Gilliford), largely diluted with water, half an hour after each meal. On the 5th the quantity of urine to my surprise had fallen to 110½ fl. oz.—on the 6th to 100 fl. oz. with sp. gr. of 1034.

On the 7th I again examined the density of the urine, and found it 1032, with a still decreased quantity, 98 fl. oz.

May 8th I did not take the sp. gr. but found 94 ounces of urine. Patient is sleeping well at night, and says he does not need to get up so often to urinate.

May 9th. Specific gravity 1032, and 94 ounces of urine. Same as on 8th, but he confessed to indiscretions in his diet.

10th. Specific gravity 1031, with 92 ounces of urine. Thinking the dose of the arsenite might be safely increased, I began on the 9th to give five drops instead of four.

11th. Specific gravity 1030, with 89 oz.

12th. Specific gravity 1030, with 87 oz.

13th. I did not take sp. gr. nor quantity.

14th. Examined both quantity and quality of urine. Specific gravity has fallen to 1029, and the quantity is 85 oz.

The symptoms of the patient are not by any means so urgent as in the beginning of the treatment. Thirst diminished, appetite less craving, diminished quantity of urine from 132 oz. to 85 oz., sp. gr. diminished from 1038 to 1029. There is one thing to be observed, that there has been a constant decrease in the quantity and sp. gr. of the urine, though it has not been regular; but when we see that the remedy has been in use only since the 4th day of May (10 days), we cannot but look upon the case with much hope. What the subsequent condition of the patient may be, cannot yet be known; but from the progress he has made, and his present condition, I look upon his case as very flattering.

Hospital Reports.

WEST PENN HOSPITAL, PITTSBURGH, PA.

SERVICE OF F. LEMOYNE, M. D.

Reported by W. L. Mills, M. D., Resident Surgeon.

Compound Fracture of Skull Followed by Abscess at Base of Brain.

Michael Corley, æt 9, of Mansfield, Pa., was admitted to hospital Saturday, Nov. 18, 1882, 9 p. m., having jumped from a coal car when in motion, and fractured his skull, five hours previous to admission. When admitted the boy was entirely conscious, and showed no evidences of compression. Patient had three scalp wounds, in two

of which were fractures; one merely a fracture in posterior upper part of left parietal bone, no depression; the other, the important one, was in right frontal region, wound extending from a point near median line, a little behind coronal suture forwards towards the outer canthus of right eye, about two inches in length. The scalp was entirely cut through, brain membranes ruptured, and brain substance oozing from wound. Anterior to scalp wound there was a marked depression. By use of probe, a large piece of frontal bone was found to be depressed, and so loose as to be easily removed by forceps, after wound was enlarged forwards. The removal was attended with considerable bleeding, and depressed fragment being so near the median line, fear was entertained lest the longitudinal sinus had been wounded. But after the removal, bleeding, which was venous, soon stopped. The wound was drawn together gently, but no straps or sutures used, only dry absorbent cotton applied so as to make slight compression. The fragment was from frontal bone, of an oval shape, an inch in length and nearly as wide, and both tables entire. The other scalp wounds were dressed with oakum and carbolized oil, and given free drainage.

The patient reacted well, and was soon put to bed and slept well all night. He asked continually for water, from time he came into hospital. All the following day the patient was quiet, but vomited whenever given water or milk. Nothing but beef-tea was retained, and only then when given in small quantities.

The following is a tabulated statement of pulse and temperature:

	Morning.			
Nov. 19.	Pulse 120.	Temp. 101° F.	Pulse 130.	Temp. $103\frac{1}{5}$° F.
" 20.	" 108.	" 103° F.	" 114.	" $102\frac{1}{5}$° F.
" 21.	" 108.	" 103° F.	" 120.	" $104\frac{2}{5}$° F.
" 22.	" 108.	" $102\frac{3}{5}$° F.	" 120.	" $103\frac{4}{5}$° F.
" 23.	" 104.	" $101\frac{3}{5}$° F.	" 120.	" $103\frac{7}{10}$° F.
" 24.	" 108.	" $103\frac{1}{5}$° F.	" 120.	" $104\frac{3}{5}$° F.

Treatment.—On the night of admission,

℞.—Calomel, grs. vi.
Bicarb sodæ, ℈ij.

was given. Also,

℞.—Tr. veratri viridis, gtt. ij.
Liq. amm. acetatis, f℥ ss.

every three hours, as pulse was 120.

Nov. 19. Gave calomel grs. x. in powder. Nov. 20. Had a good passage, vomited at intervals during day, but had a very good night. Slight discharge from compound fracture. Some decomposing brain substance was taken away, and part of wound drawn together. Breath very fetid. Asked continually for water. Was very restless, and bed-clothes tied down. Slept at intervals. When awake, perfectly rational. No difference in size of pupils.

Nov. 21–24. Condition about the same. Bowels moved naturally once or twice daily, stools dark-greenish. Headache was so little complained of that it was overlooked as a prominent symptom.

The only medicine given besides purgatives, (calomel in small doses) was veratrum viride to bring down pulse, and when it was found it did not tend to rise above 108 or a 120, the veratrum was stopped, Nov. 19th. Patient made a great outcry whenever head was dressed, but at other times would roll about in bed, or jump out on floor, and evince no pain, so that little attention was paid to his cries.

Nov. 24th. Was particularly irritable and hard to dress head. Brain substance still protruding, but not so far as the day before. Talked wildly, always begging for water, and when in pain, always in Irish. Was somewhat flushed in face.

General condition so much the same that no particular attention was given the exaggeration of some former symptoms. Until 24th hope was entertained of recovery. Patient was drowsy and slept most of the day, waking at intervals and starting up wildly and asked for whiskey. Still no signs of compression or serious brain trouble, as he only showed signs of pain when head was dressed and this was attributed to irritability, as he at other times voluntarily jumped out of bed without evincing pain. No vomiting since 23d inst., and that only brought on by drinking water. Took and retained beef tea and milk.

Nov. 24, 8 P. M. Patient tore off bandage, and wound was much irritated by scratching or rubbing on pillow. Bandage reapplied, amid a storm of passion and Irish brogue, and hands were tied to prevent removal of bandage. He soon became quiet and slept.

10 P. M. Was sound asleep.

At 2 A. M. Nov. 25th. Night nurse noticed labored breathing, and before resident was waked and could get to ward, the boy was dead.

Autopsy made 14 hours after death.—The calvarium was removed, brain membranes cut through, and brain removed. The base of brain, particularly the pons, had an opaque appearance, was somewhat yellow and granular. The upper surface of brain showed no marked changes, except the meningeal veins were much congested. On raising up the cerebellum, an abscess was found lying in the fissure between the lobes of cerebellum, about the size of a chestnut, extending down to the fourth ventricle. The abscess was beneath the arachnoid membrane, and contained considerable yellowish pus. The lateral ventricles were filled with a purulent fluid and choroid plexuses somewhat congested. The wound in brain substance was sloughing, and extended some distance into tissue. There was a part as large as a walnut softened, but it in no way connected with abscess on lower surface. On raising the calvarium a marked depression was found in frontal bone, larger than, and lying towards, the median line, from hole left by removal of depressed fragment. The second fracture showed much larger on inner than outer surface, but no depression at all. The sudden death, with no premonitory symptoms of death, can be explained, I think, by abscess pressing on the upper part of fourth ventricle, which, as it enlarged, encroached on and pressed on the spot in floor of fourth ventricle, known as the respiratory centre, and suddenly stopped respiration. But why an abscess in under-surface, is another question? There was no fracture of base of skull discoverable on careful examination. A day or two before death, something peculiar was noticed about the boy's respiration, which was of a sighing character and very slow, but no more attention was paid to it, as at other times it was rather faster than normal. Headache was little complained of, and only did he

make resistance when raised up, which seemed to give him pain.

There was no time to examine lungs before body was removed, but as the central cause of death was found, the post mortem was entirely satisfactory to the resident physicians.

CITY HOSPITAL, PRAGUE.

Some Preparations of Gelatin in Diseases of the Skin.

BY PROF. F. O. PICK.

Professor of Dermatology and Syphilis in the University of Prague.

[Reported by LOUIS SCHWARZ, M. D.

GENTLEMEN: A year ago I called your attention to a preparation called Chrysarobin gelatinon (Goa powder with gelatin), and recommended its use in psoriasis to you. The method of applying it is already known to you: the chrysarobin is prescribed in the quantity necessary, and is applied to the parts when in a fluid state by a brush. Jarisch, in referring to this mode of application and medicament, said the problem is solved and the beneficial effects of chrysarobin in psoriasis is established, and all evil effects are done away with. There are several points to be observed. The first is to obtain a method by which we can apply a medicament to a large surface at once, when necessary, for in many cases it is necessary. Formerly in such cases we were obliged to apply an ointment or plaster to one part alone. This required time and skill, for when an ointment was applied to one part, before the other part was finished the former was rubbed off: it was also necessary to bandage the entire body of the patient. This required time and skill, and annoyed the patient, and ointments always soil the underclothes, etc. By using the gelatin preparations, all these inconveniences are avoided. Following this plan of treatment, I have used other gelatin preparations with advantage—pyrogallol (pyrogallic acid), naphthol (the active principle obtained from tar), iodoform, salicylic, and carbolic acids. I will now demonstrate practically to you a case in which I used pyrogallol for psoriasis.

A. H., age 42, male, strong build, was admitted to my clinic two months ago with his entire body covered with psoriasis, so that only small parts of the skin were free from the disease. Having used pyrogallol in many other cases, and having good results from it, I applied a ten per cent. mixture of pyrogallol and gelatin to this patient's body. The mode of applying is the same as with other preparations. The patient, after having been bathed in water, a heated solution of the pyrogallol gelatin is applied to the parts with a small brush. As soon as it becomes dry, a small quantity of glycerine is applied to the surface to prevent the coating from cracking or peeling off. This coating being transparent, allows you to see the progress of the treatment without removing it. This is easily seen in this case: in some places the skin is perfectly normal. The dressing was applied in the beginning thrice weekly, and later twice weekly, with good results. These preparations can be applied by patients on themselves, and do not necessitate their being confined to a hospital or their home. It is a clean preparation, can be easily removed, does not soil the clothes, nor prevent motion when applied over a joint; it is not expensive, does not crack or peel off. It is prepared in the following manner: dissolve 12½ of dry white gelatin in 25 of distilled water by a water bath, and while stirring add Goa powder, pyrogallic acid, naphthol, iodoform, carbolic or salicylic acids, in whatever quantity necessary, allow it to cool, and the cake will take the form of the capsule in which it was prepared (a porcelain capsule is preferred). You can then direct the patient to take the necessary quantity, place it in a china saucer, apply heat to it, and when in a fluid state apply to the parts with a brush. I am positive that any one resorting to this mode of treatment will never resort to the old manner of treating diseases of the skin by ointments, etc.

MEDICAL SOCIETIES.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Thursday evening, April 12.

Dr. M. O'Hara in the chair.

Dr. C. M. Wilson presented the following specimens, the notes of which will appear in some future issue, owing to the author's failure to forward the papers to the Recorder:

Case of Invagination of the Ileum.

Case of Large Vesical Calculus.

Case of Multiple Vesical Calculi.

Dr. Guy Hinsdale presented three aneurisms, and a specimen of fracture at the base of the skull.

Case 1. Aneurism of the Arch of the Aorta.

Wm. G., a fireman, æt. 44, was admitted to the Episcopal Hospital September 16, 1881, suffering from pneumonia of the right side, associated with signs of pleurisy. It was noticed at the time of his admission that there was a slight diastolic murmur heard at the aortic carttlage, and that no radial or ulnar pulse could be felt upon the left side.

The pneumonia pursued its course until it ended in death on the eleventh day after admission. Eighteen hours before death occurred, however, after an attack of severe pain along the course of the sciatic nerve, he suddenly became unconscious, and his respiration puffing. His pupils were contracted, and his left arm rigid. His pulse became at once fuller and stronger than it had been since admission, there being ninety-six beats per minute. Fifteen hours before death the right side of the face was paralyzed. The radial pulse was smaller on the right side than on the left. The right foot was cold, and the posterior tibial pulse behind the internal malleolus was just perceptible. Respirations were forty per minute, and stertorous; sweat and urine profuse. Twelve hours before death respirations fifty-seven; temperature, 106.2°.

The patient remained essentially in this condition until his death. At the *post-mortem* examination, upon opening the thoracic cavity, the base of the right lung was found in the second stage of pneumonia. There was hypostatic congestion of

the left lung. But what at once threw light upon the later features of the case was the presence of an aneurism of the transverse portion of the arch of the aorta. The specimen shows a symmetrical dilatation of the vessel capable of receiving a large hen's egg. On examining the brain, clots, probably of embolic origin, were found in the right cerebral hemisphere, thus accounting for the paralysis which had been observed.

Case 2. Aneurism of the Common and External Iliac Arteries.

Johann B., a farmer, æt. 26, was admitted to the Episcopal Hospital October 27, 1882. His previous health was good; he denied specific history, and his habits were good. He was able to work until one week previous to admission, when he began to have a pain in the feet and legs, shooting up the body to the head. His skin was yellowish, his tongue coated, his urine did not contain albumen. There was œdema of the feet, and it is worthy of note that this had occurred on the right side four months before admission. His spleen was apparently enlarged; his lungs presented nothing abnormal. Systolic and diastolic murmurs could be distinctly heard all over the cardiac area, but most clearly at the right second cartilage, and transmitted over the left subclavian and carotid vessels. The heart was considerably hypertrophied.

Six weeks later, the attacks of pain in the right thigh and side, to which he had been subject ever since admission, became more frequent and severe. The murmurs at the aortic valve were systolic and diastolic, low, soft and confused. A distinct thrill was now felt; heart's impulse quick and trembling.

About one week before death a swelling occurred in the right parotid region, extending to the cheek and lower jaw. Subsequently a discharge, thin and purulent, took place from the ear, and the patient became unable to protrude his tongue. The œdema of the right leg returned and increased daily, extending up to the body, the whole leg being about three times the bulk of the other. The aneurism grew with great rapidity; the distention of the vessel and the overlying structures gave rise to the greatest pain. The patient was unable to lie down, and was always found in the sitting posture. The mind was clear up to the day of his death, which occurred two months after admission.

At the autopsy, upon opening the abdomen the aneurism was found very prominent, occupying the right side of the abdominal cavity and extending from the concavity of the liver to Poupart's ligament, a distance of about nine inches. The aorta bifurcated at the upper border of the fourth lumbar vertebra, the tumor arising from the common iliac artery one inch from the aorta. Its whole anterior surface was covered by peritoneum. The right kidney was elevated, lying upon the tumor's upper surface, the ureter passing over the convexity of the tumor and to the inner side. The psoas muscle and crural nerves were displaced and stretched to the outer side of the aneurism. The femoral artery emerged from the tumor one inch above the origin of the profunda.

Upon opening the sac a second sac was found within. No rupture had taken place. The cavities of both sacs were found filled with clots in various stages of organization. The walls were leathery and large flaps of organizing clots were found attached to them. There were also *post-mortem* coagulations.

The line of the blood current could be determined by the passage of a catheter. This was found both from above and below to skirt the inner side of the tumor, and to pass through a comparatively short channel in its interior. Three of the bodies of the lumbar vertebræ were slightly eroded. The heart is hypertrophied; its weight fifteen ounces. The mitral valve is normal but the aortic valve shows exuberant vegetations which impede its action and which are very friable.

The specimen presented embraces the heart, the aorta, the aneurism with the right kidney upon its upper surface, the right femoral and the left iliac arteries.

Case 3. Aneurisms of the Abdominal Aorta and Left Common and External Iliacs.

Mary K., aet. 30, was admitted to the Episcopal Hospital Aug. 26, 1882. Her mother died in confinement, and her father, of heart disease. She had had three children; her husband was a bartender and had been treated for syphilis at a dispensary; but the patient herself denied specific history, nor were any evidences of it found. She had never been ill before.

Seven months previously she had pains in her left groin; these pains extended to the abdomen, and about five months previous to admission she noticed a small tumor in the hypogastrium, which pulsated and became painful on pressure. Three months later her strength began to fail; she became delicate and lost flesh. For one month the tumor had been prominent. Pain then came on spontaneously at intervals, and she had backache. She became weak and took to her bed. Two weeks before admission the left leg and thigh became painful and felt benumbed, and motion grew difficult and for a time was lost. Meanwhile the tumor increased.

Upon admission she was weak. Her face showed anxiety and suffering, and had a haggard and pinched look. The organs of digestion were not interfered with. Her lungs and heart were normal. On the right side of the abdomen a tumor was felt, one inch above the umbilicus, and extending from one inch to two and one-half inches from the median line, downwards two inches. It was painful on pressure, pulsated distinctly, and over it a distinct systolic bruit could be heard. A distinct notch separated this from a large, hard mass in the left iliac fossa, indistinctly pulsating, immovable, and not particularly painful on pressure. There was a faint *bruit*.

In the left thigh there was insensibility to touch over the distribution of the anterior crural nerve, while pain in the left knee was often so great as to deprive her of sleep. The urine did not contain albumen.

At the end of two weeks sensation was diminished on the left side as high as the edge of the ribs, and in the whole of the lower extremity, excepting the first and second toes. It was impaired over the buttock. Œdema of both legs occurred. The posterior tibial on the left side could scarcely be felt to pulsate.

September 13th the patient suddenly died. At

the autopsy the abdomen was first opened. There was no blood in that cavity. Upon the left side in the iliac fossa there was a prominent tumor of the size of a cocoanut; over it lay the psoas muscle, which was spread out in the shape of a thin aponeurosis. The iliacus muscle was displaced. The psoas parvus was inserted in the tissue covering the tumor.

A fusiform dilatation of the aorta was then noted. The diameter of the aneurism was three times the normal diameter of the aorta. Commencing from a point seven inches above the bifurcation, it extended downward nearly five inches.

A second aneurism occupied the left iliac fossa, involving the left common and external iliac arteries. It was about six inches in length and was filled with old fibrous, laminated clots. The latter aneurism had opened posteriorly behind the peritoneum and against the iliac bone. There had evidently been ruptures previous to the one which finally caused the patient's death. There were found old as well as recent clots outside the aneurismal walls. There was no erosion of the bones. The femoral artery was normal, and no atheroma or evidences of syphilis observed, although the woman had been exposed to infection from a syphilitic husband.

Editorial Department.

Periscope.

The Delhi or Oriental Sore.

Before the Epidemiological Society of London (*Med. Times and Gaz.*, April 14, 1883), Surgeon-General Murray read a paper on this subject. He stated that this disease had attracted little attention in India previous to the Mutiny in 1857-58, at which time the palace and city of Delhi were occupied by European and native troops. The military cantonment had previously been situated two miles outside of the city walls, and this disease was scarcely known amongst troops; but cases were occasionally heard of there, and at Mooltan and Lahore. After 1858 it was brought prominently to notice, as the troops in garrison at Delhi were attacked with great severity—from 40 to 70 per cent. were admitted into hospital suffering from the sore, whilst nearly half the regiments had slight sores which were treated out of hospital. The disease was very tedious and troublesome, though only in two or three instances fatal. When severe, or situated on a joint, it rendered the men unfit for duty; and when on the face it was very disgusting and disfiguring. This was illustrated by eighteen photographs of the disease situated in various parts of the body. In 1865 the Government of India appointed a commission to investigate the disease, to trace out its origin, and to point out a remedy. Dr. Murray was President of this commission, and he thus had an opportunity of accurate observation of the disease. It appears on exposed parts of the body—at first as a small pimple, like an irritated mosquito bite, and remains in this state for several days or weeks, sometimes even for months. It then slowly increases, and a thin fluid escapes from the top, which dries and forms a circular scab, gradually increasing in size and thickness. When this scab is removed, an indolent ulcer is exposed, with undermined edges, and lobulated granulations in the centre—in healthy subjects like raspberries, but paler and more blue in cachectic cases. These ulcers, when very broad, show signs of cicatrizing from the centre; in all there remains a depressed cicatrix after healing. This is the natural course of the disease, which may last from six months to two or more years, when uncomplicated with leprosy, secondary syphilis, miasmatic fever, or a cachectic state of the body produced by other diseases or famine. When such diseases exist they are aggravated and rendered more fatal by combination with the one under consideration. The Delhi sore appears identical with the "yaws" of the West Indies, "parangi" of Ceylon, and the "bouton" of the eastern and southern shores of the Mediterranean. At Delhi, Mooltan, and Lahore the disease is endemic, and confined to residents within the city walls. The commission at Delhi, after patient investigation, formed the opinion that the Delhi sore is a cutaneous disease, of parasitic origin, and that the foul water of the city wells was the habitat of this parasite. The water of all these wells was excessively impure. In some, according to analysis at this time, the water contained from 45.375 to 123.200 grains of organic matter per gallon. The wells were then cleaned out, and from one a cartload of bones was extracted. It is probable they had not been cleared out for centuries. The water from them was only used for washing or bathing purposes. The wells in all the ancient cities of India are very impure, and if a germ or parasite in foul water is the cause of the disease, this would account for its presence in Mooltan, Lahore, etc., whilst the impure water in some of the tanks in Ceylon would furnish its habitat in that country. This germ or parasite finds entrance to the body, through bathing or washing, through an opening in the cuticle caused by any abrasion of the skin, and the most frequent channel is probably the surface of an irritated mosquito-bite, as the ordinary situation of the sores is on an exposed part of the person, as the face, hands, and arms, while the hairy scalp escapes. It was remarked that nearly all the dogs in Delhi suffered from this disease in the nose, whilst the body, which is covered with hair, and thus protected from mosquitoes, escapes. The germ, once introduced, develops in the cutis vera, exciting inflammation in the surrounding

part, and the sore results. Attempts were made to detect the germ microscopically, but in vain. Since then, Dr. Fleming and others have supposed they have discovered it, but as Drs. Lewis and Cunningham, after careful examination, failed to see it, implicit confidence cannot be placed in less experienced observers. Medical men differ in opinion regarding the contagious nature of the disease. To determine this point, six natives were inoculated from a dry crust, but no disease followed. They were then inoculated from a fresh sore, and twenty-three out of twenty-four punctures showed irritation like that from vaccination on the third day, which gradually extended till the sixth and tenth day, when remedies were applied to check the disease in four men, leaving it to take its course in the other two cases. Photographs of these cases show their similarity to the ordinary Delhi sore. The treatment recommended by the commission was to avoid using impure water, or, if that were impossible, to boil the water before using it, and to have all wells cleared out every year. The local treatment of the sore is directed to destroy the vitality of the germ by the application of the actual cautery in the earliest stage, and potential cautery—potassa fusa or nitric acid—and carbolic acid or mercury in more advanced stages, following the destruction of the specific disease by simple dressing, and washing with diluted carbolic acid.

The Dangers of the Parasitic Theory.

The *Medical Times and Gazette*, March 31, 1883, says:

Amidst the almost universal incense of admiration that awaits in France every fresh announcement of the results of M. Pasteur's researches, it is as well to note that some observers are not so easily satisfied. In the *Progrès Médical* for March 10 we find the following criticism, from the pen of M. Jousset de Bellesme:

"We were not among the last to raise our voice against the application of the theory of microbes to medicine, and to signalize the serious inconveniences which might be induced by the introduction of these doctrines into pathology. When we showed in this journal* that these theories, almost entirely hypothetical, engaged medicine in an unfortunate direction by attributing to morbid phenomena a simplicity that they are far from possessing in reality, and by leading to treatment both irrational and dangerous for the patient, we were taxed with exaggeration and foregone conclusions. And yet we were but the echo of a large number of clinicians, and so true is this the case that at the present time a reaction against these tendencies has set in in the school of French pathologists. Practitioners who pursue therapeutics in an impartial manner, and so to say experimentally, had evidently received M. Pasteur's theories in the hope of deriving from them an excellent means of treating disease. In no other way can be explained the success of the parasitic doctrine, and the somewhat premature prepossession of which it became the object, chiefly on the part of the young medical generation. It is such a great point, in order to combat a disease, that we should be aware of its cause, and M. Pasteur was so affirmative, that a good number of practitioners came to the conclusion that from the moment that infectious diseases were known to be caused by invasion of microbes, it sufficed to kill the microbe in order to cure the disease. All those who have reasoned in this fashion have only, together with M. Pasteur, forgotten one thing, which yet deserves well that it should be taken into consideration—the patient. Yes, unfortunately, there is a patient in this question of microbes applied to pathology. It is not so simple a matter as in the laboratory, where the microbe is regenerated and strengthened in its chicken-broth. We have only to pour on it the blackest of poisons or the most energetic of antiseptics, and all disappears—all except the germs of these singular bodies, if we are to believe M. Pasteur. But when we have a patient in our hands we scarcely can treat him, however stuffed with microbes he may be supposed to be, as we would the chicken-broth, and deluge him with floods of carbolic or salicylic acid. Still, there have been found practitioners who have dared to do this; and Prof. Jaccoud, whose high authority none will contest, has taught us the results of these audacious attempts in the treatment of typhoid fever. It has come to pass just as might have been anticipated; the employment of antiseptics in large doses has introduced into the statistics of the mortality of typhoid fever an element which formerly only figured there very exceptionally—sudden death.' It is but too certain that from the moment the idea is started that typhoid fever depends upon a microbe developed in the economy, a resort to antiseptics necessarily takes place. Those are employed which are best tolerated by the economy—salicylic acid, sulphate of quinine, and even carbolic acid. As the administration of these in small doses leads to no result, logic requires that the doses shall be increased and pushed on until this mischievous microbe is annihilated. Unfortunately, while on this road, as already stated, the patient is forgotten; but he, in his turn, does not forget, when the dose is sufficient, to die suddenly. Sudden death, then, is one of the results which may spring up in the art of healing from the discoveries of M. Pasteur; and on reflection, we cannot but regard it as highly extraordinary that doctrines which may lead to such results have been able to attain so great a vogue in medical practice. For, even supposing that the theories of M. Pasteur are exact, and that typhoid fever is really the fruits of an invasion of microbes, there is evidently no advantage to therapeutics to be derived from the knowledge of this fact; for this very simple reason—that the organism would not tolerate sufficiently strong doses of antiseptics to kill in the blood or amidst the tissues the lower parasitic organisms, the resistance of which to these agents is greater than that of the more highly differentiated cells of our economy. And as to believing that an antiseptic will be found which destroys bacteria without attacking the histological elements in man, it is to fall into a great illusion, and to misunderstand the laws of general physiology. The more an organism is differentiated, the less does it resist external agents capable of injuring it; consequently, we may affirm that, of all organic cells, it is well nigh those of bacteria which are most resistant to

* *Medical Times and Gazette*, April 29, 1883, page 451.

the action of poisons and antiseptic substances. However this may be, certain it is that typhoid patients to whom antiseptics are administered in large doses die suddenly, and quinine itself makes no exception to this rule. And thus Prof. Jaccond, in his lecture on the treatment of typhoid, protests forcibly against these therapeutical temerities."

On the Use of Anæsthetics During Labor.

In a paper recently read before the East Surrey District of the South-eastern Branch of the British Medical Association (*Brit. Med. Jour.*, May 5, 1883), Dr. Savill indicates what he believes to be the main precautions, the observation of which would render the use of chloroform perfectly justifiable.

1. There are certain women who have a tendency to flood at every confinement, and others in whom there seems to be an already too great relaxation of fibre—weak anæmic females in their eighth to tenth confinement; and to these it would be unadvisable to give chloroform, except for necessity. Happily, it is not these women who suffer the most pain, but rather those strong, healthy primiparæ whose pelves and general build approximate to the masculine type.

2. We should not give it when labor is complicated with severe vomiting, or with acute heart or lung disease, unless there be imperative call for it.

3. It should not be given to the full extent, except for operation, convulsions, or spasm of the cervix; and then it is most necessary that one person should devote his entire attention to it.

4. The inhalation should be stopped directly we find the pulse becoming very weak, or the respiration irregular.

5. Anything which makes us suspect a fatty or enfeebled cardiac wall should make us cautious in the use of chloroform. Here, as in cases other than those of labor, it is not the most extensive valvular disease (so long as it be attended by compensating hypertrophy), but the atrophied or degenerate wall, that constitutes the source of danger. Unfortunately, the signs of these conditions are subtle and uncertain. Fatty heart may be suspected by an exceedingly feeble cardiac impulse, combined with an almost inaudible first sound; or attacks of dyspnœa, vertigo, and syncope, in the absence of anæmia, or valvular lesion; or the copious deposit of fat in other parts of the body, and the occurrence of dropsy without adequate cause. A dilated heart may be suspected by increased area of præcordial dulness, combined with epigastric and venous pulsation, and a want of correspondence between the violence of the cardiac impulse and the strength of the pulse. Pericardial adhesions also form a great source of danger. They may be suspected when the heart's apex is fixed above its normal position, and does not shift with respiration; or when there is depression instead of protrusion of intercostal spaces over the position of the apex, giving a wavy character to the cardiac impulse.

6. In all cases, we should take extra care to prevent the occurrence of hemorrhage after birth; by giving a full dose of ergot when the head reaches the perineum: by ceasing the chloroform immediately it is born; and by rousing the patient from her lethargy as soon as possible.

Diet in the Treatment of the Gouty Dyscrasia.

At a meeting of the New York Academy of Medicine, held February 15, Dr. William H. Draper read a paper with the above title.

Dr. Draper's observations went to show that gouty subjects were unable to digest the carbohydrates. This kind of food produced acid and flatulent dyspepsia, and the very symptoms which usually preceded an explosion of acute gout. In the children of gouty parents over-indulgence in amylaceous and saccharine foods was almost sure to be followed by evil consequences, and great caution in the use of these was one of the surest means of diminishing the liability to acute attacks in those already subject to the disease. The diet, then, in the gouty dyscrasia was to be in the main similar to that required in glycosuria, although it was not necessary that the abstinence from carbo-hydrates should be so strict as that demanded in diabetes. The patient should, therefore, refrain as much as possible from saccharine, starchy, and fatty foods, and especially from all fermented alcoholic beverages. Distilled liquors did not have the same effect, as seemed to be shown by the fact that gout was much more prevalent in England, where beer and stout were universally partaken of, than in Scotland, where whiskey was the drink most indulged in. It was also said that gout was rare in Russia and in Poland, where spirits are principally used. In regard to the effect of wines there was, of course, a difference according to the kind used. Sherry, port, and madeira were the most injurious, but the heavier clarets and burgundies were also to be carefully avoided. The effect of cider was well recognized in the production of gout, and in New England, where it was a common beverage, it often led to the development of the irregular forms of the disease.

All drinks containing any unfermented sugar were to be excluded, and if the patient insisted on taking wine, he would have to confine himself to the dryest of the dry champagnes, hock, or light claret. But even these could not always be trusted, and the safest alcoholic beverage that could be taken was a very diluted spirit. Indulgence in saccharine food ranked next to that in wine and beer in danger, and it was an important point to observe that this excluded the use of many fruits, such as strawberries, apples, and oranges. Next in importance in this connection came amylaceous articles of diet; but it was not necessary that these should be entirely abstained from, but only that they should be eaten in moderation. They did most mischief in those inclined to obesity and who led sedentary lives. All kinds of salads, tomatoes, and the various succulent vegetables free of starch, could be taken with impunity. In obstinate cases the milk diet was of the greatest utility. The digestion of the carbohydrates was always more or less impaired in gouty individuals; but if an active outdoor life were engaged in, it was not necessary to look after the diet so carefully. The gouty man who remained in-doors much of his time, however, would do well not to live upon potatoes and puddings.

Iodoform Suppositories for Puerperal Septicæmia.

Before the Medico-Chirurgical Society of Montreal (*Med. News*, March 3, 1883):

Dr. Alloway presented the records of six cases of puerperal septicæmia, three of which had been treated by a new method, viz., the introduction into the uterine cavity of iodoform suppositories. He referred to the care and anxiety which these cases caused to the attendant, the frequent visits necessary if the ordinary method of repeated intra-uterine injections is followed, as in general practice the assistance obtained is rarely skilled enough for this. The advantages of iodoform in general surgery were now fully recognized, and it occurred to him that they might be extended to the treatment of the raw placental surface and to the lacerations and bruises of the passages. The site of a separated placenta had been well compared to the stump of a limb after amputation. (With this remedy we had the advantages not only of a topical action, but, applied in the manner directed, the effect was continuous, and the vapor, or whatever it was, given off, permeated to all parts. Too often, with injections, the superficial parts were cleansed, and in an hour or so, unless repeated, the discharges were again fetid. He believed that with the iodoform we could get a more effectual disinfection of the intra-uterine cavity in these cases than with the ordinary solutions, and the trouble of constant injections was completely obviated.) The author referred to the current views on septicæmia, particularly to the formation of a virus by the bacteria in the decomposing discharges, and suggested that if, as Binz has shown, the iodoform controls the activity of the protoplasm of the colorless blood-corpuscles, it may do the same with the bacteria. In carrying out the treatment he used a Sims' speculum, washed out the uterus first with plain or carbolized water, and then, with a tent-inserter, passed the suppository far up into the fundus. He used them of the strength of ten, fifteen, or twenty grains, and usually introduced one night and morning. No poisonouseffects had been noted.

The Pathology and Treatment of Tuberculosis.

At the Second German Congress of Internal Medicine, Prof. Rühle, of Bonn, spoke as follows, *Med. Record*, May 19, 1883:

He reviewed and endeavored to answer the arguments against the view that the bacillus is the specific cause of phthisis. Accepting it as a cause, he urged the use of disinfection, isolation, and antiseptics in the treatment and prevention of the disease. His conclusions were: 1, human tuberculosis is an infectious disease; 2, the bacillus discovered by Koch is its special cause; 3, the fact that pulmonary tuberculosis may be transmitted from man to man by contagion is established; the exact method is not certainly known; 4, tuberculosis in man and animals is identical; 5, the therapeutics relate chiefly to prevention, but the best methods of prophylaxis cannot yet be formulated.

Dr. Fraentzel, of Berlin, related the results of the experiments made in connection with Koch and Gaffky with the

ANTISEPTIC METHOD OF TREATING PHTHISIS.

They had employed inhalations of menthol camphor, naphtalin, anilin, etc., but with negative results.

Professor Klebs, of Zurich, believed it demonstrated that bovine tuberculosis was communicable to man. He thought that a certain predisposition must exist in order that contagiôn occur, and reaffirmed his old view that the intestinal tract was often the place where the infective virus entered.

Professor Hiller, of Berlin, had made injections into the lung tissue (in cases of phthisis) of corrosive sublimate, bromide of ethyl, and alcohol, but without any result.

Dr. Schott, of Mannheim, recommended salicylate of sodium and sulphurous acid as antiseptics in tuberculosis.

Dr. Zeigler, of Tübingen, described his views of the way in which the tubercular virus enters the system. He thought that the entrance occurred through three channels, viz., the blood-vessels, the lymphatics, and the lungs. In accordance with this we may distinguish

THREE TYPES OF TUBERCULOSIS.

When it enters by the blood-vessels we usually have general miliary tuberculosis, but in rare cases, especially in children, tubercular foci are formed in the lungs, making the disease resemble a localized tuberculosis.

The second form, in which the lymphatics take part, is that which is generally produced by inhalation. A tubercular lymphangitis is excited. The tubercular foci thus formed enlarge, then soften, and their products may be carried further (1) by the lymph paths; or (2) by the blood-vessels, causing an embolic tuberculosis; or finally (3), directly along the bronchi. In this way, or by direct infection, we find developed the third type, or bronchial tuberculosis.

Professor Rühle, in concluding the discussion, called attention to the fact that not a voice had been raised against the view that tuberculosis was an infectious and parasitic disease.

Hypodermic Injections of Ether in cases of Imminent Death from Hemorrhage.

The Paris correspondent of the *Med. Press*, (Feb. 14, 1883), writes as follows:

M. Georges Hayen, of the St. Antoine Hospital, read a paper on the "Value of Hypodermic Injections of Ether in Cases of Imminent Death from Hæmorrhage." In his report he said that transfusion of blood, although frequently practiced abroad, had but few partisans in France; yet if medical men would only give it a fair trial, he was sure their verdict would be in favor of it. He could not help thinking that the criticism made upon the operation was much exaggerated. His colleague, M. Verneuil, gave it as his opinion that transfusion of blood was a difficult, dangerous, useless operation; that the blood, acting only as a stimulant, could be easily replaced by subcutaneous injections of ether. Emanating from such a high authority, this assertion gave him food for reflection. Could it be true that transfusion could be replaced by an operation as easy and relatively as inoffensive as the injection into the cellular tissue of a few drops of ether? Immediately he determined to put the merits of the proposition of M. Verneuil to the test, and for that purpose he experimented on a lot of ordinary

street dogs, and the result was completely in favor of transfusion. He bled until convulsions commenced, indicating the approach of death, and although he injected ether four times, the dog died. In an exactly similar case he performed transfusion, and the dog recovered. Other experiments continued to prove the uselessness of ether, and, on the contrary, the exceeding great value of transfusion, which in nearly every case operated complete resurrection. As to the danger of the operation, it was greatly exaggerated, but he insisted on the absolute necessity of employing non-defibrinated blood. On the contrary, he considered that blood injected without its fibrine was not safe, and did not give good results.

The Trance Condition in Surgery.

The *Med. Gaz.*, May 19, 1883, says the activity of interest manifested in the curious psychological phenomena of mesmerism has awakened widespread inquiry regarding the nature of the trance state, and has established some few truths, along with dissipating many errors.

Not the least important of the questions that have been suggested by a study of these psychical phenomena, and by far the most interesting to the surgeon, from a practical point of view, is the possibility of performing surgical operations on patients in this state, with the same immunity from pain as is obtained by the use of ordinary anæsthetics.

An experiment was recently made by some New York physicians to aid in elucidating this problem, the result of which tended to establish the fact that on patients who are suitable subjects for the induction of the hypnotic state, it was practicable to perform minor surgical operations without awakening consciousness.

The operation done, was the removal of hypertrophied membrane from the nasal septum by the wire snare.

The rapidity with which the mesmeric state may be induced, as well as dissipated, and its freedom from disagreeable after-effects, as compared with ether, would render it a valuable substitute for that anæsthetic in minor surgery, if further experiments tended to confirm those already made.

The chief objection would seem to be that its application would necessarily be limited to those few who could readily be mesmerized, and that surgeons would either have to acquire, if they did not possess, the mesmerist's art, or add a mesmerist to their staff of assistants.

Reviews and Book Notices.

NOTES ON CURRENT LITERATURE.

——With the May number, *The Century* begins a new volume, and announces some changes in its arrangements. Its contents are of usual interest, being the continuation of Frank H. Cushing's "Adventures in Zuni;" "The Christian League of Connecticut," by Washington Gladden; "The Aboriginies and the Colonists," by Edward Eggleston; W. D. Howells' serial, "A Woman's Reason;" and "The Father of American Libraries," by Bunford Samuel. Frank R. Stockton has a bright little story, "Pomona's Daughter." The poetry is good, and the illustrations of the peculiar style lately adopted by *The Century*, are unusually spirited.

——*St. Nicholas*, of The Century Co., N. Y., and conducted by Mary M. Dodge, is the brightest and most charming of young people's magazines. The May number is a most interesting one, exquisitely illustrated, and is of itself worth half the yearly subscription of $3.00.

BOOK NOTICES.

The Practitioner's Ready Reference Book. By Richard J. Dunglison, A. M., M. D. Third Edition. Philadelphia: P. Blakiston, Son & Co. Cloth, 8vo., pp. 529. Price $3.50.

A great many points that the physician wants to look up are here collected into a moderate compass, and set forth with perspicuity and accuracy. Already the work has passed through two editions, and in preparing the third the author has added a mass of useful material, and carefully revised what was contained in the former issues. We do not doubt but what it will continue to enjoy its popularity, as it well deserves.

Insanity: Its Causes and Prevention. By Henry Putnam Stearns, M. D., etc. New York: G. P. Putnam's Sons, 1883. 8vo., pp. 248.

The subject which is treated of in this volume is one of great weight—perhaps increasingly so. That mental disease is gaining in proportionate frequency year by year is the opinion of many, and among others of Dr. Stearns. It is his object to analyze the causes, remote and immediate, which produce it, and to suggest when and how they can be remedied. He discusses with this view the insane diathesis, the influence of education, industrial and moral, heredity, consanguineous marriages, alcohol, tobacco, sex, poverty, religion, sleeplessness, etc. Few men can write on these subjects without betraying the personal prejudices of their own bias, and our author is not one of that few. It is often evident that his views are founded less on observation of what is, than on opinion of what ought to be. Yet his book contains a great deal that will be instructive to the mass, and occasionally suggestive to special students. His style is agreeable, and the volume is neatly manufactured.

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With January 1st, 1883, the COMPENDIUM OF MEDICAL SCIENCE, formerly published half yearly, has been commenced as a *quarterly*, to be issued on the 1st of January, April, July, and October.

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The price of subscription remains the same, $2.50 per year. But as a special inducement to subscribers to the REPORTER to take the COMPENDIUM also, we offer the two journals at the very low price of

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HOW TO PREPARE THE PANCREAS FERMENT.

Many preparations are sold to-day to the medical profession as pancreatin, respectively as the pancreas-ferment. But usually the physician is disappointed in their effect: why? we intend showing in the following. Generally the manufacture of the remedy mentioned is a very simple procedure and the result, therefore, an unsatisfactory one. Accidentally while speaking of the chemical nature of unformed ferments, Dr. O. Löw (Ueber die chemische Natur der ungeformten Fermente. Pflüger's Arch., xxvii. p. 203) describes the manner of preparing a really pure pancreas-ferment, and we here translate the same for the benefit of those who wish to manufacture such an article. They will see also that the procedure is by no means so simple.

One kilo of a pancreas-gland, cut up finely, is left standing for a day or two at a temperature of 14°; one and a half of its weight of 40% alcohol is then poured over it and left standing for two days. The somewhat thick mass is then pressed through a hair-sieve, the fluid is isolated and directly precipitated with a mixture of two vol. absolute alcohol and 1 vol. ether; the precipitate is washed with absolute alcohol, pressed, the residue dissolved in water, and again precipitated with alcohol, ether, and the residue dried over sulphuric acid. This raw ferment is now dissolved in water, filtered, precipitated as thoroughly as possible with diluted acetate of lead, the filtered part freed again of lead, precipitated with absolute alcohol, etc.

The gain of pure ferment amounts to about 2 p. m. of the gland. The ferment procured in this manner is a snow-white powder, easily soluble in water, and forming then a fluid the reaction of which is very weakly acid; it digests fibrin energetically, and possesses powerful diastatic properties—is therefore a mixture of two ferments. The solution shows in general the reactions of an albuminoid substance, gives Millon's reaction, the biuret-reaction with potash and copper sulphate, but does not coagulate by heat, and becomes slightly turbid only with ferrocyanide of potash

and acetic acid or continues even clear, and the elementary analysis gives the following figures: $C_{52\cdot75}H_{7\cdot51}N_{16\cdot55}O-S_{23\cdot19}$ p. m.; this coincides with that of albumen, and its behavior to reagents is very similar to that of the pepton.

A pancreas-ferment, if carefully prepared in the manner and by the method described above, would produce perhaps more satisfactory results in troubles of indigestion, than most common pepsin-preparations do now. But the pancreatin as at present generally sold by the drug trade is a remedy totally unreliable. We hope that some enterprising manufacturer will take the pains of preparing a really pure pancreatin, in which case we do not doubt that it would soon take the place of pepsin. Whenever prescribing the latter, we involuntarily do so from the idea that the change of albuminoids into albuminose wants assistance, while really the hydro-carbons and other aliments, digested by the pancreas-ferment, may be at fault.

ANÆSTHESIA BY CAUSTIC APPLICATIONS.

M. Jules Guerin, at a recent meeting of the Academie des Sciences (April 16th), related the first case where local insensibility, sufficient to perform an operation of gravity, was obtained by the use of caustics. It was a case of scirrhous tumor of the breast, presenting two small crateriform ulcerations, non-adherent at the base, and unaccompanied by any glandular enlargements in the axilla.

Her general health was not favorable; she had been troubled for a long period with catarrhal bronchitis, and presented symptoms of heart disease, so that it was not judged advisable to submit her to a prolonged sèance of anæsthesia.

About two centimeters from the circumference of the tumor was applied an elliptic layer of Vienna paste about two centimeters wide, completely surrounding the tumor.

After about a quarter of an hour, the patient said that all the pain she felt in the tumor was gone.

Five minutes later the caustic was removed, and a wide dark surface was found where it had been applied.

A platinum thread was passed under the tumor from below upwards, so as to draw the breast out from the chest wall during the operation. An incision was then made circularly all around the breast on the cauterized line, and the breast itself detached, partly with the handle of the scalpel, partly with the scissors, with very little hemorrhage—only one arteriole required a ligature—and without the patient making any complaint of suffering. The operation succeeded, there was no fever, the excavation gradually filled in; the cauterized band at its circumference, at first dry and preventing the passage of the liquids of the wound, gradually became detached and disappeared.

PRESENCE OF MERCURY IN ANIMAL SUBSTANCES.

The method which for many years had been adopted to demonstrate the presence of mercury in the urine was originated by Ludwig, and received his name. Recently Dr. O. Lehmann disputed the correctness of the test. Dr. H. Paschkis has now given this subject a careful investigation, and he considers, in his article in the Ztschrift. f. Physiol. Chemie, vi., p. 495, Ludwig's method as one not only to be easily executed, but also perfectly sure and safe; 0.2 milligr. chloride of mercury were demonstrated in 400 ctms. urine by this method. P. made one modification of L.'s procedure; he washes the zinc-dust with an alkaline water, and heats the dust purified in this manner. The result is satisfactory.

According to Paschkis, Fürbringer's procedure can be executed with still greater rapidity and ease, it being also simple; but the test is hardly so delicate, though 0.2 milligr. chloride of mercury can also be demonstrated in 400 ctm. urine. The simplest method, however, of all, is the employment of goldleaf to digest the urine to be tested for mercury; the whole is pressed into a paste, washed with alcohol and ether, and then heated in a glass tube with sufficiently thick walls. The recommendation of Lehmann, with muriatic acid

and chlorate of potassium to destroy the organic substances contained in the urine, P. considers to be totally superfluous and unnecessary.

PROSTITUTION IN FRANCE.

In a recent work by M. Armand Desprès, of the Paris Faculty, devoted principally to statistics, and written in opposition to the recognition and licensing of the social evil by the state, the following figures are given:

There are in France 15,057 registered prostitutes, 7,859 belonging in maisons de tolerance, which number 1,328; 7,198 prostitutes are what is termed en carte—they live in their own rooms and appear at certain stated times (once monthly) for examination. Besides this prostitution recognized by the law, there is another; the individuals exercising it escaping as best they can the attention of the police. The number of free prostitutes is thought to be about 41,000.

M. Desprès asserts that where prostitution is regulated by the state, and the danger from infection thus obviated, marriage is thought of later in life, and increase of population reduced to a minimum.

D. S. S.

"Within the last dozen years, nearly all of the Universities and Colleges of Physicians in the United Kingdom have instituted special diplomas in state medicine, or certificates in sanitary science."

So says Dr. Charles A. Cameron in his address on "Sanitary Legislation and Administration at Home and Abroad," read before the First Meeting of the Sub-section of Public Health of the Academy of Medicine in Ireland, February 9 (*Med. Press*, February 28, 1883), and so we hope we can soon say of our American Universities and Colleges.

When we can chronicle the fact that our colleges have instituted regular chairs of hygiene, and when we have found worthy men who have added to their other titles that of D. S. S. (Doctor of Sanitary Science) then can we confidently look for intelligent preservation of health and avoidance of disease.

IODOFORM DRESSINGS IN LESIONS OF THE PERITONEUM.

The use of iodoform in cases of ovariotomy and other operations in the abdominal cavity has given exceptionally good results, but exposes the patient to the serious risks attending absorption of the toxic agent.

To avoid this, M. Kuster recommends for peritoneal dressings a layer of sponge impregnated with iodoform, so that but a very small quantity of the drug remains on the surface of the sponge.

In this way there is enough iodoform to insure perfect antisepsis, and not sufficient to induce toxic accidents through its absorption.

A tampon containing iodoform should at the same time be introduced into the vagina.

NOTES AND COMMENTS.

An Interesting Case of Injury to the Heart.

A laborer of herculean strength and immense build, received a wound in the region of the heart ¾ ctm. inside of the mammary line, 2 ctm. from the nipple, and 4½ ctm. from the left margin of the sternum. The wound was 2 ctm. in length, and had been made by a knife, the blade of which had penetrated for a distance of 15 ctm. into the body of the patient. Immediately after the injury, the man walked on fifteen steps further, and not until a few hours after the trauma was he taken to the hospital, where the dulness over the heart, and the heart-sounds were found unaltered, but the pulse was very small for a man of his size. In the hospital it was supposed that the lung and perhaps the pericardium, but surely not more than the left coronary artery of the heart, had been injured. But the very next day, under symptoms of intense restlessness and dyspnœa, the pulse became still smaller; later in the day, a dulness developed itself, reaching from the heart to the spine, and under increasing restlessness and dyspnœa, the patient died thirteen hours after the injury had been received. The post-mortem examination revealed the following: The *left* pleural sac was widely open, the lung uninjured, the wound penetrated horizontally through the pericardium and the anterior wall of the *right* ventricle. The wound channel ended in the posterior wall, passing, therefore, fully through the ventricle. The pleural cavity contained an enormous quantity of blood, so did the pericar-

dium; in both, most of the blood was coagulated, but the right pleural cavity contained about 450 ctm. fluid blood. Death had taken place, therefore, in consequence of slow oozing out of blood into the pleura, and Dr. Husner, who reports the case in the Deutsche Med. Wochenschr., 1882, No. 5, thinks that if adhesions had formed around the orifice of the wound in the heart, the patient might have been saved.

Œdema of the Temporal Region an Important Diagnostic Sign.

An unmarried lady, æt. 31, suffered for a long time from a purulent discharge of the ear and polypus-formation in the meatus on the right side. Suddenly there developed itself, with intense pains, deep in the ear, and spreading over the whole right side of the head, a swelling over the mastoid process, and synchronously a *diffuse hard œdema* in the region of the right temporal bone of the zygomatic process with slight redness of the integument. Soon unconsciousness set in, the pupils reacted evenly but sluggishly; the pulse was full, intermitting here and there, 56 per minute. Notwithstanding the discharge of a considerable quantity of fœtid pus by incision of the abscess over the mastoid process (carious in nature), death set in under progressing stupor. The post-mortem examination evinced meningitis caused by the otitis, complicated by phlebitis and thrombosis of the lateral sinus. The case is reported by Dr. S. Moos in the Zeitsch. f. Ohrenhlkd, xi., p. 242. M. had some time previous a similar case, where the œdema of the temporal region also enabled him to make a correct diagnosis, and to base the fatal prognosis upon.

A Case of Obscure Fatal Nervous Disease.

A woman aged 55, who had never given her health a thought, for it had always been excellent; but who had had a great deal of trouble, finally broke down with symptoms of partial paralysis of motion in the tongue, palate, portions of the face, the muscles of the back of the neck, and left shoulder.

At the end of six months' rest, these symptoms disappeared almost entirely, but returned more more rapidly than they went; and two months later, about seventeen months after the first appearance of paralysis, death ensued during sleep.

Dr. F. C. Shattuck, who reports the case in the *Boston M. and S. Jour.*, May 17, 1883, asks:

1. Was the original diagnosis of functional and recoverable disorder, made by me and confirmed by Dr. Webber, correct.

2. If it was correct how are we to explain the fatal result without the advent of any new symptoms, but simply under an aggravated return of the old?

3. If it was not correct, what was the nature of the disease? Can it have been an anomalous case of glosso-labio-laryngeal, or bulbar, paralysis?

Subcutaneous Nodules and Cardiac Vegetations.

Whether the existence of subcutaneous nodules has any bearing on the prognosis of disease of the mitral valve is a question recently discussed by Dr. Drewitt before the West London Medico-Chirurgical Society (*Med Press*, May 9, 1883), Drs. Barlow and Sainer first called attention to these bodies in children before the International Medical Congress. Dr. Drewitt exhibited a boy aged nine years, who had had rheumatic fever and who had in the knees, elbows, knuckles, and occiput about thirty-six small, slightly movable, painless bodies lying in the fibrous tissues immediately beneath the skin. He thought from the fact that in a case which he had recently shown at another society, where a loud, harsh, mitral murmur almost disappeared when a crop of nodules subsided, that these apparently unimportant bodies have an important bearing on the prognosis of disease of the mitral valve.

Dr. Dyce Duckworth (*Med Press*, May 2, 1883), relates another case which yielded gradually to iodide of potassium.

Peptonuria.

What becomes of the peptones is yet an unsettled question, though there is some ground for holding that they are converted into glycogen by the hepatic secretion. If this be true, then their presence in the urine would seem to indicate faulty hepatic digestion. Dr. Charles Henry Ralfe reports three cases in the *Brit. Med. Jour.*, May 12, 1883, in which he found peptones in the urine, in two of which the prominent symptoms were those of dyspepsia, after the relief of which, the peptones disappeared.

In order to insure the development of the characteristic reaction, the following mode of procedure must be adopted. A drachm of Fehling's solution is to be introduced into a test-tube, and then a drachm of urine is to be floated carefully on the surface. Where the urine comes in contact with the alkaline copper solution, a thick zone of phosphates will form, above which, if peptones be present, a red halo will appear, not

violet, as stated by Dr. George Johnson, but a decided claret, or ruby red.

Nature and Varieties of Gout.

Ebstein in his exhaustive and original work on this subject (Die Natur und Behandlung der Gicht), concludes that the formation of crystals of urate of soda in the different organs is not the only characteristic lesion of gout. He considers that these crystals are deposited only in tissues that have primarily undergone a form of necrosis, induced by the action on the elements of the tissues of urate of soda, dissolved in the blood and liquids bathing the affected parts.

He describes two forms of gout: the first, most frequent, affecting the joints alone and unaccompanied by any renal lesions. The second or renal form is more rarely observed, but of much greater gravity; the articulations in this form are secondarily affected, and never to such a degree as in the first form.

A Symptom of Lesion of the Sympatheticus.

Dr. E. Clément (Rev. de Méd., 1882, No. 10,) had the opportunity of observing two cases, in which one characteristic symptom existed which proved lesion of the sympathetic nerve. In the first case a carcinomatous growth had caused softening of the dorsal spinal cord at the seventh dorsal vertebra; the sympatheticus was included in the new growth. When C. passed with a dull instrument over the skin, not only a redness appeared over the place touched but also a swelling similar to the one noted in urticaria. This could be induced all over the surface of the body.

In a second case the diagnosis was morbus maculæ Werthofii. Here the same symptom was noticed, with the difference that these phenomena appeared by themselves. C. believes that in both cases a lesion of the sympathetic nerve caused the symptom, which is the opinion of many observers.

The Difficulty of Detecting True Syphilis in a Woman.

Dr. C. H. F. Routh considers the difficulty extremely great. He holds (*Med. Press*, May 9, 1883,) that there is but one true syphilitic and venereal sore capable of contaminating the system, and that the other is a purely local affection, a pseudo-syphilis, chancroid, or dirt sore. This true sore is oftentimes exceedingly minute and benign in appearance and behavior. It may be situated on the cervix uteri, the vulva, or the mammæ, and unless a most careful examination is made, aided by a true history from the patient, its existence is very likely to be overlooked, with the result that we are left in great doubt and uncertainty as to the true nature of the constitutional manifestations which supervene.

Permanent Asthma.

Prof. Germain Sée (*L'Union Med.*, March 6, 1883), regards asthma as made up of three elements: nervous, catarrhal, and emphysematous. When the latter condition is unduly prominent, we have permanent asthma.

His method of treatment, for which he claims excellent results, consists in the exhibition of full doses (thirty to forty-five grains per diem) of iodide of potassium. Under its continued use for some length of time, the asthmatic exacerbations disappear, and the permanent dyspnœa is greatly lessened, if not entirely controlled. It is sometimes useful to add from three-fourths to one and one-half grain of opium to the daily dose of the potassium salt, to prevent iodism.

Diet vs. Diabetic Coma.

In the report of a very interesting case of diabetic coma in the *Brit. Med. Jour.*, May 12, 1883, Dr. J. W. Bond says: "It is somewhat surprising that, in the published cases of diabetic coma, little is said as to the diet. In this, as in two other cases of which we have exact information, diabetic coma has supervened on the adoption of a diet rich in albumen and poor in starch. We think it noteworthy that the addition of extra mutton to a generous albuminous diet, in the case just described, was accompanied by an increased daily passage of over forty ounces of urine. On the first day after this increase of diet, the amount of urine rose from ninety-six to one hundred and sixty-eight ounces."

Cold-taking.

The past winter has been one of unusual severity in the West; in Iowa during January, the mercury was below zero on twenty-five days, and on two occasions it went to 33° below, yet Dr. Z. Carey, of Bangor, Iowa, notes in the *Cincinnati Med. Recorder*, May 15, 1883, that the people were singularly free from "*colds*" and catarrhal affections. But as soon as the warm weather commenced, there was a regular epidemic of catarrhal diseases, such as sore throats, bronchitis, lung fever, etc. This observation tends to emphasize, what we all know, but do not sufficiently realize, that it is not exposure to *cold* alone, but *sudden changes*, that prove injurious.

Cancer of the Pancreas.

While he does not consider them sufficiently distinctive to warrant a diagnosis, yet Dr. Alois Biach, in *Wiener Med. Presse*, February 11, 1883, gives the following as the symptoms usually observed in cancer of the pancreas:

1. Pain; 2, various dyspeptic disturbances; 3, pancreatic salivation; 4, pancreatic diarrhœa; 5, fatty diarrhœa; 6, the so-called "lipuria;" 7, the presence of a tumor in the epigastrium, which occasionally pulsates; 8, bronze coloration of the skin in occasional cases.

Hypertrophy of Toe Nails.

Before the Midland Medical Society (*Brit. Med. Jour.*, May 12, 1883). Mr. Hugh Thomas exhibited two very long nails, removed from the great toes of a woman aged 65. They had been allowed to remain uncut for eleven years. The right one measured five inches and a quarter, and passed under the four other toes; the left was three inches and three-quarters in length, and lay over the other toes of the foot. The patient was unable to walk. After removal, the matrix on both sides was found to be healthy.

To Prevent Blennorrhœa Neonatorum.

"Immediately after separating the child from its mother it is bathed, and during the bathing the eyelids and their immediate surroundings are carefully cleaned by folds of linen dipped in lukewarm water; afterwards the eyelids are gently separated, and into each eye a drop of a two per cent. solution of nitrate of silver is inserted."

This is Credès' method, and a recent circular from the magistracy of Vienna urges physicians to make its advantages known.

Excision of the Primary Sore in Syphilis.

There seems to be much diversity of opinion upon the merits of this procedure, which is probably due to the difficulty which often obtains in deciding whether certain suspicious sores are specific or not. Prof. Tarnovsky (*Monat. f. Prakt. Dermatol.*), formulates as follows:

1. That the primary syphilitic sore is from the moment of its appearance an evidence of constitutional infection.

2. Usually the wound heals easily after excision, and there is no return of the induration in the place; but there is no change in the course of the constitutional state; and

3. That there is no shortening by this means of the time required in treating the primary sore.

Plaster of Paris Pessary.

Dr. B. F. Dawson uses it. In the *N. Y. Med. Jour.*, May 19, 1883, he describes it. Pledgets of absorbent cotton each with a string attached, are soaked in a mixture of plaster of Paris and water, about the consistence of gum, and partially squeezed out. It is then placed in position. In a few minutes it hardens. It is then burned to remove the cotton, and dipped into wax or paraffine to make it impervious to the secretion. He praises them highly.

The Cause of the Wavy or Interrupted Breath-sound of Incipient Phthisis.

Dr. D. C. McVail (*Brit. Med. Jour.*, May 12. 1883), believes it is due to the transmission of the heart-sound through the solidified lung, since this solidification makes the lung a better conductor. Therefore, when the heart-sound is heard over the apex of a solidified lung, it gives to the ordinary sound of respiration an interrupted character, from the addition to it of this unusual sound.

Odontalgia of Pregnant Women.

M. Lindner strongly recommends the following potion in the dental neuralgia so common in pregnant females, and not caused by dental caries. He has found croton chloral of most benefit, as its analgesic effect persists several days:

R.	Croton chloral,	gr. xij.
	Aq. menth. piperit,	℥j.

M. For one dose. To be taken in wineglassful of wine.

Lumbar Colotomy.

Dr. George R. Fowler reports a successful case of lumbar colotomy in an infant of two months in the *Med. Record*, May 19, 1883. The operation was performed for congenital absence of anus, the fæces having been previously discharged through a recto-vaginal fistula.

Bromide of Gold in Epilepsy.

Bourneville and Magnan have used this drug, in doses of about 10 centigrammes in cases of epilepsy. The results have been negative. Better try the *bromide of diamonds*.

Loreta's Operation.

The third patient upon whom Prof. Loreta performed his operation of digital divulsion of the pylorus, died of collapse in thirty-six hours. The case was almost hopeless, however, before the operation was begun. The other cases we reported in a previous issue.

Treatment of Gouty Pains and Neuralgia by the External Application of Nitrate of Silver.

Dr. Fronmüller (*Memorabilien*, January 31, 1883) rubs the solid stick over the moistened surface for about thirty seconds. When dry, the skin is covered with a compress of salicylated cotton, which is removed once or twice a day until the blister is healed. In order to be efficient, the irritation should be sufficient to cause an exudation beneath the epidermis.

The Dormant Period of Diphtheria.

A strong appeal for sanitation is made by Mr. John Spear, in his report on an epidemic of diphtheria (*Med. Press*, May 9, 1883), for he clearly shows how the poison of this dread disease has lain dormant in certain localities for months, and again has sprung into activity when favored by bad hygienic surroundings.

Syndectomy for Pannus.

In a paper on this subject by Dr. Flavel B. Tiffany (*St. Louis M. and S. Journal*, May, 1883), the author states that of the twenty-eight times he has made this operation, he has not had a single case where there were any untoward results, and in all but one single exception the results have been most brilliant.

Local Application in Erysipelas of the Face.

The following rather strong application may be painted over the parts affected once every two hours; a thin layer of cotton being placed over the parts immediately afterwards:

℞	Ac. carbolici,	
	Sp. vini Rect, āā	ʒ j.
	Sp. Terebinth,	ʒ j.
	Tr. Iodinii,	ʒ j.
M.	Glycerine.	ʒ v.

Glycerine.

M. Jaccoud and M. Ferrand are using glycerine in place of cod-liver oil in phthisis, and with such success (*Med. Press*, May 2, 1883) that the former orders it in every case where the oil is not tolerated, and under its use the patients increase in weight, the cough diminishes, and the dyspnœa is in many cases considerably ameliorated.

Depressed Fracture of Skull.

In the *Brit. Med. Jour.*, April 21, 1882, Dr. George Wherry reports the case of a strong man aged 25, with a depressed fracture of the skull, and paralysis, in whom trephining was performed. This was followed by a period of insanity, and subsequently by complete recovery.

The Subcutaneous Injection of Nitro-Glycerine.

A correspondent of the *Medical Times and Gazette* (April 21, 1883,) writes, that by mistake, he injected thirty minims of a one per cent. solution of nitro-glycerine in a case of remittent fever, without any appreciable effects whatsoever. A subsequent examination revealed the presence of nitro-glycerine in the solution.

Chorea.

Dr. C. E. Armand Semple reports in the *Med. Press*, April 18, 1883, two cases of chorea cured by the following formula:

℞.—Liquoris arsenicalis, ♏ iij.;
Misturæ ferri perchloridi, ʒ ij. Ter die.

Correspondence.

Critical Notes on Eclampsia.

Eds. Med. and Surg. Reporter:—

It was with mingled feelings of pleasure and regret, that I read the axioms of Dr. Burdett (Reporter, 10th March, 1883).

His first axiom is most excellent, when fully carried out. But bleeding, to be effectual in eclampsia, must be done for effect—to relieve the brain of pressure, to unload the lungs, and to enable the heart to carry its burden. Thus, and thus only, does it become "an anchor of safety."

The three remaining axioms seem to merge into one—*immediate and unconditional forced delivery*, with the no less exceptional promise annexed, "That delivery will *end the convulsons* in half an hour."

I shudder when I read this recommendation, strengthened by adding, "Often, with *all the force of traction* the attendant could give."

In the case cited, Dr. Burdett says, "There were fourteen convulsions, six after bleeding to ʒ xviii.; only one after loss of consciousness." If it required thirteen fits to take away consciousness, we may safely infer that they were very light ones; that if the bleeding had been done axiomatically, or had been repeated after the next fit, the eclampsia would have been relieved, and gestation permitted to go on.

Then again, only a few pages further on (31st of March, 1883), we have quite a different solution offered for this difficult problem, by Dr. Fuller: "Addie, primipara, had five convulsions, the severest I ever saw; pulse full and bounding, face flushed; had had excruciating pain in the head—with no sign of labor. I gave

"Fl. ext. veratrum viride, gtt. iv.

"The pain left the head for the uterus, the pulse became softer, the convulsions ceased, and she was delivered in six and a half hours; mother and child doing well."

We need not question the satement of Dr. Fuller. Similar results have been witnessed by others, where not even four drops of veratria had been used. But we may, and do, protest against the report of solitary, isolated facts and cases, in

a way to mislead and disappoint the young and inexperienced. Those of riper experience will not be misled by them.

E. Michener, M. D.

Sylvania, Pa.

A Monstrosity.

Eds. Med. and Surg. Reporter:—

On the 6th inst., a male child was born of Mrs. Jacob Baltz, of this vicinity, with the following monstrous peculiarities: There is no external opening to the rectum, and not even an indication in the appearance of the integuments where the anus should be. The contents of the bowels are discharged through the urethra several times through the day, and possess all the qualities of the feces of an infant of its age. Gas also escapes through the same avenue, with a whistling noise, having the sulphuretted odor, showing its source to be in the alimentary canal. The prepuce is defective, covering less than half of the glans. The raphe is drawn up abnormally, by which the testicles are strangely pendant. The veins distributed over the abdomen, together with the integuments, present a bluish tint. There are no other anatomical imperfections.

The child nurses, and has been ordinarily nourished, though not so well developed as it should be at twenty-three days. It is also fretful, and cries a great deal. When the feces pass there is much straining, and apparent tenesmus. There are two other children in the family, a boy and a girl. They are both healthy and well formed, with the exception of the right side of the head, which in both is manifestly larger than the left in all the features, especially the ears.

The parents are Germans, and are both large, healthy and well-formed persons.

T. F. Turner, M. D.,

Lancaster, Ohio, May 31, 1883.

News and Miscellany.

American Laryngological Association.

(*Continued from page* 619.)

Third Day.

Dr. J. Solis Cohen, of Philadelphia, read a paper entitled

A CASE OF THYROTOMY FOR MORBID GROWTH; WITH SUBSEQUENT DEVELOPMENT OF EPITHELIOMA IN THE CUTANEOUS CICATRIX, BUT WITHOUT INVOLVEMENT OF THE INTERIOR OF THE LARYNX.

He was followed by Dr. F. H. Hooper, of Boston, whose paper was entitled

EXPERIMENTAL RESEARCHES ON THE TENSION OF THE VOCAL BANDS.

Dr. Beverly Robinson, of New York, then read a paper on

AURAL COMPLICATIONS OF INFLAMMATORY CONDITIONS OF THE NOSE AND THROAT.

The author of the paper believed it was very important for laryngologists to be familiar with the aural complications incident to the disease of the naso-pharyngeal space, and first directed attention to aural complications accompanying *acute* nasal and throat disease of inflammatory character; and, second, to the aural complications accompanying *chronic* inflammatory conditions of the nose and throat. The aural complications, such as occurred in connection with scarlet fever, diphtheria, measles, typhoid fever, and other acute general disease and febrile affections, were discussed at considerable length. The author believed the complications were due not, as a rule, to direct extension from the nose and throat through the Eustachian tube to the ear, but to the same cause which produced the general disease. He believed that disease of the middle ear was much more likely to occur as a complication in case of chronic inflammatory affection of the throat and nose than in those cases in which these diseases were not present. In conclusion he urged upon laryngologists the importance of guiding their patients, especially with reference to the hygiene of the ear.

Dr. B. Bryson Delavan then read a paper on

TWO POINTS IN THE ANATOMY OF THE LACUNÆ TONSILLARIUM.

Dr. George W. Major, of Montreal, read a paper on

THE VALUE OF POST-LARYNGEAL PAPILLOMATA AS A MEANS OF DIAGNOSIS IN TUBERCULAR DISEASE.

He held that although these growths were recognized as present in a number of cases of laryngeal phthisis, no special importance as a means of diagnosis or prognosis has been attached to them. It was a difficult matter to say accurately in what proportion of cases of tubercle these developments were to be found, as frequently before coming under observation—laryngoscopically—the cases had either advanced to ulcerative changes, or undergone some local treatment modifying the condition of the facts. He thought about twenty per cent. of the cases might be a safe estimate. In his experience *feathery* papillomata occurring in the region stated were as valuable a means of diagnosing at a very early stage, and before physical signs had been developed, as any before the notice of the profession. Why this should be, he did not pretend to say, any more than he would attempt to explain the proneness of other parts to first affection. The *velvety* growths he did not regard as of paramount value, but considered they should be carefully pronounced upon.

In his private practice, and in the Montreal General Hospital clinique, he had found the conditions referred to, to be a most valuable aid to diagnosis, when present, and had observed the rapidity with which tuberculosis extended in this class of cases.

Dr. E. C. Morgan, of Washington, D. C., reported a case of a large pedunculated myxo-sarcoma, originating from the left glosso-epiglottic fossa and a portion of the lateral pharyngeal wall, in which he was enabled to remove the tumor in rather a novel and primitive manner, viz., by getting its pedicle between the tips of the *index* and *middle fingers*, and using considerable *torsion* and *force*.

The patient, a strong, well-developed man, of forty-nine years, had long suffered from dyspnœa,

dysphagia, and aphonia, which symptoms ceased almost immediately after the extraction. The tumor measured two and one-half inches in lesser, and two and three-quarter inches in greater circumference, was ovoid, of firm consistence, and had a pedicle one quarter inch long.

The common opinion that purely pharyngeal tumors are rare, he thought was erroneous, because he had found sixty-one reported cases, extending over a period of seventy-one years. He included in this class only those tumors which originated within the pharynx or extended into the inferior pharynx. Of the sixty-one cases fourteen were sarcomata and ten fibromata. The interest in his case centered in the rarity of pedunculated sarcomata in this region, the size of the tumor, and the method of removal.

Dr. M. J. Asch, of New York, then reported a case of sudden death occurring after tracheotomy.

At the autopsy nothing was found to account for the sudden death.

Dr. Asch believed that in the majority of cases in which there is obstruction in the larynx, tracheotomy is an exceedingly difficult operation; and that when it is performed for obstruction, whether acute or chronic, however easy its performance might be, tracheotomy should not be viewed in any light except that of a serious surgical procedure.

The reading of papers closed with one by Dr. Andrew H. Smith, of New York, on

ADHESION OF THE VELUM TO THE WALLS OF THE PHARYNX.

The Association then elected as officers for the ensuing year:

President—Dr. Frank H. Bosworth, of New York.

First Vice President—Dr. S. W. Langmaid, of Boston.

Second Vice President—Dr. S. Johnston, of Baltimore.

Member of the Council—Dr. Beverley Robinson, of New York.

Librarian—Dr. T. R. French, of Brooklyn.

The two retiring Vice Presidents, Dr. C. Seiler, of Philadelphia, and Dr. E. F. Ingals, of Chicago, as a committee, conducted the President-elect to the platform, and Dr. Lefferts, in a few well-chosen words, retired from the office, the duties of which he has so satisfactorily discharged. The President made a few appropriate remarks, and then declared the Association adjourned, to meet in New York on the third Monday in May, 1884.

American Surgical Association.

The American Surgical Association convened in its fourth annual session in Cincinnati on Thursday, May 31. There were about sixty members present. The President, Dr. Samuel D. Gross, of Philadelphia, called the meeting to order, and then delivered the following opening address:

FELLOW-MEMBERS OF THE AMERICAN SURGICAL ASSOCIATION: Allow me, as your presiding officer, to congratulate you upon your safe arrival, and to extend to you a cordial welcome to the Queen City, the centre of medical education in the Buckeye State, the residence of eminent medical teachers and practitioners, and the repository of the ashes of great medical men, who, during their laborious lives, added lustre to the profession, and left behind them undying names. We have come here, not as pleasure-seekers, but as members of a great body of men bent upon earnest work in the interests of our great and noble calling. It is a source of rejoicing to me, as I am sure it is to you, that since our last meeting our ranks have not been invaded by the fell destroyer. On that occasion it was my melancholy duty to announce to you the demise of four of our fellows, all men of distinction and of great usefulness. The meeting upon which we are about to enter cannot fail, if we may judge from our programme, to be of unusual interest, and that our deliberations will be conducted with that celerity and harmony of feeling which has heretofore characterized it, I am safe in predicting. Allow me, in concluding this brief salutatory, to direct your attention to a proposed alteration of the constitution, to increase the number of fellows from 100 to 150. The change is an important one, and merits your serious consideration. I also respectfully suggest that the acting Council be increased from four to seven, so as to impart greater efficiency to its work. Finally, it appears to me wise to take action upon any proposed amendments to the constitution and by-laws on the last day of every session, instead of letting them lie over for one year, as now provided for.

A letter was read from Professor Willard Park, of New York, in which he regretted his inability to be present, and recommended that future sessions be held in Washington City, so that members might have access to the libraries and museums there located.

The first paper was read by C. B. Nancrede, M. D., of Philadelphia, on the subject, "Have we any therapeutic means, as proved by experiment, which directly affect the local processes of inflammation?"

He was followed by B. A. Watson, M. D., of Jersey City, whose address was on the subject of "Lister's system of antiseptic wound treatment, versus its modifications."

At the conclusion of the last named paper the meeting adjourned and reassembled at three o'clock in the afternoon, when Dr. John H. Packard, of Philadelphia, read an interesting paper on the somewhat elaborate subject, "Reamputation of the hip-joint. Secondary Hæmorrhage. Ligation of the Primitive Iliac Artery. Remarks on Ligations."

The paper was discussed at length by Drs. Henry T. Campbell, of Augusta, Ga.; David M. Cheever, of Boston, and P. S. Conner, of Cincinnati.

Dr. Basil Norris, of the United States Army, was to have read a paper on the "Dislocation of the Astragalus," but at the last moment telegraphed that he could not be present in time to fulfill the duty. The vacancy was most acceptably filled by Dr. T. G. Richardson, of New Orleans, who read an instructive paper devoted to a discussion of a peculiar aneurismal formation of the thigh. He likewise read reports of several cases of excision of the ribs and trephining of the same for pus cavities in the thorax. The report was discussed by Prof. Gross.

The meeting then adjourned to the dissecting-room of the Ohio Medical College, under the care of Dr. P. S. Conner, where Dr. Packard demon-

strated on the cadaver the feasibility of the operations described in his paper. He also illustrated by the same medium his new method of reaching the colon by an incision through the back, in cases of obstruction or other troubles in that organ.

The session was then adjourned to meet the next morning at ten o'clock. In the evening a banquet was tendered the visiting physicians at the Gibson House. At the head of the long table, which was beautifully adorned with beds of flowers and baskets of fruits, sat Dr. S. D. Gross, the head and front of American surgeons, and on either side were seated men whose operations in surgery have made them famous. The occasion was a delightfully informal one, and there was an absence of regular toasts which was an agreeable innovation upon the average banquet.

The Association reassembled on Friday morning with a much larger attendance than on the preceding day.

In the absence of Dr. J. W. Yandell, of Louisville, who had been announced to read a paper on the subject "Resection of the Ribs," Dr. Gross delivered a discursive and interesting address on the value of early and late experiments in surgery. He was followed by Dr. Basil Norris, U. S. A., with an elaborate paper on "Dislocation of the Astragalus." At the conclusion the paper was liberally discussed by Dr. Gross and others. He was followed by Dr. P. S. Conner, who treated the subject, "Excisions of the Tarsus," in his usual masterly and thorough manner. Dr. L. A. Sayre, of New York, being absent from the session, his paper was omitted, and Dr. Marks, of Milwaukee, discoursed upon the method of "Trephining the Sternum for Removing Foreign Bodies from the Anterior Mediastinum."

At the afternoon session, Dr. E. M. Moore, of Rochester, N. Y., read a paper founded upon "Some Questions with Reference to Intra-Capsular Fracture of the Femur." The most elaborate paper of the entire session, possibly, was read later by Dr. M. Serm, of Milwaukee, regarding "Fractures of the Neck of the Femur, with Special Reference to Bony Union after Intra-Capsular Fracture." He illustrated by specimens as he proceeded. The paper, which was read for the most part by subjects, was discussed at length, after which the body adjourned.

In the evening Drs. N. P. Dandridge, of Cincinnati; Chris. Senger, of Chicago, Ill.; W. E. Taylor, of California; W. F. Peck, of Davenport, Iowa; and McCann, of Pittsburg, were elected members of the Association.

(*To be Concluded.*)

Ship Surgeons.

A committee of the British Medical Association are petitioning the Board of Trade to reform, or rather to inaugurate, a system of Marine Medical service, in connection with which Dr. J. A. Irwin makes the following lamentable statement, of dreary interest to all contemplating its disastrous effects:

Not less than 140 medical officers, approved by the emigration officer at the port of clearance, were intrusted, on different voyages, with the sole "medical charge" of 108 steamships, which, during the six months ending June 30, 1882, carried emigrants from Great Britain to the United States and Canada. Of these gentlemen, 8 possessed no qualification which would entitle them to practice in the United Kingdom; while, of 132 remaining, 35 held but a single diploma—29 as surgeon alone, 3 as physician alone, and three as apothecary alone. Forty-six are reported as being twenty-five years of age or under, and 19 as being twenty-three years of age or under. Of the the latter, 11 possessed but a single qualification. Of these 132 medical officers, *but twenty-four possessing any qualifications as a physician and surgeon, had reached their thirtieth year.* Such facts need no comment. Certainly they go far to prove—there being nothing exceptional during the period named—that these officers "are appointed without due regard to age, qualification, or experience;" and that "comparatively few medical officers in every way suitable can be found in the mercantile marine medical service."

The Poison of the Coral Snake.

According to a detailed account given by Mr. F. W. True (*American Naturalist*, January, 1883) the coral snake of the Gulf States (*Elaps fulvius*) is poisonous, and the only reasons that injuries from it are rare, are (1) the scarcity of the snakes in the neighborhood of towns, (2) their sluggish disposition, and (3) the small size of the mouth. The snake, which occurs in southwestern Texas, Florida and Mexico, ranges from twelve to twenty-four or thirty inches in length. Mr. Shindler, an artist in the United States National Museum, was bitten by one that he was sketching, and in spite of cauterization was sick for two or three days, but recovered his health under prompt medical treatment.

Dr. Kearney, of San Antonio, Texas, mentions a case in which death followed the bite, but the victim was a child.

The deadly cobra of India, from whose bite more than 18,000 persons perish annually, and the asp of North Africa, belong to the same family (*Elapidæ*) with the coral snake.

An Objection to the Electric Light.

Dr. Morris recently read a paper before the Birmingham Philosophical Society, entitled, "Experiments and Observations on the Air of the Birmingham Town Hall." He gave particulars of the results of his investigations as to the temperature and composition of the air in the hall when the building was lighted by gas, and also when lighted by electricity. His conclusion was, that the lighting of the public buildings by the electric light did not possess such superiority in ordinary cases over lighting by gas as might have been expected. That, he thought, was due to the fact that gas assisted in the ventilation by producing upward currents, which dragged up the lower strata of polluted air, whilst the electric light in no respect assisted ventilation.

Artificial Coffee.

The *Chemist and Druggist*, February 15, 1883, says that Sornani, of Pavia, in the *Ann. di Chim. Appl. Farm. ed Med.*, announces that he has discov-

ered quite a new and serious adulteration of coffee which is being practiced by the manufacture of artificial berries. These berries are composed of the meal of beans and acorns, with chicory and quartz powder to bring the mixture to the requisite specific gravity. A dough is made of these ingredients, which is cut by a special machine into the shape of coffee berries, and after drying, has exactly their color. Sornani says he has found as much as fifty per cent. of these artificial berries mixed with the genuine. On roasting, they take just the same color as the genuine, but they are discovered by soaking in water, when the false berries soon fall to pieces.

A Root Doctor.

A St. Louis doctor asserts that an old fellow living on the State line, who claims to be a root doctor, has had three medicines in the dispensatory. He names them respectively Hibobalorum, Lobobahirum, and Hilobustem. One is a cathartic, another an emetic, and the last a "rank pizen," which will bust his patients open. He makes the first by peeling the bark downward, the second by peeling it upward, and the last by peeling it around.

The Capon Springs.

This thermal and mineral source has long enjoyed a reputation as one of the most active of the therapeutic waters of West Virginia. The locality is an exceptionally healthy one; and we are informed that the accommodations for visitors are quite satisfactory.

The Berlin Polyclinic.

This institution, situated 51 Louisen Strasse, Berlin, merits the attention of all physicians who pay a visit to that great capital. Regular lectures on all the specialties are delivered, each course beginning on the first of a month and lasting through the month.

Items.

—Seventeen medical men have been chosen members of the Italian Parliament at the last general election.

—Dr. T. Lawrie Gentles, of England, has performed a successful operation for strangulated hernia in a man aged 86.

—In the *Brit. Med. Jour.*, April 28, 1883, Mr. Walsham reports a case of excision of cancer of the rectum with recovery.

—Lycopodium can be put to an excellent use when sprinkled over oiled silk. It prevents the fabric from adhering together.

—The managers of the Garfield Memorial Hospital have purchased a piece of property situated in the suburbs of Washington at a cost of $37,000.

—On the reassembling of the French Chambers, the Government intend submitting a bill to raise Dr. Pasteur's yearly pension from 12,000 to 25,000 francs.

—The French law decrees that the legitimacy of a child born three hundred days after the death or departure of the husband need not necessarily be questioned.

—A doctor is a *piller* of society. His enemies say that he can kill with *powder* without shot, and that his *drops* are almost as dangerous as the hangman's.

—A hospital for the children of gentlemen of limited means—a class believed to be increasing both in number and necessity—has been established in England.

—Wave-lengths of the sounds emitted by a man's voice in ordinary conversation are from eight feet to twelve feet, and of women's, two feet to four feet per second.

—The Emperor of China has received the permission of the Government of India to send a certain number of youths to India, with a view to their studying European medicine and surgery at the Medical Colleges.

—Sir William Thomson follows Dr. Thomas Reed in ascribing to man six senses instead of five, namely, the sense of force, of heat, of sound, of light, of taste, and of smell.

—The number of students in the medical faculty of the University of Vienna during the session recently ended was 1,750, against 1,412 in the corresponding period of last year.

—Dr. Truzzi vaccinated a number of pregnant women during the last three months of gestation, with a view to determine the protection, if any, afforded to the child. The results were negative, as the children were all successfully vacinnated a few days after birth.

—In the new German Parmacopœia, 360 articles have been struck out, and 48 added, a decrease of 312, the whole number being about 600. In the new edition of the U. S. Pharmacopœia 229 articles were cut out and 256 added, a net increase of 27, the whole number being 1,000.

—After a recent violent storm on the English coast, a quantity of saline matter was observed on windows at a distance inland. The deposit is believed to have been made by ocean spray, which in this case must have been blown by the wind at least sixty miles.

—On the announcement in Russia that the course of medical instruction for women would be closed, a great meeting was held to protest against the measure, and a Moscow merchant offered to spend 200,000 roubles if the St. Petersburg authorities would undertake the management of the lectures.

MARRIAGES.

HAIR—MORTON.—On May 22, 1883, by Rev. W. C. Falconer, D. D., of Springfield, Ohio, Dr. B. W. Hair and Mrs. M. M. Morton. All of Cincinnati, Ohio.

DEATHS.

FISHER.—On May 30, Dr. Joseph M. Fisher, in the fifty-fourth year of his age.

BRUNS.—In New Orleans, suddenly, May 20, 1883, Dr. J. Dickson Bruns, aged fifty years.

THE

MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

IS THE CURRENT THEORY THAT TYPHOID FEVER OWES ITS ORIGIN TO SEWER-GAS EXPLODED? AND IS THE GREATER FATALITY OF TYPHOID FEVER IN THE COUNTRY CAUSED BY GREATER IMPURITY OF THE DRINKING-WATER COMPARED WITH THAT OF THE CITY?

BY DR. GEORGE HAMILTON,
Of Philadelphia.

In the discussion subsequent to the reading of a paper upon this subject before the College of Physicians, March 7, by the writer, not a little surprise must have been felt at the declaration by the pre-eminent sanitary engineer, George E. Waring, "that the sewer-gas theory in regard to typhoid fever was, in the opinion of sanitarians, exploded." This announcement is the more remarkable and important, standing, as it does, in antagonism to the teaching and recommendations of many professed sanitary engineers, "that every effort should be made to exclude sewer-gas from dwellings, regarding it as the general, if not the sole cause, not only of typhoid, but also of scarlet fever and diphtheria." Neither does this doctrine, nor do these recommendations, run counter to the opinions, nor fail to obtain the support, of a large majority of physicians. Many of the medical journals, and not a few professors, coincide in this view, and successfully impress its alleged correctness upon the mind of the inexperienced student and young practitioner. Quite recently there appeared in a medical journal a paragraph, contributed by a somewhat conspicuous physician, to this effect: "Is it not surprising and incomprehensible that there can yet be found physicians who deny the agency of sewer-gas in causing typhoid fever, diphtheria, and scarlet fever?" When it is stated that the writer of this quotation was, and continues to be, one of the most zealous and positive in regard to sewer-gas being the effective agent in the production of the diseases just named, may we not imagine an increased degree of surprise when he learns that this pre-eminent sanitary engineer declares "that the sewer-gas theory is, in the opinion of sanitarians, exploded!"

The paper upon Sewer Gas, by Dr. Frank Hamilton, published some months ago in the *Popular Science Monthly*, with its numerous quotations, cannot be construed in opposition to the opinions heretofore, and at the present time, held by physicians, sanitarians, and the public generally. The special object of that paper was, in fact, to devise more certain and reliable measures to exclude from dwellings this alleged source of disease; and to accomplish this, as was believed, desirable and well-intentioned object, scientific plumbing and improved apparatus, erected in an annex outside of the residence, were recommended. The efforts to exclude the gas are, up to the present moment, incessant; nor is this surprising in view of what has just been stated. Whether the typhoid, the scarlatinal or the diphtheritic germ, or some special quality of the gas itself, dependent upon peculiar matters finding entrance to the sewers, and subjected to various degrees of warmth and moisture, be the deleterious agents in question, is immaterial; for, practically,

to admit the gas, is to admit one or other of these agents—to exclude the gas, is to exclude them. Attempts to diminish the importance of sewer-gas as the chief agent in causing typhoid fever and other affections are manifest enough, and efforts in this direction are doubtlessly made by those who candidly acknowledge that the reports of the Board of Health of this city, and those of New York, are in opposition thereto. But this is not all, for a very large proportion of those physicians who have had the most frequent and abundant opportunities to observe the origin, development, and progress of typhoid fever, either withhold their assent from the current views upon this subject, or positively deny that sewer-gas is the sole cause of typhoid fever, or that it exceeds all other agencies combined in originating this disease. Does it not seem passing strange in this connection, that while the Trousseaus, the Niemeyers, the Murchisons, the Bristowes, the Flints, the Jacksons, and many others of similar experience and capacity, entertain doubts in reference to certain points pertaining to the origin and progress of typhoid fever, and express their opinions in relation thereto with calm, philosophic, commendable reserve, very many others, of different qualifications and temperament, find no difficulty of this kind, but, on the contrary, armed *cap-à-pie*, are always ready to solve any question in regard to this subject. Unfortunately, these attempted solutions are too often merely bold, positive assertions, having no real basis of support, and this is seen in the statement by some, "that the families located in the wealthy and fashionable parts of Philadelphia and New York are most liable to attacks of typhoid fever," while the Reports of the Board of Health of both cities show, on the contrary, that the suburbs exhibit by far the largest number of cases. This accords perfectly with the testimony of the late Prof. John K. Mitchell, alluded to in my paper of the 7th of March, who, in consultation, told the writer and the late Dr. Louis P. Gebhard, "that he seldom saw cases of typhoid fever except on the outskirts of the city, where water-closets were scarcely known."

One of the great difficulties with the sanguine theorist is in relation to the greater prevalence and fatality of this disease in the country. But, as usual, the explanation is at hand in the fact, as he boldly asserts, that the drinking water is contaminated by the drainage from the necessary. Now, this assertion should, if believed, inspire far more dread than the sewer-gas theory ever did, even in its palmiest days, long before the recent decree that it had been exploded was announced. What must now be the state of mind of the laborious farmer and family, in reflecting that to his own negligence or stupidity is he indebted for this sad condition of his household? But the mischief does not end here; for what, it may be rationally be asked, is to become of the thousands upon thousands of our citizens who every summer gladly visit the country and seek boarding with the farmer, or select, for a season, the accommodations furnished by cottages or hotels; many of them for the express purpose of escaping, as they declare, the heated and impure air of the city, and the contaminated water of the Schuylkill, receiving constantly, as it is stated, an immense amount of impurity from Manayunk, and many other points nearer to Fairmount! As is well known, not a few of the country people, on visiting the city, alarmed by the exaggerated reports of the condition of the water, abstain, as far as possible, from its use. But admitting the supposition, for it is nothing more, to be true, as to the contamination of the water in the notably beautiful, rolling country of the counties around Philadelphia, how are we to explain the fact that at uncertain intervals a severe epidemic will suddenly appear—fever sometimes, dysentery at other times—and will just as suddenly disappear, and neither of these diseases again be seen, to any extent, for one or several years, precisely as has often occurred in this city, and elsewhere. To suppose that the water has thus suddenly changed from purity to impurity, and again as suddenly to purity, with no conceivable cause, either by the family or the medical attendant, is simply absurd.

Such a statement as was made in the discussion alluded to as to the condition of what were termed country towns in New England can have but limited application, and is completely at variance with the contents of a letter from a conspicuous physician in one of the New England States, who, after inquiry in regard to outbreaks of typhoid fever, had replies from about fifty practitioners in that State to this effect, that the rural sections suffered by far the most from epidemics of typhoid fever. Any one who has traveled over the rural sections of New England could not have failed to observe the generally excellent condition of the farms, whatever he may have noticed of a contrary character in some localities. But why go from our own city or vicinity? Have we not in this city, or within an hour's journey, numerous factories and densely peopled districts notorious, when compared with the country, for their filthiness, with cess-pools and innumerable privies almost in contact with dwellings, and, in many

cases, in consequence of the porous nature of the soil, filled to repletion, affording every opportunity for contamination of the water in comparison with the country?

To show how delusive plausibly-written accounts of the origin and spread of typhoid fever may be, let the following suffice: A woman, after nursing a relative during several weeks, returned, after the death of the patient, to her own residence, distant three miles. In a few days she was prostrated with typhoid fever—the disease of the relative. In succession, one after another was attacked, until four out of seven members of the family were down with the disease, one death ensuing from perforation.

In the discussion of the paper, one of those who had taken part thought there could be no difficulty in accounting for the attacks of the last three members, as the dejections from the bowels of the woman were cast out in such a way as to admit of drainage into the drinking-water, and that thus the typhoid germs were received into the stomachs of those last attacked. But, unfortunately for this solution, the drainage descended the slope from the source of the water to the requisite outhouse.

In another family of eight persons, quoted in the lecture of March 7th, seven were attacked with the fever, all of which, except a colored servant, were dangerous cases. As in the former instance, the disease did not originate upon the premises. A son had been sent about forty miles into Maryland, and after remaining there several weeks, was brought home sick with typhoid fever, and in succession six other members were prostrated with the same disease. The house was upon a hillside, and, as in the former case, the drainage was from the water in the direction of the outhouse, so that contamination of the water in either instance was impossible. Typhoid fever, scarlet fever, diphtheria and dysentery, may not, under certain favorable conditions, be contagious; but under other conditions, as when these diseases are malignant, and the subjects crowded together, for example, three in the same room, as occurred in the family just alluded to, they are regarded by an immense majority of the most able, unprejudiced, and experienced physicians, as eminently contagious.

Col. Waring, to his credit be it said, was commendably conservative in this discussion, not disposed to be dogmatic, and in regard to this special point merely said that "The literature of the subject *seems* to prove that typhoid fever, in the country, is due to drinking water which has become contaminated," knowing, doubtless, full well, that a score of probabilities can avail nothing when confronted by a single irrefutable fact. To revert for a moment to sewer-gas, it appears, from the remarks of one of the disputants, to be now placed in a worse position than ever; for while it is admitted to be the *vehicle for conveying typhoid germs, when* it contains them (?) it is also declared to be "the most potent cause of the typhoid state." The importance of this statement will at once be appreciated when we call to mind that the typhoid state is the almost invariable concomitant of the latter stages of dangerous and fatal diseases, whether acute or chronic.

During the discussion, repeated appeals were made on behalf of cleanliness. But who ever heard of any one, who had the least regard to the amenities of life, opposed to cleanliness?—for is it not said to be "akin to godliness."

As pertinent to this subject, Dr. John Syer Bristowe, President of the Society of Medical Officers of Health, confessedly one of the most sagacious observers and logical thinkers of the day, writes as follows: "If we look to the remarkable influence which simple *variations of temperature* and *peculiarities of season* exert on the mortuary returns, in respect both of the number of deaths and the character of the fatal diseases, and compare therewith the comparatively small effect on the death-rate of even one of the most fatal of the zymotic diseases, or with the insignificant influence of deaths from enteric fever, diphtheria, and other affections, over which *sanitary science is supposed to exert a specially valuable influence*, we can scarcely avoid seeing, that on similar grounds, the deaths saved directly by the sanitary labors on which we are engaged, must, under any circumstances, be so few annually as to produce no *distinct and unmistakable effect on the mortuary rates.*" This sincere and ingenuous avowal of opinion, by one so distinguished as an author and teacher, may well be commended to the serious consideration of those who, for years past, have boastingly promised the extinction of certain diseases, under certain impossible conditions, yet with no other result than that just presented by the above-named conscientious and distinguished authority in medical science.

VIEWS OF MORTALITY STATISTICS, WITH SPECIAL REFERENCE TO THE U. S. CENSUS RETURNS OF 1880.

BY THOS. S. SOSINSKEY, M. D., PH. D.,

Of Philadelphia.

(*Continued from page* 627.)

Altogether, then, I believe I have said enough

to show that Dr. Billings assumed a great deal when he ventured the opinion that the greater returns in 1880 than in 1870 were due to a better canvass of deaths.

Passing on a little further in Dr. Billings' introductory remarks, I find that he figures out "an average mortality of the whole country of 18.2 per 1,000 of living population per annum." "The actual mortality," says he, "for the whole country during the census year was not less than 17, nor greater than 19, per 1,000." Now, how did the ingenious Doctor find this out? Finding the difference between the enumerators' returns and the State returns to be as given above, he decided that "it may be considered certain that in no State is the deficiency in the enumerators' returns less than it is in Massachusetts." "If we suppose," says he, "that after the addition of the 61,020 cases of deaths reported by physicians* to the returns of the enumerators, these last, excluding the states and cities above mentioned, are still deficient as much as 30 per cent., which is believed to be the maximum, the result will be an average mortality for the whole country of 18.2 per 1,000 of living population per annum." It is hardly allowable to assume that the percentage of deficiency is about equal in different States, the state of concentration, the intelligence, and other peculiarities of the population, telling on the results. Here is a point of special moment, namely, the amount of mortality among infants. If the deficiency be greatest among infants, as Dr. Billings says it is, the fact that the returns show that the proportion of deaths of infants to those of persons of all ages varies greatly, would indicate a wide range of variation in the deficiency in different States. Thus, as will be shown below, the proportion of deaths of infants to the whole in Pennsylvania was 1 to 4.6, while in Kansas it was 1 to 2.6.

O Libitina, how very ignorant we are as to how many bodies pass into thy hands from year to year in this broad land! Little reliance can be placed in the truth of the conclusions of Dr. Billings. Such conclusions are little better than guesses, whereas there should be no guessing in making up vital statistics, otherwise they are no statistics at all. But what can be thought of the work of enumerators which is likely deficient in general to the extent of a third!

In this connection I may remark, that I do not wish to convey the impression that I am of the opinion that the census returns of vital statistics are of no value. I believe they are of much value, giving as they do a vast deal of more or less definite information about the destructiveness of different diseases in different parts of the country, the relations of age, sex, and season to diseases, etc.

Having decided that the death-rate in the United States was somewhere between 17 and 19 per 1000 of the living population, Dr. Billings proceeds with great complaisance to say that "this rate compares favoraby with that of all other civilized countries. The death-rate in the rural population of England, comprising ten and a half millions of people, in the year 1880, was 18.5 per 1000. For the whole of England for the same year it was 20.5 per 1000. For Scotland, it was 21.3 per 1000. For the mainland rural group of Scotland, for the same period, it was 17.3 per 1000."

This is distressing. I wonder when it will be generally known that comparing aggregate rates of mortality of different places is entirely unscientific and absurd. It is an error of a preposterous kind, one that the merest tyro should not commit. Especially is it absurd to compare the death-rates of long-settled, comparatively stable communities, with those of places of a reverse character. The only proper comparison of an aggregate rate of mortality is with the rate in the same place in preceding years; and this is not of much interest, or practical value, unless a detailed analysis of the causes of death, and the period of life at which they occurred, be made.

The period of life at which the deaths occurred is a very important point to know in considering death-rates, and especially if one would institute comparisons. There may be a great disproportion in the number of people of different ages who die in different places. A very large proportion may be of persons past middle life in one place, while the reverse may be the case in another. During the census year ending June 1, 1880, of the deaths returned, the proportion of those of persons under one year to the whole in Massachusetts was 1 to 4.5; in Illinois, 1 to 4.1; in Pennsylvania, 1 to 4.6; in Georgia, 1 to 3.9, and in Kansas, 1 to 2.6; and the proportion of those of persons under five years to the whole in Massachusetts was 1 to 3; in Illinois, 1 to 2.3; in Pennsylvania, 1 to 2.6; in Georgia, 1 to 2.1; in Kansas, 1 to 2.1. These are somewhat striking figures. It is scarcely necessary to remark that it is particularly lamentable

* Blank books were sent out by the Census Bureau to the physicians throughout the United States, in which to enter all deaths occurring in their practice during the census year. The 61,020 cases referred to were found, I understand, to have been omitted by the census enumerators.

when there is a heavy mortality among persons in early adult and middle life. The life of a baby is of much less worth than that of a person arrived at maturity. A study of this kind may be pursued profitably from the standpoint of the political economist.

In any community, or country, it would be extremely desirable to know the proportion of deaths among persons of different ages, but such knowledge is not readily attainable in reliable shape. The ages given in the census returns are notoriously unreliable. Thus 1,282,253 were said to be ten; while only 1,256,956 were one year old; and 682,714 were said to be fifty, while only 323,608 were forty-one years old. Without a knowledge of the rate of death among persons of different ages, it is impossible to construct a table of the expectation of life; and as Dr. Parkes says this, that is, the mean future or after life-time, "is the true test of the health of a people." A table of this kind cannot be expected under any circumstances to be very accurate, but more especially for an unstable community.

In a country like ours, to which a vast current of healthy young people is flowing from Europe and elsewhere, the death-rate should not be as high as in the communities whence these came. For evidently when great numbers of the young adults go from a place, the proportion of old, sickly and very young persons is greatly increased, and of course it is among such that the bulk of the mortality occurs everywhere.

The movement of population going on in this country renders comparisons of the aggregate rates of mortality of different parts of it extremely unscientific and misleading.

The birth-rate in the United States is not as high as one might expect. In proportion to the number of marriages it is low, and, indeed, the tendency to check productiveness is growing more and more obvious to every thoughtful observer from year to year. It is far from being alike in all parts. But, altogether, there is great productiveness. This is one and the main reason why a considerable death-rate should be expected in the United States. Calculations show that the births to the population in 1870, according to the census returns, were 1 to 31, and in 1880, 1 to 30. In determining these figures, the deaths of children under one year were added to the number of children under one year living, and this number was taken from the whole population plus the number of deaths.

To illustrate how different the populations of different states are as regards age, I have compiled the following table from the statistics of 1880:

State.	Age.				
	Under 2 yrs.	30 years.	50 years.	60 years.	70 years.
Massachusetts	$\frac{1}{25}$	$\frac{1}{41}$	$\frac{1}{56}$	$\frac{1}{85}$	$\frac{1}{190}$
Michigan	$\frac{1}{20}$	$\frac{1}{30}$	$\frac{1}{84}$	$\frac{1}{143}$	$\frac{1}{324}$
Kansas	$\frac{1}{16}$	$\frac{1}{30}$	$\frac{1}{105}$	$\frac{1}{210}$	$\frac{1}{605}$
Illinois	$\frac{1}{19}$	$\frac{1}{30}$	$\frac{1}{86}$	$\frac{1}{121}$	$\frac{1}{378}$
Pennsylvania	$\frac{1}{20}$	$\frac{1}{30}$	$\frac{1}{75}$	$\frac{1}{137}$	$\frac{1}{286}$
New York	$\frac{1}{24}$	$\frac{1}{43}$	$\frac{1}{88}$	$\frac{1}{160}$	$\frac{1}{309}$
New Jersey	$\frac{1}{21}$	$\frac{1}{43}$	$\frac{1}{93}$	$\frac{1}{162}$	$\frac{1}{338}$

It is evident from this table that the babies are comparatively scarce in Massachusetts. There would seem to be something wrong with the women or with both sexes in that State. With so few infants, there should not be a high death-rate there, unless they are exceptionally degenerate as well as scarce. In Kansas it will be observed that one-sixteenth of the population are of children under two years of age. Evidently, if the babies were not healthy in that thriving State the death-rate should be high.

Massachusetts has a far greater proportion of persons of 30, 50, 60, and 70 years of age than any of the other States in the list. The comparative scarcity of children may account to some extent at least for this remarkable social feature of that State. The great proportion of old people there should tend to make the death-rate high.

As the table shows, $\frac{1}{190}$ of the population of Massachusetts were 70 years of age, while in Kansas the number was only $\frac{1}{605}$. Taking this statement as it stands, one would naturally conclude that the chance of living to be old is far better in Massachusetts than in Kansas. But the statement is misleading. It is akin to the obviously fallacious one that the small number of deaths of female in comparison with those of male Chinese in this country indicates that the former find it far more healthful than the latter. Kansas has comparatively few old people, because the population is, as a whole, of very recent growth. With so few old people, the death-rate should be extremely low, if it were not that the proportion of children (among whom there is always a pretty heavy mortality) is very large.

With apparent fullness of confidence in his philosophy, Dr. Billings remarks that "the low death-rate in this country is considered to be due to the comparative absence of overcrowding, and

to the more general and equable distribution of the means of supporting life, including especially the abundant food supply of good quality for all classes of the people." The Doctor assumes much in regarding the rate given by him as low; I take it to be high. A fresh, enterprising people, and one not disposed to be very prolific, should furnish a low death-rate. Anything above 15 per 1000 is excessive in most parts of the United States, and, indeed, in the country as a whole. Various points made above are confirmatory of the belief that the death-rate should be comparatively low. It is very questionable whether the "abundant food supply" argument of Dr. Billings is very forcible. I am rather inclined to hold that it is the reverse. A population that has little incentive to be frugal is not apt to be freest from disease, and the longest lived. Indulgence too generally attends plenty; and this vice hurries people prematurely into their graves. As Bacon well observed, life is not favored by "luxury and ease."

SULPHUR PREPARATIONS IN ACNE.

BY H. W. STELWAGON, M. D.,

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Sulphur, as a local application in the treatment of acne, has survived the deluge of new remedies; and although at times pushed momentarily to the background, it stands to-day the most reliable therapeutical agent for this affection. It has been employed in all of its various chemical preparations, and is so used at the present time. All are useful, and each has its advocates. Experience in their use, however, soon narrows the choice to a limited few. The most trustworthy of the preparations are the simple sulphur, either as the washed sulphur, precipitated sulphur, or flowers of sulphur, and sulphuret of potassium. There is very little difference in the varieties, so to speak, of plain sulphur, although preference is usually given to the precipitated. These two preparations, sulphur and the sulphuret of potassium, are not only the most valuable in their therapeutical effects, but also the cheapest—a small matter, it is true, yet of some importance. The plain sulphur may be used in various ways. In mild cases it may be employed simply as a toilet powder, and so used is frequently of advantage. As such, it should be dusted on the face at night by means of a powder brush and allowed to remain undisturbed until morning. The plan is easy to carry out, and for that reason commends itself. It is, as a rule, less efficient than lotions or ointments, inasmuch as it is less intimately brought in contact with the skin. In the form of a lotion sulphur is often of great service. No better formula can be given than that containing a small amount of glycerine—ten minims to the ounce—and equal parts of alcohol and rose water. A combination, suggested by Dr. Bulkley, of a drachm of washed sulphur, a half fluid ounce of ether and three and a half fluid ounces of alcohol makes an excellent application, and is especially indicated in those cases in which comedones are predominant, or in which there is a moderate degree of seborrhœa present. Kummerfeld's lotion is another very useful combination:

℞.	Sulph. præcip.,	℥ iv.
	Pulv. camphoræ,	gr. x.
	Pulv. tragacanth,	gr. xx.
	Aquæ calcis,	
	Aquæ rosæ,	āā f. ℥ ij.
M.		

The proportion of sulphur in lotions should depend upon the effect produced, or to be produced; ten grains to a drachm or more to the ounce. A scruple to the ounce is a proportion most commonly used. Sulphur in ointment is another method in which this remedy may be advantageously employed. In the strength of one drachm to the ounce it is a very useful application. The percentage of sulphur in ointments is usually greater than in lotions, varying from twenty grains to the ounce up to equal parts.

The sulphuret of potassium, the other sulphur preparation which stands high in the treatment of acne, is, I think, superior to the simple sulphur, although it is not in such general use. This may be due to the fact that sulphur itself has been always used and considered "good for skin diseases," while the employment of the sulphuret of potassium is more recent and the knowledge of its application less wide-spread. The sulphuretted odor of the drug is a disadvantage, but it admits of correction if desired; besides, even in its undisguised condition, the odor is merely concomitant with the application, as a few minutes afterward it is scarcely noticeable.

It may be employed either as a lotion or as an ointment. The strength varies from five grains up to a half drachm to the ounce. The proportion which is most generally required is about fifteen grains to the ounce. The lotion may consist of a simple watery solution, or small quantities of alcohol and glycerine may be added at times with advantage; the former a half drachm to the ounce, and the latter about ten minims to

the ounce. The efficacy of such a lotion is in some instances increased by adding to it sulphate of zinc in the same proportion as the sulphuret of potassium.

An ointment may be ordered instead of a lotion, and is, occasionally, of greater service. The lotion, however, is less tenacious of its odor, and, on the whole, is probably more efficacious.

In the use of sulphur itself, preference is generally given to the ointment method; the sulphuret of potassium, on the contrary, is usually prescribed as a wash. In neither case is there any substantial reason for this, and it seems due merely to force of example or habit. It is a fact worth remembering that in some instances lotions prove of value where ointments had failed to benefit; the converse of this also holds true. Moreover, in some cases, sulphur itself may produce but little improvement, whereas marked advantage is found to follow a change to sulphuret of potassium, and *vice versa*.

The applications are best made at bed-time, as they are then less apt to be disturbed, and may remain on over night, and are moreover more comfortable and convenient for the patient.

Before applying the preparation, the face should be sponged with hot water for several minutes. The ointment then, if that is used, should be well rubbed in, and not disturbed until morning, when the face may be washed. If the lotion is employed, it should be well shaken, and rubbed on with a sponge or rag for three or four minutes, and allowed to dry and remain undisturbed until the face is washed the next morning.

It is well to intermit treatment every week for a few days in order that the furfuraceous desquamation which all such preparations are apt to produce, although slight and scarcely noticeable, may disappear. In this respect the ointments are far less objectionable, as the unguent, in a measure, prevents or conceals it.

The above preparations or combinations used in the manner described are, as I have repeatedly seen, productive of great benefit in cases of this disease: and conjoined with appropriate constitutional treatment, and perseveringly used, are in a fair proportion of the cases curative.

THE ABORTIVE TREATMENT OF VARIOLA.

BY W. R. CLARIDGE, M. D.,
Of Philadelphia, Pa.

The *Southern Clinic* of last year contained a contribution from the pen of Dr. DeCailhol, of St. Louis, Mo., styled, "Variola—its treatment, its prophylaxis," in the reading of which I was much interested, although unable to agree with the writer in his views respecting the inutility of vaccination. It was with what he styles the French abortive treatment I felt most interest. The Doctor states that during his last sojourn in Paris Dr. Mene, connected with one of the children's hospitals of that city, explained to him the benefit of his (Dr. M.'s) abortive treatment of variola, and that since his return to the United States he has tested its efficacy frequently, and has recommended it to many of his brother practitioners with satisfactory results. This was the use of salicylic acid.

Having been practicing medicine between twenty and thirty years, I have had during that time hundreds of cases of variola to treat, the disgusting character of which, together with the often unsatisfactory results, made me wish for some better methods of treatment than that usually resorted to, and desirous of trying this to me new remedy.

It was not until April last that I had an opportunity of testing its action, when I was sent for to see Mr. W——, aged 74 years. I found him literally covered with variolus eruptions in the vesicular stage, and commencing to umbilicate. He had up to this time ordinary good health, but was somewhat enfeebled by age.

To prevent injury through fear, it was thought best to conceal from him his true condition, and he was led to believe he was suffering from *nettle-rash*, and was not aware of the reality until well, so that on one occasion of my visit he said to me: "Doctor, I think I once had a horse that had the same disease I have," and then went on to describe the condition of the animal. I need not say we were amused. I immediately commenced the giving of salicylic acid in doses of ten grains. It was given regularly every three hours, day and night, in a liquid form combined with mucilage.

On the third day of its administration the pustules began to abort, their contents absorbed gradually, leaving a *pale, thin scab*, or scale, much resembling a minute fish-scale. These scales separated so rapidly that large quantities were removed each morning when changing the bed linen.

In two weeks the patient was convalescent, after which the remedy was continued one week longer in same dose three times a day. He is now as well as before the attack. The result has been most satisfactory. That loathsome disease is robbed of its horrors by this remedy. No pitting,

no disfigurement. I would earnestly call the attention of my professional brethren to its use. It is true, I have but the one case to offer; but had I a thousand more to treat, I would use it in all.

Hospital Reports.

A CLINICAL LECTURE AT CHARITY HOSPITAL, CLEVELAND.

BY REUBEN A. VANCE, M. D.,

Of Cleveland, Ohio.

Professor of Operative Surgery and Clinical Surgery in the Medical Department of the University of Wooster; Consulting Surgeon to Charity Hospital, etc.

Tumors of the Breast: The Removal of Benign Growths From Young Women Without Mutilation of the Mammary Gland.

Those of you who have attended my clinics this session are well aware that there are certain tumors of the breast for the relief of which excision of the mammary gland was advised. In the patient from whom this growth was removed excision was not practiced—on the contrary the tumor was extracted, and not only was the mammary gland preserved intact, but the breast escaped mutilation and its integumentary coverings were not scarred. In this particular instance—and it is but one of a numerous class of cases—there was something which justified a very different procedure from that usually adopted in this ampitheater: in what does the difference consist? Review the question of age; you will know that prior to the twenty-fifth year cancer of the breast is almost unknown—that after the forty-fifth year it is very common. On the other hand, the tumors of the breast found in women under twenty-five are either fibromatous or sarcomatous, in the proportion of seven fibroids to one sarcomatous growth. Here, then, is one excellent reason: tumors of the breast in old women are commonly cancerous, those of young women as constantly non-cancerous; the former demand complete removal of the diseased breast, the latter require enucleation of the morbid mass. Second, consider the condition of the patient: in old women the implicated organ has played its part in life and is now entirely functionless; in the young woman the organ has just developed or is just developing, and all its duties are yet to be performed; the tumor in its substance is innocent in character, and can be extracted without injury to the secreting structures of the mammary gland. A third consideration is symmetry of form and bodily looks. To the young woman this is a matter of great importance: to the old woman it is a secondary consideration. The period of life at which a tumor is removed, the nature of the organ from which it is taken, and the influence of the operation upon the appearance of the patient, are not the only circumstances to be taken into consideration in these cases; the behavior of the organ in which the growth is situated, and the influence its developmental, functional or atrophic changes exert over the tumors its textures may give lodgment to, are also matters of moment. When the peculiar character of the mammary glands is reviewed and their life-course traced, several reasons present themselves why the innocent tumors of these organs in young women should receive different treatment from that accorded the cancerous growths of old women. Without entering into these numerous additional reasons, it will suffice to say that the stimulus of menstruation, of pregnancy, and of lactation, so frequently augments the rapidity of growth and changes the character of benign tumors of the mammary gland, converting them into malignant growths, that it is the imperative duty of the surgeon to remove them at the earliest moment possible. In doing so, however, it is incumbent upon him to operate in such manner as to make sure of excising all the tumor without destroying the gland—the new growth must be taken out, but the symmetry of the patient's form must be preserved. Can this be done? The history of this patient will convince you not only that these new growths can be completely eradicated without injury to the mammary gland, but that tumors of even quite large dimensions can be taken out of that organ without the breast being mutilated or its surface scarred.

The patient, an unmarried lady in her twenty-first year, hurt her left breast during the holiday season of 1879; the elbow of a young lady friend accidently came into violent contact with her person, striking just on the nipple. Sharp stinging pain followed the blow, but she noticed no immediate swelling, and as all pain subsided in a day or two, she would have thought nothing more of the matter had not a feeling of soreness led her to examine the organ just as her monthly period was commencing, ten days subsequently. She then discovered a lump, the size of an almond, deep in the gland. This alarmed her no little, and as the pain recurred every night after retiring (but was absent during the day) she became nervous and despondent. Having lost her mother some years since, the young lady had no one to whom she felt like going for advice; and while she was brooding over the matter, the pain disappeared and her attention was drawn to something else. With the advent of her next menstrual epoch, the distress was renewed. For the whole year—1880—she suffered in this intermittent way, but at the end of that time she discovered that the tumor was gradually enlarging. During the year 1881 each recurrence of her menses was attended by a decided augmentation in bulk of the mammary growth. The uneasiness and pain still returned at such times, but no distress was experienced in the intervals. About a year ago the gland became so distorted that she was compelled to adopt various devices to conceal the deformity. At this time a lady relative told the patient's father the true state of affairs, and he took her to Cincinnati for professional advice. I then saw her for the first time, and found a globular, firm growth near the centre and posterior part of the left mammary gland. The tumor seemed about the size of a large hen's egg. I urged immediate excision.

I saw nothing more of this patient until the first week in June, 1882. She then presented quite a matronly aspect, and her face bore evidence of the anxiety she had been enduring. Upon examination, the left breast exceeded the

right four inches in circumference; the gland projected abruptly forward, and its integument was tense and shining from distension. The young lady told a pitiful tale of mental agony and broken rest, and the great struggle she had gone through before she could make up her mind to have the tumor excised. Her father had used every inducement to have her consent to the removal of the tumor, but it was only a few days prior to the operation that she reluctantly yielded.

At the time she came under my care in June, I prescribed a mercurial cathartic, and after her bowels had been thoroughly emptied, she was confined to her room the two days preceding the operation for the excision of the mammary tumor. As you will see, ultimately there was nothing in the case to render it worthy of record except the principle upon which the operation was based, and the mechanical details of the surgical measures adopted. There can be little doubt but that all neoplasia of the breasts in young women demand excision so soon as they commence enlarging, or become the site of constant pain: there can be as little question but that, in removing these tumors, it is the surgeon's duty to disfigure these organs as little as possible. The history of this patient is an additional argument for early excision, and the operation performed an illustration of the fact that quite large tumors may be removed from the mammary glands of young unmarried women without the production of obvious scars or perceptible deformity.

Since the winter of 1869 I have been in the habit of making my incisions for the removal of non-malignant growths of the female breast in the fold caused by the fall of the organ upon the wall of the thorax. By this procedure I have excised good-sized tumors of the mammary gland in young women without marring their figures or scarring their chests.

Dr. T. Gaillard Thomas, in a recent article in the New York *Medical Journal and Obstetrical Review*, has systematized this procedure, and given the profession an original and valuable method of treating a certain class of tumors of the breast. He says his method is not adapted for malignant growths nor very large benign tumors. He has found it valuable in fibromata, lipomata, and adenomata, varying in size from a hen's egg to a duck's egg. He operates as follows: "The patient standing erect, and the mamma being completely exposed, a semi-circular line is drawn with pen and ink, exactly in the fold which is created by the fall of the organ upon the thorax. This line encircles the lower half of the breast at its junction with the trunk. As soon as it has dried, the patient is anæsthetized, and with the bistoury the skin and areolar tissue are cut through, the knife exactly following the ink line until the thoracic muscles are reached. From these the mamma is now dissected away until the line of dissection represents the chord of an arc extending from extremity to extremity of the semi-circular incision. The lower half of the mamma which is now dissected off is, after ligation of all bleeding vessels, turned upward by an assistant, and laid upon the chest walls, just below the clavicle. An incision is then made upon the tumor from underneath the bistoury, a pair of short volsella forceps is firmly fixed into it, and while traction is made, its connections are snipped with scissors, the body of the tumor being closely adhered to in this process, and the growth removed. All hemorrhage is then checked, and the breast put back in its original position. Its outer or cutaneous surface is entirely uninjured, and the only alteration consists in a cavity at the former situation of the tumor." This cavity is drained by means of a glass tube, the edges of the wound approximated with care, and the line of incision covered with gutta-percha and collodion. The ordinary antiseptic dressings are next applied. The stitches are removed on the ninth day; the tube is also taken out at this time; and in cases where these details were accurately attended to, no offensive discharge is encountered, and the patient's temperature never exceeds 100° F.

The operation was substantially that set forth above by Dr. Thomas. In minor points there was some deviation, yet in principle it was the same. In order that there might be as little deformity as possible, the line of incision was distinctly outlined with nitrate of silver, and on each side, above and below, opposite points were marked, through which subsequently stitches were passed. Experience having shown that a disagreeable and persistent thickening is apt to develop at the place occupied by the glass tube, the necessity for the latter was obviated by employing a large number of stitches and then obliterating the cavity within the gland by compressing the breast with a carefully applied flannel bandage. It was thought that some arrangement would have to be made for drainage of the cavity in the breast: since the tube was abandoned and the gland compressed, there has been no demand for drainage materials of any kind. Should the mamma become distended, a probe can be introduced at a dependent point and the fluid discharged. In my last five cases treated with compression and without drainage-pipe, the cavity in the breast united by first intention as readily as the wound in the integument.

Ten months have elapsed since this young lady was before you. The change in her general appearance is as marked as the modification in outline of affected gland is distinct. She has once more become herself in every way, and presents herself here, not that she needs surgical aid, but that you may see how time has treated the organ then operated on. A thin white line marks the cutaneous incision: please note that as she stands erect you can notice no difference between the mammary glands of the two sides. She revisits us in company with a friend who requires an operation. It is a pleasure to meet with patients who appreciate what has been done for them. In this instance the young lady was not a clinical case, yet she voluntarily comes before you that you may see the result of an operation that to her was of such vital moment. After glancing at this result, I am sure you will hesitate long before performing any of the operations this procedure is designed to supersede—operations, the disfiguring character of which had much to do with preventing patients accepting the undoubted benefits they offered, and indirectly caused many women ultimately to suffer death from mammary cancers who should have escaped that fate. This pro-

cedure of Thomas will not only remove deformity and alleviate distress, but, by inviting early excision of lesions of the breast, will certainly tend to materially diminish that form of cancerous disease of the mammary gland in which carcinoma supervenes on long-standing benign growths of that organ.

Medical Societies.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated meeting, Thursday, May 3, 1883.

The President, R. A. Cleemann, M. D., in the chair.

Dr. Wm. Goodell related the history of

Three Stubborn Cases of Vesico-Vaginal Fistulæ Successfully Treated After the Operation Without the Use of the Catheter.

The first one, after a non-instrumental labor lasting from a Tuesday evening, when the membranes broke, to a Friday night, found that her urine dribbled away immediately after the birth of the child. The fistula was situated so close to the cervix as to implicate it, and was quite large. Sixteen months after the accident she was operated on by a distinguished surgeon, whose success in uro-genital fistulæ is very great. He turned the cervix into the bladder, and successfully closed up all the rent save a small portion of it. On this fistula he operated three times without any union whatever. In each instance the urine dribbled away before the stitches were removed, and on two occasions an alarming hemorrhage came *per vaginam*. This information Dr. Goodell obtained from the surgeon himself.

Early in 1877, Dr. Goodell operated on her at the Hospital of the University of Pennsylvania and put in Sims's self-retaining catheter. Eight sutures were needed to close the opening. The next day a hemorrhage from the bladder, possibly menstrual, took place and lasted several days. A fever also set in which gave some alarm. When the stitches were removed very little union was found to have taken place. Four months later Dr. Goodell operated for the second time, and thinking that the vesical hemorrhage in the preceding operation was caused by the irritation of the self-retaining catheter, he treated her without one. The first twenty-four hours her urine was drawn off every four hours, but afterwards she was allowed to pass it herself. No hemorrhage occurred, and perfect union took place.

The second case was also one of tedious labor in which the forceps were not used. The fistula at first was a very large one, and was most skillfully closed by an excellent surgeon. A very small fistula, however, remained at each angle of the wound. These defied repeated operations on his part, and the case finally drifted into Dr. Goodell's hands. Twice the latter operated at his private hospital on these fistulæ, using the Goodman self-retaining catheter, but each time vesical and uterine tenesmus set in and the result was a failure. Both fistulæ were then burned with the actual cautery and one of them closed up, but the larger one resisted this treatment as well as that by nitric acid. He then operated upon it a month ago for the third time, dispensing with the use of the catheter. The lady was instructed to pass her water before the desire was urgent. Neither vesical nor uterine tenesmus occurred. The stitches were left in for fourteen days and union was complete.

The third case was the result of a short labor and the cause of the fistula is obscure, as the lady was attended by a midwife, who pulled and tugged away at something after the birth of the child. The late Dr. H. Lenox Hodge had operated five times upon it, closing all but a small fistula which lay at the junction of the neck of the bladder with the urethra. Dr. Goodell closed this fistula at the Hospital of the University three weeks ago with eight stitches, and fearing that the catheter would interfere with union, dispensed wholly with it. The success was complete.

From these cases and from others which he had met with, Dr. Goodell was led to think that the catheter might as a source of irritation oftener be dispensed with very advantageously in the treatment of these fistulæ. He cited the practice of the late Dr. Simon, of Heidelberg, who was a very successful operator, and yet rarely resorted to its use. He also called attention to the fact that in these cases, and in the very great majority of the cases he had met with, the forceps had not been resorted to, showing that it was not the use of that instrument, but its neglect or the delay in its use, that caused the mischief. In fact, he could not recall a case in which the lesion could be attributed to instrumental delivery. In the general experience of surgeons, very small vesico-vaginal fistulæ were harder to cure than moderate-sized ones. One reason for this is attributable to the fact that they usually are found in sites difficult to reach; and another that the operator is unwilling to enlarge the small opening by bold incisions, and fails from too small a denuded surface. Including the one previously referred to, he had closed two of them by means of the actual cautery.

Dr. Albert H. Smith remarked that these cases were of great interest. He had been taken by surprise when Dr. Simon announced his plan of treatment without the catheter, as he had been afraid of the strain on the stitches resulting from the accumulation of urine in the bladder. The presence of the self-retaining catheter must necessarily be a source of irritation and vesical tenesmus. The small holes in its bulb may become occluded by mucus or clot, and then it would act as a plug instead of a drain. In those cases in which the loss of substance in the vesico-vaginal septum has been very great, and the mucous surface of the bladder has been prolapsed into the vagina, the capacity of the bladder becomes small, and it must be emptied frequently or the tension on the stitches becomes too great.

He had been gradually led to the conclusion that it would be better not to use the catheter after trachelorraphy and perineorraphy, unless called for by special circumstances. There are cases in which, in consequence of mental influence or the effect of position, the patient cannot pass her water for weeks after labor in which no injury or long or undue pressure has occurred.

Dr. R. P. Harris had recently operated for the restoration of a very long perineum. The last

stitch was almost on a line with the orifice of the urethra, and the nurse was not able to introduce the catheter. He placed the patient in a sitting position to pass her water, and used a male catheter, tied on the tube of a Davidson syringe, to wash out the vagina.

Dr. Goodell is by no means a convert to treatment in this class of cases without the employment of the catheter. He has been too successful with it. He prefers the Goodman self-retaining instrument, but he makes certain that it does not impinge on the wound. He has realized the influence of mind and of position on the ability to pass water, and he thinks the use of ergot, so general before the third stage of labor, is one cause of the difficulty, as it is quite possible that it may cause a spasm of the urethral constricting fibres. He would like to dispense with the use of both catheter and syringe after perineorraphy, as he has found injuries to the anterior angle of the wound, by the syringe and the fingers of the nurse while introducing the catheter. He has been in the habit of putting one stitch through the sound skin above the denuded surfaces to prevent this injury. In one case recently the Goodman catheter slipped out twenty-four hours after perineorraphy, and he did not replace it, the wound healing. He always uses the catheter after trachelorraphy.

Dr. W. Goodell also exhibited

Two Ovarian Tumors, one of them of Doubtful Character.

The one of doubtful character was removed from an unmarried woman, aged 27, who had not menstruated for over a year. It was first discovered nine years ago, but gave no trouble until two and a half years ago, when ascites set in. She had been tapped fourteen times when Dr. G. first saw her. She was very thin, pale, and so weak as to keep her bed. He recognized a hard tumor floating in the ascitic fluid, giving the feeling of balottement, and diagnosticated it either as a solid ovarian tumor or a pedunculated fibroid.

On the 18th of last April he removed it at the University Hospital, and found it to be a hard, solid nodular tumor of the right ovary, with evidences of papillomatous degeneration. It had merely omental adhesions, and had a long slender pedicle twisted many times on its axis. It was evident that the ascitic fluid was secreted directly from the tumor, and did not come from pressure on abdominal veins or from irritation of the peritoneum.

The other cyst was removed also at the Hospital of the University, and on the same day, from a married woman, aged 26, who noticed it two months after her marriage and about four months ago. The cyst was as large as the adult head, and was apparently attached to the womb, which was drawn upwards and gave a measurement of four inches. It was operated on early because it caused great vesical disturbance. The lower portion of the cyst was found enveloped in the broad ligament close up to the womb and had to be enucleated. It was this condition that gave the symptoms of uterine attachment. The cyst was that of the left ovary, but as the right ovary also presented tokens of degeneration it was also removed. Both women recovered promptly, although the first one had on the third day a severe attack of mumps, which appears to be prevailing in this city as an epidemic. The ascitic fluid, which was straw-colored and syrupy, was not examined microscopically.

Dr. M. O'Hara wished to know how Dr. Goodell could decide quickly between mumps and septic parotitis. He also spoke of the reflex action of the sexual organs as shown by the frequent occurrence of salivation during pregnancy. In a recent case of cancer of the rectum, the first symptom observed was excessive secretion of saliva.

Dr. Albert H. Smith remarked that mumps was a very interesting and very perplexing disease. He has seen cases of extension of the disease without retrocession, in adult women, to mastitis and ovaritis—the swelling of the parotid gland being rapidly followed by the involvement of the sexual glands, the inflammation of the ovaries being accompanied by local peritonitis. A singular question was raised by the case of a young man who went to Florida directly after marriage, and on the return trip by sea experienced a severe attack of mumps; it was complicated by orchitis, the inflammation being of high grade with great increase of temperature and rapid pulse. No atrophy of the testicle has occurred, but the union has been sterile, and there is no known fault on the part of the wife. The semen has not been examined microscopically to ascertain the presence of spermatozoids. The mastitis accompanying mumps has never, in Dr. Smith's experience, run into suppuration, but is accompanied by febrile action of a high grade. He has seen the ovary, the original point of attack, the inflammation of the mammary gland being later. It is a marvel of pathology that this disease, which affects in childhood the salivary glands only, should in adult life affect the sexual glands also. He has never seen a case of atrophy of the testicles following mumps.

Dr. Goodell recognized mumps in this case by his experience in two previous cases of mumps with severe symptoms in adults. The pulse does not become so frequent, as in septicæmia, and the eye remains clear and does not acquire that glassy appearance so indicative of a fatal issue. Dr. Goodell has never seen the involvement of the breast and ovary. A peculiar relation between the sexual organs and the glands of the neck is shown by a habit of the Roman matron who measured the throat of her daughter before and after the night after marriage, to ascertain if the young husband had properly performed his marital duties, and if they had been properly received.

Dr. Albert H. Smith exhibited a set of hard rubber

Urethral Dilators.

The set consists of ten pieces, with two handles into which they can be screwed: the smallest bougie is twenty millimetres in circumference at the point, and twenty-eight millimetres at the largest part, the tapering in each bougie being eight millimetres, and a difference of six millimetres between each one and the largest circumference of the next in the scale. The largest one is eighty-two millimetres at the largest part and would be useful as a rectal dilator. He had been very much surprised at a statement made by Dr. Emmet at the last meeting of the Gynecological

Society in Boston, that dilatation of the urethra almost universally causes laceration, and is followed by permanent incontinence of urine. Dr. Smith has been in the habit of doing it frequently and fearlessly, without hesitation, not only in diseases of the urethra and bladder, but for exploratory purposes and for the removal of stone as a step in the operation of anterior elytrorraphy; but also that by means of a finger in the bladder he may judge of the thickness of the walls in denuding the vaginal surface, and place his sutures satisfactorily. He has never had incontinence of urine to last over twenty-four hours from this procedure.

Dr. R. P. Harris had seen a large number of dilatations of the urethra without any bad effect. He would consider the method of Dr. Smith is better than any other plan, as it would make a perfectly even and uniform pressure on every portion of the urethra, with a very gradual action, free from the dangers incident to the opening of any form of instrument with blades.

Dr. Goodell was much obliged to Dr. Smith for exhibiting these instruments, and would get a set of them. He has entirely dropped Simon's dilators, and has for some time been using his little finger as the best dilator. He has not had any trouble from laceration or incontinence. In one case in which he resorted to dilatation and treatment to the mucous surface of the bladder as a cure for cystitis following labor, incontinence remained for a long time, but gradually disappeared. He knew of laceration and incontinence in two instances resulting from the use of the thumb as a dilator. Dilatation alone is a good treatment for many cases of irritable bladder.

Dr. Wm. H. Parish narrated the case of a widow operated on by Dr. Goodell by dilatation, for the relief of a very aggravated case of irritable bladder, the result of a gonorrhœa contracted years before from her husband, and which had been followed by cystitis. It was greatly relieved for several months, but not cured by dilatation, but the relief was only temporary. The patient passed under the care of Dr. H. Lenox Hodge, who cauterized the urethra by means of Paquelin's cautery. In consequence of the illness and death of Dr. Hodge, she came again under the care of Dr. Parish, who commenced treatment by the injection of a solution of nitrate of silver, very strong at first but weaker on subsequent applications. The trouble has passed entirely away. There are two causes of fissure in dilatation; the first is too rapid expansion of the dilator; the second, changes in the mucous membrane, as from inflammatory action, particularly if caused by gonorrhœal poison.

Dr. Chas. H. Thomas had lately procured a set of nickel-steel instruments of about the same taper and for the same purpose as those exhibited by Dr. Smith. The set consisted of sixteen pieces. They were one-and-a-half mm. as the scale, and each dilator tapered five mm. from the point to the largest circumference of the shank; they ranged from twenty-five to fifty mm. He has tried in some cases using every second instrument, making rises of three mm., but has found that the pain was increased by so doing. He has never known of a case of incontinence caused by dilatation, but has heard of such from the hands of two celebrated surgeons of this city. He thinks dilatation to the size of the finger a good treatment for the relief of irritable bladder in connection with irritation of the urethra and neck of the bladder. He related the history of two cases in which this condition was complicated, and made persistent by sphincterismus of the sphincter-ani muscle; dilatation of the urethra in these cases, although a benefit, did not cure the trouble, but when to this was added dilatation of the sphincter-ani, so that two fingers could be introduced back to back, and a good dilatation secured, the cases were permanently cured.

Dr. B. F. Baer has practiced dilatation of the female urethra a number of times, and has had no instance of continued incontinence. He would, however, question the propriety of ever using a large-size dilator, except for the purpose of removing a calculus from the bladder, and even in that case he thought it might be better to allow the stone in the grasp of the forceps to finish the dilatation, than to use mechanical dilators to secure the full extent needed. In one instance incontinence lasted several weeks after dilatation, but final recovery was complete. Solutions of carbolic acid having been applied in the meantime for the cure of an irritability of the bladder and urethra.

Dr. Parish would like to hear from Dr. Smith respecting the indications for probable success in treatment by dilatation of the urethra for the relief of irritation of the bladder.

Dr. Smith in reply to Dr. Baer remarked that no cavity of the body should ever be dilated beyond the actual necessities of the case; such a principle is unquestionable; but no form of dilator could be worse than the irregularities and roughness of a calculus, increased in size, as it would be by the grasping forceps, which would present but two points of contact with the urethra, and render laceration quite probable. In a patient recently under his care he had reason to suspect the existence of papillomatous growths on the mucous surface of the bladder; he dilated the urethra, using the largest size of Simon's dilators and completing with a Molesworth dilator expanded very slowly. He was able to evert the bladder through the urethra, and removed the vegetations by means of scissors. There was no laceration nor incontinence resulting from this procedure. The danger is in too great haste.

In reply to Dr. Parish, he said that dilatation is usually resorted to for exploratory purposes, removal of stone growths on the vesical wall, or to ascertain the thickness of the wall of the bladder, and to introduce a finger into that viscus to guide the sutures in plastic operations upon the vagina. Irritability of the neck of the bladder can generally be relieved by dilatation, but it sometimes fails to cure.

Dr. Smith prefers hard rubber to plated metal as the material for the dilators; it is lighter in weight, is not liable to corrosion, and is more easily kept clean. He thinks the multiplicity of instruments in Dr. Thomas' scale a disadvantage, and that time is lost and irritation caused by introducing several instruments, in place of allowing one to remain a longer interval.

Editorial Department.

Periscope.

Dyspepsia—Ulcer of the Stomach.

Dr. Donald W. Hood read a practical paper on this subject before the West London Medico-Chirurgical Society, *Medical Press*, March 7, 1883.

In this paper the author maintained that the more our experience of the natural history of disease increased, the more we must accustom ourselves to the fact that dyspepsia should be looked upon as symptomatic rather than generic. He drew especial attention to those cases of stomach lesion in which dyspepsia plays such an important part as a symptom, and suggested that in many cases of so-called simple dyspepsia there was a definite lesion of stomach coat. He held that the carefully compiled category of symptoms incidental to ulceration of the stomach suggests that its diagnosis is easy, the very opposite of that being clinically the case. In the early part of 1879 he had placed under his charge, by Sir William Gull, a gentleman, æt. 40, who had spent many years of his life in the colonies, where he had sheep-tracks. For eight years he had been a sufferer from dyspepsia, the commencement of which he attributed to irregularities of diet. He first felt pain over the region of the stomach; soon he suffered from attacks of vomiting, and acid water-brash. Failing to obtain relief, he came to England. When first seen by him, eighteen months after his arrival, his symptoms were much intensified. He detected blood in his vomit. Presently the stomach became intensely irritable, the patient being supported entirely by means of nutrient enemata. Slowly the grave symptoms subsided, and he regained flesh. In six weeks he went about as usual. But three weeks afterwards, while sitting, on moving suddenly, he felt a pain in the stomach, and died within twelve hours. The *post mortem* showed perforation of the stomach at its anterior base. A small healed ulcer, at its base no thicker than tissue paper, had given way, and the contents of the stomach had become extravasated into the peritoneal cavity. The most instructive part of the examination was the condition of the stomach in the immediate vicinity of the pyloric orifice, which was honey-combed with the remains of cicatrices of old ulcers that presented small depressions corresponding to the position of gastric follicles, which are in greatest abundance at the pyloric extremity. The condition of the mucous membrane appeared to supply abundant cause for all the gastric trouble which had caused so much pain during the preceding eight years. It happened that another patient, whose symptoms bore some resemblance to those of the case he had stated, was under his care at the same time. This was a German gentleman, æt. 40, who had suffered from painful digestion about fourteen years. In the early days of his illness he had felt pain after taking food. Later, he began to suffer from occasional attacks of vomiting. He had been repeatedly treated for dyspepsia. When first seen he was rather emaciated. The stomach usually emptied itself at the end of the day. On several occasions a coffee-colored matter had been ejected, and altered blood was sometimes mixed with the vomit. The stomach descended below its natural limit, and a small lump could be felt in the epigastric region, indicating obstructive disease of the pylorus. Upon treatment, flesh was gained, the vomiting ceased, and the stomach recovered its natural size; but the lump remained. Subsequently, he went to his business abroad, when the symptoms returned, and he died of exhaustion. Statistics proved that ulceration of the stomach was of very frequent occurrence, but beyond question the symptoms of ulceration varied very greatly. Although hæmorrhage was a symptom of the utmost moment, it was not judicious to wait for the presence of blood before inferring the existence of ulceration. All writers on the stomach treated ulcer as a chronic disease, but none of them advised such treatment as would be adopted in regard to an ulcer occurring on the surface of the body. In treating assumed ulcer, he thought it imperative that the patient be kept in a recumbent position, in order that the stomach walls might be in a state of rest. When there was much enlargement of the stomach he generally used a counter irritant, and he freely prescribed the various preparations of opium in those cases where there was no doubt that the dyspepsia did not arise from hepatic engorgement, as he found that it not only stimulated the bowels, but also made the patient intolerant of restraint. Such treatment in the early stages of dyspepsia was sure to result well. Where the presence of ulceration was well marked, such treatment should be resorted to as would be insisted on if the ulcer occurred on the surface of the body. He had found this method of treatment productive of the best results in the case of a lady who, at the time of first seeing him, was afraid to take the simplest food lest its ingesta should cause her pain. On making a careful examination of the abdomen he failed to find enlargement, but in the epigastric region there was a spot most tender on pressure. He ordered her to bed, recommended rich milk and light broth as diet, and prescribed six drops of laudanum every four hours. Iodine was suggested as a counter irritant. A simple soap-and-water enema was to be used every other day. From the first the patient's progress was satisfactory. Pain ceased, there was no vomiting, and the bowels acted regularly. She left her bed in fourteen days, and recently he received a letter stating that she was quite well. He regarded the case as representing ulceration or excoriation at that stage in which great good can be done by a decided course of treatment.

Lime Juice.

From the *Chemist and Druggist* we note that in a paper recently read before the Liverpool Chemists' Association, Mr. Michael Conroy F. C. S., gave an

interesting account of the production of Montserrat lime-juice, and a summary of his experiments on over 4,000 samples of this product.

Lime-juice is the expressed juice of the fruit of *Citrus limetta*, a member of the orange tribe (Aurantiaceæ). The tree is a thorny, bushy evergreen, with handsome dark foliage of exquisite fragrance. The flowers are white, resembling orange blossoms, and their perfume is equally delicious. The tree flourishes best in a light sandy soil, near the sea, and comes into full bearing in about seven years after the seed is set. It grows wild in nearly all tropical countries, but is now largely cultivated in the island of Montserrat. The fruit is about one-half the size of a lemon, with a smoother and thinner rind, oval, rounded at the extremities, and of a pale-yellow or greenish-yellow color. The exterior of the rind possesses a fragrant odor, and a warm, aromatic, slightly bitter taste, somewhat similar to that of the lemon. The juice, when fresh and sound, is sharply acid, with a peculiarly refreshing and grateful flavor. In Montserrat the lime-fruit harvest is heaviest from September to January, but a good supply of fruit is yielded throughout the whole year. Here, where the lime tree is specially cultivated for the sake of the juice, the work is done in a systematic manner, with suitable machinery. The fruit, after collection, is taken to two central factories, where it is sliced by water-power, and then squeezed in huge wooden presses, the juice being run into puncheons and quickly bunged up. Choice fruit is alone used, and only about two-thirds of the juice is pressed out, thus ensuring greater freedom from mucilaginous and pulpy matter. The further pressings, together with the juice of the unsound fruit, are evaporated to the consistence of treacle, and sent over to this country for the manufacture of citric acid.

It is chiefly owing to these precautions that Montserrat lime-juice is so much superior to that produced in Jamaica and elsewhere, where no care or supervision is exercised in its preparation.

Lime-juice contains citric acid, gum, sugar, albumen, extractive matter, inorganic salts, and water. The most important constituent is the citric acid, but as to the percentage of citric acid contained in juice authorities disagree considerably. Mr. Conroy, however, by a record of the citricity of over 4,000 samples, which he has examined during the past few years, has fairly settled that question. Each sample examined has represented a puncheon of over 100 gallons, and has been taken from the puncheon on the quay, after landing. The citricity has been estimated by volumetric estimation with caustic soda solution. The free citric acid in the 4,160 samples varied from 6.7 to 10.05 per cent., representing 10.72 to 16.08 oz. per gallon. The average of the whole was 7.84 per cent., representing 12.54 oz. per gallon.

Mr. Conroy has found that samples of the lime-juice bottled and kept in the laboratory for twelve months, with no preservative added, and exposed to light, remained perfectly sweet and sound. One sample filtered, retained its full citricity, but another sample which had been filtered had lost .02 per cent. Mr. Conroy accounts for this difference by supposing that the essential oil emulsified by the mucilage and sugar of the juice in the unfiltered sample had helped to preserve it. On the basis of this experiment Mr. Conroy concludes that for the purpose of supplying lime-juice for ships, the addition of spirit is not necessary. Spirit is necessary, however, for the preservation of lemon-juice, which contains much more sugar and mucilage. But the 15 per cent. of proof spirit, ordered by the Board of Trade, is insufficient and useless. At least 30 per cent., or, better still, its equivalent for a stronger spirit, is necessary.

In the Royal Navy only lime-juice is used, with the gratifying result that scurvy is now practically unknown. In the Merchant Marine Service, however, lemon-juice is chiefly used, owing to its cheapness, and here cases of scurvy are frequently occurring; not, Mr. Conroy thinks, that lemon-juice is inferior to lime-juice as an antiscorbutic, but simply that it soon becomes inert and useless by fermentation.

The Treatment of Phthisis by Iodoform.

The *Brit. Med. Jour.*, April 28, 1883, says that Dr. Dreschfeld has continued his observations since his first communication (*Brit. Med. Jour.*, 1882, vol. ii., p. 169). The favorable opinion then formed has been further strengthened by the results obtained. Of sixty-four cases of confirmed phthisis, more or less advanced, and concerning to a great extent out-patients at the Manchester Infirmary thirty-four cases only had been under treatment sufficiently long to be available for the purposes of this communication. Of these thirty-four cases, four were in so far advanced a condition that the iodoform was only borne in the form of inhalation, but gave no results; two cases were complicated with amyloid disease, and here also the iodoform was useless. Of the remaining twenty-eight cases, ten showed either no improvement or only a temporary improvement (increase of weight, improvement of appetite, decrease of cough and expectoration); while the physical symptoms showed no alteration at first, but afterwards the phthisical process gradually advanced and associated again with loss of flesh, night-sweats, etc. Of the remaining eighteen cases, some showed slight but steady improvement, broken only temporarily by a fresh cold or some complication, such as gastric catarrh, pleurisy, etc.; whilst in six cases the improvement was most marked and beyond all expectation, the increase in weight amounting in one case to fourteen pounds, in another to ten pounds, and in a third to eight pounds, in one month. The physical symptoms also improved; the sputa, however, continued to contain tubercle-bacilli. The iodoform treatment was also tried in six cases of incipient phthisis. Of these, two had only been under treatment for a very short time. Of the four remaining cases, two showed no improvement; one was at once benefited; cough and expectoration entirely ceased; the apex-catarrh disappeared; and the patient felt now perfectly well.

In the second case (reported in the *British Medical Journal*, February 17, under A. S.), the treatment was equally successful—only, however, after having been continued for a longer time. There being an almost entire cessation of cough, it was difficult to obtain any sputa; one specimen, however, was obtained, and this was found free from

bacilli, whilst before they were found abundantly. Two cases of laryngeal phthisis, treated both internally and by inhalation, and also locally by the application of iodoform-powder to the ulcers, gave satisfactory results; the ulcers cleared and became smaller, and the general condition improved. The iodoform was given in the form of pills (one grain of iodoform, two grains of croton-chloral, one minim of creasote), and in the form of inhalation (twenty grains of iodoform, twenty minims of oil of eucalyptus or ten minims of creasote, and half an ounce each of rectified spirit and of ether). The inhaler used was one devised by Dr. W. Roberts, consisting simply of horse-hair matting, to the inner side of which was attached some flannel or cotton-wool; and on this the inhalation-mixture was dropped. The cost of the inhaler was about threepence. Where the pills were badly borne (especially in women), the iodoform was added to cod-liver oil. In very young children, iodoform inunction, made with olive-oil or vaseline, was to be recommended; while older children seemed to take iodoform, either as powders or in small pills, very well. The good effects of iodoform seemed to consist in the following:

1. Increase of weight.
2. Increase of appetite.
3. Diminution of cough and expectoration.
4. Diminution or even total cessation of night-sweats.
5. The temperature was often a little lowered.

No symptoms of iodoform intoxication had ever been seen. Several medical men, who had tried the iodoform treatment, had also obtained very satisfactory results.

The Diagnosis of Rotheln.

Dr. Edmond Shackleton thus writes to the *Brit. Med. Jour.*, April 21, 1883:

The diagnosis of rötheln is of importance, as it is a trivial disease compared with those which it resembles. I have just had a case of it in a married woman over thirty, and I particularly noted the points by which it might be diagnosed on the first day of the eruption. My patient had complained of a sore-throat and soreness of some glands at the side of the neck for three days previous to the eruption. On April 9th, she found herself, on awakening, covered, on her body, upper extremities, face, and neck, with a red rash, the legs remaining unaffected till the third day. The case differed from one of scarlatina both in the appearance of the rash and in the general symptoms. The eruption consisted of spots like those of measles, and was particularly vivid on the face, so as to be conspicuous from a distance, which is not the case in scarlet fever. In spite of having some frontal headache and lumbar pain, she expressed herself as feeling quite well and bright; whereas, in scarlet fever at this stage, there is languor and prostration, and often nausea and vomiting. She had some shiverings, and loss of appetite, and thirst. Temperature 102.2°; pulse 100. In the evening, the temperature had fallen slightly, and next morning was 99.5°, and on the fourth day had reached the normal. From measles, it was distinguished by the absence of coryza, lachrymation, etc., and cough. The spots are like those of measles, but are regularly distributed instead of appearing in patches. The skin felt tense, but there was no itchiness or sensation of burning. The chief diagnostic features of the disease appear to be that it presents the throat of scarlet fever with the eruption of measles, but without the coryza of the latter, and without the depression, rapid pulse, and high temperature of the former. My patient was sure that she had had scarlet fever and measles in her youth. No desquamation has followed.

Antiseptics in Phthisis.

Dr. Wm. Porter, Physician to Throat and Lung Department, St. Luke's Hospital, St Louis, thus summarizes in the *Lancet and Clinic:*

Proven. it seems to me, are these two propositions:

1. Phthisis is a specific disease from a specific cause.
2. Phthisis may be produced by absorption of tuberculous matter in contact with the mucous membrane of the air-passages or intestinal tract.

There is also evidence that the energy of this tuberculous matter is due to germ development and progression.

Hence the value of antiseptic influence in the treatment of phthisis, not only in the later stages during pus-production and absorption, but also in the earlier process of infection.

One great demand is for that which, by local and internal use, may meet and destroy the septic agencies of disease. Such a remedy must be effective, unirritating and non-poisonous, susceptible of ready dilution and easy absorption, and withal inoffensive in odor and taste.

Carbolic acid and iodoform do not fully meet these requirements, and less harmful yet no less potent means of antagonizing contagion and putrefaction are finding favor.

The compound known as Listerine has, for nearly two years, served me better than any other remedy of its class, and, in the treatment of phthisis, has almost supplanted in my practice all other antiseptics. In treatment of diseases of the upper air-passages, it is pleasant and does not irritate; in the fermentative dyspepsia so often accompanying phthisis, it is safe and efficient.

It is the most powerful non-toxic antiseptic I have yet found.

The Value of Some Nitric, Nitrous, and Nitro-Compounds in Angina Pectoris.

With the view of determining whether it is the nitrous acid or its base that proves so beneficial in angina, Dr. Matthew Hay has instituted some investigations, which he publishes in the *Practitioner* for May, 1883; the following are his conclusions:

So far as at present known, the nitrogen-containing remedies for angina pectoris may be divided into two classes, the one consisting of combinations of nitrous acid with metallic oxides or alcoholic radicals, the other comprising a peculiar class of nitric ethers, obtained from the higher alcohols, whose decomposition within the body results in the production of nitrous acid. In both classes the action of the compound is ultimately

dependent on the nitrous acid present. Typical examples of the first class are nitrite of sodium and nitrite of ethyl, and, of the second class, nitro-glycerine. To these classes might be added another containing such substances as compounds of amyl, whose action is similar to that of nitrites. But, limited as this group at present is to compounds of amyl, it is not one to be chosen in the treatment of angina pectoris. The dose required is large, and the action is not rapidly produced, and disagreeable after-effects are apt to occur; and altogether I am very doubtful of its always acting so well as it did in one of my patients.

The Influence of Alcoholism on the Development of Skin Diseases.

Janin, *Th. de Paris*, 1881, says:

1. Alcohol is neither destroyed nor transformed within the organism, but remains there for a considerable length of time, and is eliminated, in great part, if not entirely, by the kidneys, the lungs, and the skin.

2. The bodily disturbances occasioned by this agent consist partly in intense congestion of the organs with which it is chiefly brought in contact, and partly in a profound alteration of the tissues and more important nutritive functions, which terminates in the development of genuine cachexia.

These disorders produce their most injurious effects on certain organs, particularly the skin, thus making it easy to explain the influence exerted by alcoholism upon the several varieties of cutaneous disease.

3. Alcoholism, by its unaided power, is capable of evoking morbid cutaneous phenomena, whose underlying cause, however, is to be sought for in some special constitutional predisposition, *i. e.*, in either the arthritic, herpetic, scrofulous, or syphilitic diathesis. But these effects are seldom met with; and what we most frequently observe, and should always bear in mind, in respect to this condition, is the important part it performs in the maintenance and aggravation of pre-existing disease, to which it sometimes imparts a very serious character.

Reviews and Book Notices.

NOTES ON CURRENT LITERATURE.

——"Science," published weekly at Cambridge, Mass., is, so far as the general aim of its contents is concerned, an excellent journal. But it is very regrettable to notice the narrowed, prejudiced, and carping spirit in which it is edited. There are few good words in it for anybody outside of Boston, and those who write for it seem to aim to vindicate their ability by a studiously depreciatory reference to other workers. There is in it too much the style of the New York *Nation*, which is too omniscient to be truthful, and too feeble to correct its own errors. Such is not the spirit of true science, and should not be of any journal that bears that name.

BOOK NOTICES.

Transfusion—Its History, Indications, and Modes of Application. By Chas. Egerton Jennings, L. R. C. P., etc. Bailliere, Tindall & Cox, London, 1883. Cloth, 8vo., pp. 69.

The operation of transfusion has had periodical revivals, and here and there ardent advocates for centuries. Now and then, a wonderfully brilliant result is obtained by it; generally it is a disappointment. Dr. Jennings takes up the question of its utility in a strictly practical manner, and from personal observation of its effects. He has invented a siphon for intravenous injection and immediate transfusion, which he figures and describes. The operation he recommends is not, however, properly transfusion. He does not draw blood from another subject, nor, in fact, does he use blood at all, but a saline alcoholic fluid, which he believes acts almost as well, and which can be prepared any time at a moment's notice. This removes one of the greatest difficulties about transfusion, the securing a donor for the necessary blood.

An excellent bibliography of the subject closes the volume.

The Transactions of the American Medical Association.

Vol. XXXIII., Philadelphia, 1882, pp. 669.

In this, which we presume is the final annual volume of the American Medical Association, we have the usual minutes and formal matter, and a very fair number of essays. The most of these have already been communicated to the profession in various manners, so that there is little which is new to readers of medical periodicals. There is, however, an advantage in reading an author's views in full, and those who have had their interest excited by abstracts of the papers presented at the meeting will be glad to receive them in their perfect form in this volume.

Among so many well known writers, it were invidious to draw distinctions. Moreover, as matters now stand in medicine, hardly any one but a specialist can judge of specialists' papers. Hence, we shall not undertake to pronounce on the merits of the articles read before the different sections. There are few which are not by men well known for their thorough study of their respective branches. Of many we have had, or shall have, occasion to make extracts and notices in our columns.

Finally, we may say, the volume is one quite equal to any of its predecessors—and this is high praise.

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THE
QUARTERLY COMPENDIUM
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MEDICAL SCIENCE.

With January 1st, 1883, the COMPENDIUM OF MEDICAL SCIENCE, formerly published half yearly, has been commenced as a *quarterly*, to be issued on the 1st of January, April, July, and October.

It is especially adapted to be taken with the REPORTER, as few or none of the articles in it appear in our weekly journal.

The price of subscription remains the same, $2.50 per year. But as a special inducement to subscribers to the REPORTER to take the COMPENDIUM also, we offer the two journals at the very low price of

SIX DOLLARS,

when paid for *strictly in advance* and directly to this office.

MOTIONS OF THE INTESTINES.

Nothnagel has conducted a series of observations regarding the motions of the intestines, and published the results of the same in Zeitsch. f. Klin. Mediz., iv., p. 532. The experiments were performed after the method of Sanders*; they confirm the opinion of Hongkerst,† that we never find anti-peristaltic motion in the normal uninjured intestine. If unirritating, indifferent fluids are injected into the bowels either in the form of clysma or by puncture with an hypodermic syringe, no anti-peristaltic motion sets in, but such does happen when the solution containing 27–20 p. ct. of chloride of sodium, or a similar irritating fluid is introduced in any way into the alimentary canal. The anti-peristaltic motion may take place in the small as well as in the large bowel.

Were acute closures of the bowels artificially produced, no anti-peristaltic motion was noticed. Had the intestine been quiet before the sudden closure, then it also continued that way after the same; was the bowel before in motion, the latter also continued after the closure; but this depended greatly upon the contents, viz: if the bowels were empty, there was no motion; were fæces contained in them, then the upper part, which they had left, was motionless, while the lower part, with its contents, continued the motion. This fact goes to prove that stercoraceous vomiting in cases of convolvulus or intussusception or any other closure of bowels, cannot be caused by the increased anti-peristaltic motion, and that Sweiten's theory regarding the pathology of this symptom is correct.

In catarrh of the intestines, if rapidly developed in consequence of some acute irritant, there develop themselves first strong contractions near the inflamed tissue; as soon as this part of the bowels is empty, these cease also. Nothnagel believes, however, that the increased irritability of the diseased bowel continues. He also noticed that in rabbits invagination would take place with ease and rapidity whenever the motions of the bowels have been increased very much; a fact

*Centrlbl. f. d. Med. Wissensch., 1881, p. 479.
†Ibidem, 1873, p. 471.

which would go to explain many a case of intussusception in men, where hitherto no cause could be detected.

We further learn from Nothnagel's observations, that the sulphate of sodium acts far more promptly on the intestines than the sulphate of magnesium, and that it is also far less irritating in character; the redness and local exudation following the application of the latter remedy being invariably more intense than the same symptoms caused by sulphate of sodium. It is a remarkable fact, that in our country and in England, Epsom salt is the remedy usually employed when the physician wishes to administer a saline cathartic, sulphate of sodium being left to the veterinary surgeons, who, on account of the cheapness of Glauber-salt use it in horses. But if all practicing physicians were aware of the fact, that while being far milder in its action, so mild that it can with safety be administered to the youngest child, half a teaspoonful of Glauber-salt will go as far regarding its cathartic effect, as about a tablespoonful of the far stronger, but usually-employed Epsom salt, and that besides, the latter has a more disagreeable taste than the former, there soon would be few physicians who would still use the Epsom salt; most would do what their German confrerès have been for fifty years in the habit of doing, give preference to the milder, surer, and better-tasting Glauber-salt.

THE PATHOLOGY OF DIABETES.

All our acquaintance with diabetes, is, to say the least, very vague. Of its treatment, we are still quite ignorant, and in reference to its pathology, we are so much in the dark, that an English physician recently made the statement before the Pathological Society of London, that, in his opinion, diabetes has no pathology, that it is a functional disease.

The attention of this society has been lately devoted in an especial manner to this subject, and at a recent meeting (*Brit. Med. Journal.*, May 12, 1883), Dr. Pavy advanced some views that are so striking as to be well worthy of consideration.

He notes that glucose, cane-sugar and starch, are, in health, all converted by the ferments of the alimentary canal into maltose, which, in turn, is converted in the liver into starch.

It can be demonstrated by experiment, that when the liver is supplied with blood that contains an excess of oxygen, that is not thoroughly venous, a reverse action takes place and starch is converted into sugar.

Dr. Pavy supposes that owing to some lesion of the vaso-motor nervous system, the blood is allowed to circulate abnormally fast through certain areas of the organs which make the chyle, and that thus the portal blood, owing to the hurried circulation which takes place in certain parts, comes to contain too much oxygen.

A valuable coincidence was, that at the same meeting Dr. Dickinson said that he looked to a dilated condition of the blood-vessels in the organs as an important factor in the production of diabetes.

This theory is a very ingenious one, and seems to borrow additional weight from the rather numerously reported cases of diabetes in which ergot has proved beneficial; but does it go far enough?

It accounts for the sugar in the urine, and the hepatic derangement may account for the emaciation and loss of strength; but what accounts for the thirst and the large quantities of urine voided?

What we want is, first to determine whether this theory will stand, and then to inquire into the location and nature of the lesion of the vaso-motor system.

The London Pathological Society has appointed a committee to further investigate the matter.

ANGINA PECTORIS.

Angina pectoris being an affection which is so calculated to tax the equilibrium of a physician when called to a severe case, it is well to have constantly in mind the more important points concerning it. A very interesting lecture on the subject, by Professor Germain Sée, is published in the *N. Y. Med. Jour.*, May 26, 1883.

He considers that angina from tobacco is rare, and when it does occur, abstinence from the weed suffices to cure it; but, on the contrary, alcoholic angina does not yield to suppression of the cause since it is evidence that endarteritis of the coronary vessels as well as degenerations or scleroses of the myocardium exists.

He states that the etiological treatment is unsatisfactory, and generally unsuccessful, and that the best we can do is to treat the paroxysms, and endeavor to prevent their return.

To meet the first indication, his sheet-anchors are morphia, hypodermically, and nitrite of amyl. He has used nitro-glycerine (one or two drops of a one per cent. solution) with success.

In the intervals of the attacks, he relies upon bromide of potassium if the patient is excitable, and digitalis when the angina results from cardiac atony or degeneration.

SELF-LIMITATION OF CERTAIN DISEASES WHICH ORDINARILY PROVE FATAL.

Drs. T. Gaillard Thomas, B. W. McCready, and A. C. Post had considerable to say on this subject before a recent meeting of the New York Medical and Surgical Society.

They regaled the members with interesting histories of cancers and consumptions in which they had made the gloomiest prognostications, and the patients recovered.

It seems strange that these distinguished gentlemen should deem it worth while to consume the time of the Society in reminding us that *prognosis* is not quite yet an *exact* science.

We have but little fear of honest contradiction, when we say that were every physician to make a memorandum of his prognosis in every case and compare it with final results, we would find ourselves mistaken as often as we would be correct.

We do not mean to belittle the value of prognosis, but we do think that our prognostic signposts are very far from accurate.

THE UTILIZATION OF SEWAGE.

Now that they have succeeded in converting the Thames into a sewer, the people of London are commencing to think "what they are going to do about it."

Sir Joseph Bazalgate has suggested that works should be undertaken for emptying the sewage of London into the German Ocean, at a cost of $30,000,000.

This proposition has been very wisely rejected and it is now under consideration to devise some means of converting the sewage of London into manure.

It is estimated that the annual output would realize 650,000 tons of excellent manure, which would materially reduce the expense of inaugurating such a system.

This plan is now in successful operation in portions of France.

It would be well for our cities and towns that are not satisfied (and very few of them ought or have any right to be) with their present method of disposing of sewage, to seriously consider this matter.

PNEUMATIC DRAINAGE.

In our issue of October 14, 1882, we made mention of the pneumatic system of drainage, which was being tried in a quarter of Paris.

It consists in the removal, by suction, of the refuse to a safe distance from the city, where it is converted into manure.

We have now the pleasure of reporting that it has led to such remarkable results in the decline of typhoid fever that it is to be extended to other quarters of the city.

NOTES AND COMMENTS.

A Case of Cystocele Complicating Labor.

Dr. John H. Whitham, L. R. C. P. Ed. of Haworth writes, in the *Brit. Med. Jour.*, May 5, 1883:

On January 10th, a patient of mine, who was pregnant, complained to me that she had "bearing-down pains" in the lower part of her body, and that she thought something had given way. I made a digital examination, and found a tumor protruding through the vulva. I could pass my finger behind it, and could recognize the os uteri high up and looking backwards; but anteriorly the tumor was attached. I concluded that it was

a case of cystocele, and ordered my patient to preserve the recumbent posture, making frequent use of the catheter myself, to prevent accumulation and decomposition of urine. The case went on without any inflammatory symptoms until labor set in on the 29th ultimo. Early in the labor the bladder and rectum were emptied. As the patient had a very roomy pelvis, I found that at first I could replace the tumor and hold it up above the pubes by means of two fingers; but as the pains became more intense, I was obliged to withdraw my fingers, and, in doing so, the bladder followed them. I then consulted with Dr. Dobie, of Keighley, and the result was that I gave the patient a full dose of ergot, placed her in the knee-elbow position, replaced the tumor, and held it in position until the next pain brought down the head well into the pelvis. After this, there was no further trouble; the case was quickly and easily terminated without further complication.

I have reported this case, not because any extraordinary treatment is adopted, but because I had to deal with a complication which is apparently rare, since I have fruitlessly consulted on this point several well-known midwifery books.

Imperforate Hymen Persistent in Labor.

Mr. H. Grey Edwards, B. A., M. B., B. Ch., of Bangor, writes as follows in the *Brit. Med. Jour.*, May 5, 1883:

At 11 p. m., April 25, 1883, I was called to see S. O., primipara, aged 32, said to have been in labor since Monday morning, the 23d ultimo. I found the patient suffering from severe "pains." On digital examination, I was somewhat surprised to find that the orifice of the vagina was completely closed by a tough membrane. Anteriorly, it was comparatively thin, and attached to the edge of the vaginal orifice, whence it sloped gradually backwards, until, at the posterior wall, it was attached an inch and a half from the orifice. Here it was very thick, and gave the same sensation to the finger as the walls of the vagina itself. The fœtal head could be easily felt through the tissue, which was perfectly lax, resisting all efforts at rupture with my finger.

Having decided to give the uterus time to do its best, I left, calling again at 4 a. m.; but, though the pains had been strong and frequent, things were much in the same condition. By sawing with my nail at the thinnest part, I eventually got the end of my finger in, and tore the hymen by drawing the finger backwards, until about halfway across, but I could not manage it further. I then waited an hour, in the hope that the remaining half would not be sufficient obstruction to delivery; but, "pains" becoming short and slight, I put on a forceps, and delivered without difficulty. The patient is going on satisfactorily.

I have reported this case under the belief that such a tough condition of hymen is most unusual.

It is medico-legally interesting, that one single act of copulation, in spite of the seeming difficulties of the case, sufficed for impregnation.

Salicin in Rheumatism.

Salicin is the natural product of the willow root, while salicylic acid is the artificial phenol derivative. Dr. Quinlan says that while the latter will sometimes sicken even in moderate doses, almost any quantity of the former can be given, and in the *Lancet*, May 5, 1883, he records two cases of acute rheumatism rapidly cured by its use. He advises it in large and frequently-repeated doses: One of his cases took eighty grains in one dose, daily, for three days without any bad effect. Salicin in very large doses is most easily taken by stirring it into a hock glass of milk, which the patient rapidly swallows before it has time to settle down from its suspension. It may also be taken in wafer paper, or even in water, but in this case the bitter flavor is felt. It should always be taken on an empty stomach; after food it often occasions nausea and tinnitus. Its value in acute rheumatism cannot be over-estimated, and should the physician get hold of the case early he will likely be able to conquer it before there is time for cardiac complication, so apt to leave enduring mischief behind it. Finally, when the rheumatic sufferer convalesces the salicin should not be dropped too suddenly. For a week it should be given in full doses morning and evening, and for a fortnight once daily; otherwise a relapse may supervene. A notable feature in the salicin treatment is its tonic effect in promoting a steady and rapid recovery of strength and vigor during convalescence.

It is very cheap, selling in England, at retail, for less than twenty-five cents per ounce.

Acute Articular Rheumatism in Childhood, with a Peculiar Complication.

In a girl, æt. 12, suffering from regurgitation of the mitral valve, there were noticed on some joints, especially at the places of insertions of sinews, small, diffuse, painless spots of thickening; they could be felt especially well on both knee-joints, over the attachment of the quadriceps on the

upper edge of the patella and in both wrists above the styloid process. After the patient had passed through an attack of acute articular rheumatism, these spots of thickening had changed to moderately resisting and somewhat sensitive nodules of the size of a split pea. Besides the places above mentioned, these peculiar appearances were observed also on both external malleoli, on the right elbow above the olecranon, near the spina ileum sep-post on either side, and on the right shoulder-joint below the attachment of the clavicula. The *post mortem* examination revealed them as fibrous nodules with cartilaginous parts; some even showed a bony texture, and some chalky deposits, they evidently being different stages of the same process.

The case was observed in Henoch's clinic (*Berl. klin Wochensch.*, 1883, N. 11), and in a second case also treated there, these nodules were absorbed and totally disappeared. The second case was also that of a twelve-year-old girl.

Antiseptic Inhalations in Phthisis.

Viewing phthitis as caused by micro-organisms and knowing that certain antiseptic drugs have the power of destroying the vitality of organisms, the antiseptic treatment of phthisis would seem theoretically to possess much to recommend it. Dr. Arthur Hill Hassall has instituted some observations on the subject and his results (*Lancet*, May 5, 1883,) are negative. He used carbolic acid, creasote, thymol, and iodine. With the exception of iodine, only a very small amount of the drug was volatilized, the amount found in the vessel at the end of the observation being very nearly equal to that originally used, while the iodine was converted during the process of inhalation into the iodide, and thus lost its antiseptic properties. These results argue against attempting to volatilize these articles, but they do not prove that the insufflation of powders, such as iodoform, may not have a beneficial effect. This is a field of therapeutics but little cultivated as yet.

Poisoning by Salicylate of Soda.

In the *British Medical Journal*, May 5, 1883, Dr. Frank Ogston reports the case of a man who took fifteen grains of salicylate of soda for rheumatism. One hour and a half afterwards he fell asleep, and shortly afterwards became comatose, with contracted pupils; respiration 12, pulse 45, and temperature 98.5. He continued in this condition for sixteen hours, when he died. The remaining powders, upon examination, were found to contain nothing but salicylate of soda. Upon *post mortem*, no organic lesions of sufficient gravity to account for death could be found, so that Dr. Ogston concluded that death was due to the salicylate. This opinion was doubted by many who heard the report of the case, but no one was able to absolutely disprove it. Such poisonous properties are not usually attributed to this drug, and it would be interesting to know more about the influence of idiosyncrasy in this regard.

The Picric Acid Test for Albumen.

Some physicians having failed to detect albumen with picric acid, when it was to be found with other tests, causes Dr. George Johnson to call attention to the erroneous manner in which they used it, and to enunciate the following caution in the *British Medical Journal*, May 5, 1883:

It should always be borne in mind that, in testing for albumen, the *picric acid must be in excess*. A few drops of a saturated solution of picric acid in a highly albuminous specimen will form a coagulum, which is quickly redissolved; and this explains the fact that one of my correspondents, who poured the picric acid solution on the surface of highly albuminous urine, got an indication of albumen, which soon disappeared. When urine contains much albumen, it should be mixed with its own volume of the picric acid solution; and in testing a fresh specimen, it is better to begin by adding an equal volume of the test liquid.

Treatment of Chordee.

The following prescription has very often been effectual in the hands of M. Mauriac, in the Hospital des Veneriens:

℞. Syr. digitalis (fr. cod.),
Syr. morphiæ (fr. cod.), āā ℥ iss.
Kalii bromid., ℥ v.
M. Tablespoonful every evening at bedtime.

Or a suppository as follows:

℞. Chloral hydrat., gr. xx.
Ol. theobromæ, q. s. M.
For one suppository.

Or the following injection, recommended by Cambillard:

℞. Kalii bromid., ℥ iss.
Tr. opii, ♏ ss.
Glycerinæ, ♏ ss.
Aq. distill., ℥ v. M.
S. 4 injections daily.

Methods of Administering Resorcin.

M. Andeer gives the following prescriptions for the administration of resorcin, which has been experimented with as an antipyretic and antisep-

tic in febrile conditions, especially in stomatitis, infantile cholera and diphtheria:

℞. Resorcin, gr. vij.—gr. xlv.
Syr. aurantii cort., ℥ss j.
Aquæ destil., ℥ iij. M.
S. A tablespoonful of this potion every two hours.

To make an emulsion, seven grains of resorcin may may be made up with five drachms of sweet almonds and water to three fluid ounces, and a tablespoonful administered every two hours.

In powder, resorcin may be given in doses of two or four grains in syrup or alone in cachets.

Carbolic Acid in Piles and Fistulæ.

The fact that there is a growing tendency among physicians to the belief that carbolic acid injected into the pile tumors will radically cure and entirely remove them, and that it amounts almost to a specific in fistula, has induced Dr. A. B. Allen, of Jerseyville, Ill., to write to the *Peoria Medical Monthly* for May, 1883, condemning this practice. In conclusion, he says:

"I have met over one hundred cases that had been treated by some one of the above methods before coming to me. The universal verdict has been that it is very painful, and I am certain ineffectual, and a large proportion of them certainly very much debilitated, either from the therapeutical effects of the drug, or from the excruciating pain they had undergone."

The Treatment of Croup.

Dr. Charles J. Fahie writes to the *Brit. Med. Jour.*, May 12, 1883, that out of ten cases of croup treated as follows he did not lose one. He provides that the case must be seen early. A hot bath, a hot poultice of burnt salt to the throat externally, a mustard emetic, and a dose (to be regulated according to the age of the child) of the following mixture every two hours: Tartar emetic, liquor ammoniæ acetatis, and mistura citratis potassæ, to six ounces. The citrate of potash mixture can be made by saturating bicarbonate of potash with citric acid.

Such success raises a question as to the correctness of Dr. Fahie's diagnosis, about which he says nothing.

Solution in Otalgia.

The following solution has been highly recommended in ordinary earache, unaccompanied by suppuration or rupture of the tympanum:

℞.—Atropiæ sulphat, 20 centigrams.
Aquæ destillat., 25 grams. M.

Four or five drops of this solution may be dropped into the ear, and left there for ten or fifteen minutes, then the cavity of the external ear should be dried with a small pad of cotton wool.

This may be repeated several times, and is given as a heroic remedy in ear troubles. This solution is of course intended for the adult, and should be diluted at least with four times the quantity of water for children under three years of age.

The Nature of Puerperal Fever.

Dr. William Alexander, of Liverpool, believes that puerperal fever is in reality one of the eruptive fevers that has induced septicæmia. Scarlatina, typhus, erysipelas, or typhoid fever appearing in a puerperal woman will often rapidly interfere with the normal puerperal uterine conditions, and produce a disease whose origin is the poison of an eruptive or continued fever, and whose course is that of a modified septicæmia.

He has been contributing some valuable papers on this subject to the *Med. Times and Gaz.* (May 5–12, 1883.)

Swallowing of Shot and Insufflation in the Treatment of Ileus.

From the *London Med. Record*, May 15, 1883, we learn that in three cases (*Gazz. Med. Ital. Lomb*, February 10, 1883), with well-marked symptoms of invagination of the bowel, obstinate constipation, stercoraceous vomiting, pain, etc., Dr. Pedrini, after other remedies had failed to relieve, made the patient swallow five or six bullets and two kilogrammes of No. 3 shot, at the same time using prolonged and repeated insufflation of air by the rectum. In each case the success of this treatment was complete, relief being quickly obtained, and the patient making a good recovery.

Is Distilled Water in all Cases the Best Vehicle for Eye Lotions?

In the *Practitioner* for May, 1883, Dr. Paul M. Chapman claims that it is not, saying: "I have tried the experiment on myself and on many of my friends, and the answer is always the same, viz.. that the introduction of distilled water into the eye is attended with much discomfort and smarting, while with normal saline there is no noticeable effect whatever.

"The practical deduction is this, which I have also verified, that the addition of 2½ grains of chloride of sodium to the ounce of distilled water renders any lotion intended to be of a soothing character much more beneficial."

Ergot in Diabetes Insipidus.

The success which has attended this treatment in the hands of Dr. T. Hammond Williams (*Lancet*, May 12, 1883), would seem to lend some coloring to Dr. Pavy's view of the etiology of the disease (described in our editorial on the subject, p. 666). Two drachms of the fluid extract thrice daily reduced the quantity of urine more than one-half. The cases passed from observation, so that, unfortunately, the permanency of the good results cannot be told.

Insanity in a Child.

The *Alienist and Neurologist*, April, 1883, says that a six years ten months' old child is reported by Berner (*Norsk Magazin for Lægevidenkaben*, Bund XII, Hefte 3) to have been attacked by melancholia. The patient was desirous of solitude, very restless and unquiet in slumber, and had hallucinations of sight and hearing. There were at times paroxysms of markedly painful depression. Hereditary history was uncertain, and the patient recovered in a month.

Sub-mucous Chloroform Injections in Toothache.

Gaillard's Med. Jour., May 19, 1883, says that Dr. Guillot (*Progrès Médical*, March 24, 1883), claims to have had very good results in the treatment of toothache from the injection of chloroform beneath the mucous membrane of the gums. The effects are more immediate and lasting than those of morphine. There have been no resultant abscesses or inflammations.

Snake Bites.

In the course of discussion on the "Poison of the Viper" in the *Lancet*, April 28, 1883, Sir Joseph Fayrer, commenting on the excision of the bitten part, says: "In cutting out the part it is necessary to remove all the tissues stained the peculiar red tint caused by snake bites."

Correspondence.

Cases of Poisoning.

Eds. Med. and Surg. Reporter:—

Passaic county has its courts a trifle burdened just at present in disposing of cases of poisoning. The second trial of "Aunt Sally" Story for causing the death of Mrs. Feest by giving her strychnia, which she told her was quinine, has just ended in her conviction for manslaughter. The prisoner has a bad record, having been accused of poisoning a neighbor's dog; of threats of poisoning human beings, and of one attempt on human life before the present. The poison had been in the house of the accused for two or three years, and had been seen by two neighbors at different times, Mrs. Story explaining what it was, and that it was intended for rats and mice. It was wrapped in white paper, and enclosed in an envelope marked "Poison" with blue pencil. Not long prior to the poisoning, she showed the white paper and inclosure to the physician who sometimes attended her, asking him, "Is this marked quinine?" The doctor said not. On tasting it, he said, "It tastes like quinine, but you had better not use it, on account of uncertainty."

Not long subsequently the deceased was drawing water from Mrs. Story's well, and complaining of having the chills, which her physician failed to give quinine enough to cure effectually. Thereupon, Mrs. Story presented her with the powder, saying that it was quinine, and would help her. This was on the evening of September 14th last. The next morning at six o'clock the victim swallowed it, and in fifteen minutes died, with the spasms peculiar to strychnine poisoning.

Mrs. Story, who lived hard by, was informed of the death once or oftener, before 8 a. m., yet two hours later she affected surprise at hearing of it, weeping and making ado about her loss, etc. At the coroner's investigation, she swore that the only strychnine she had had in the house for years was entirely used in destroying minks. This made it very difficult for her to account for its presence in her house, and its accidental (?) substitution for quinine. She has been in prison for eight months, a former trial having resulted in a disagreement of the jury. The present trial attracted few spectators, though it has been distinguished for the legal acumen and ability with which it has been conducted, and for the fairness and perspicuity of the judge's charge. The verdict is universally regarded as just and proper; though the "recommendation to the mercy of the court," secured a sentence generally deemed inadequate.

The trial has thrown a strong light on the lack of care employed in dispensing deadly drugs. A clerk from a leading drug store testified that poison was sold without weighing, a guess being made at the amount to be delivered for a given purpose; that it was enclosed in white wrapping paper, and placed in an envelope, which was marked "Poison" with any marking material most convenient. There was nothing in the color of any of the enveloping materials to indicate the dangerous nature of the contained drug; and no record was kept of the name of the purchaser. The judge, who elicited many of these points, remarked that it would be necessary to be a little more careful, as the late legislature had passed an act bearing upon this matter.

The second case of poisoning includes the family of Robert McLaren, consisting of himself, wife, and three children, together with a boarder named William Black. They were all taken with extreme epigastric pains, vomitings, and some diarrhœa soon after eating the mid-day meal, on Tuesday, May 23d. McLaren is employed in the Rogers Locomotive Works, and in common with some fellow-workmen has a physician to attend by the month, who saw the McLarens soon after the occurrence of the violent symptoms, and subsequently on the evening of the same day. Becoming otherwise engaged, he gave no further attendance until the announcement of the death of John

McLaren, sometime in the morning of the 25th. A second physician having been summoned on the afternoon of the 24th, found the youngest of the McLarens, aged six, affected as above described, and pulseless; Robert McLaren, the father, in a fainting condition; and William Black in a collapse, pulseless, and in a cold sweat. The vomiting of the last had been very frequent and violent, and attended with cramps in the stomach and legs. He complained of a burning in the rectum as if hot water were passing his bowels. All were drinking large quantities of water, which was presently rejected. The pulse, in those in which it was appreciable, was quick. Measures were taken to check the vomiting and support the flagging powers of life, which succeeded in those in whom the pulse had not ceased at the wrist. William Black and John McLaren, exhibiting these symptoms, died between two and three o'clock of the morning of the 25th, a little over a day and a half from the period of attack.

The perpetrator is unknown, but some suspicion has rested upon Wm. Black, who was separated from his wife and other friends; and, having been an inmate of the poor-house, was supposed to be tired of life; he was also said to be at variance with the mistress of the house.

The autopsies, as reported by the daily papers, present some points of interest to the profession. In Black's case, it consisted of an examination of part of the abdominal viscera, and a superficial examination of the lungs. In the case of the child, the viscera of the chest and abdomen were examined, with the exception of the stomach, which was removed but not opened, being reserved entirely for the inspection of the analytical chemist, should one be employed in the case. This is said to be in accordance with the preference of Prof. Doremus in cases of volatile poisons. The autopsies were held in the evening, a circumstance condemned by the very high authority of Virchow. E. T. Blackwell, M. D.

Paterson, N. J., June, 1883.

News and Miscellany.

American Surgical Association.

(*Concluded from page* 647.)

Third Day.

Dr. S. W. Gross, of Philadelphia, reported

A CASE OF NEPHRECTOMY FOR MEDULLARY CARCINOMA AND PARTIAL CHOLEO-CYSTECTOMY FOR CALCULUS IN THE SAME SUBJECT.

Dr. J. Ewing Mears, of Philadelphia, followed with a paper entitled

CLOSURE OF THE JAWS AND ITS TREATMENT.

Dr. Vanderveer, of Albany, N. Y., now read his paper on

REMOVAL OF MECKEL'S GANGLION FOR THE RELIEF OF TRIFACIAL NEURALGIA.

Dr. J. M. Barton exhibited a splint which he had used for some years for synovitis of the wrist joint.

Dr. David Prince, of Jacksonville, Ill., gave a description of his *rectal obturator*.

Dr. Campbell, of Georgia, gave a description of several cases of

STRICTURE OF THE ŒSOPHAGUS WITH REMARKS ON TREATMENT.

Dr. Campbell presented some apparatus for fixation of the elbow-joint, devised by Dr. Coleman, of Augusta.

Dr. Bontecue advocated irrigation in cases of cystitis.

OFFICERS FOR 1883–84.

President—Dr. E. M. Moore, Rochester, New York.

First Vice-President—Dr. W. W. Dawson, Cincinnati.

Second Vice-President—Dr. C. H. Mastin, Mobile.

Secretary—Dr. J. R. Weist, Richmond, Indiana.

Treasurer—Dr. J. H. Packard, Philadelphia.

Recorder—Dr. J. Ewing Mears, Philadelphia.

Member of Council—Dr. P. S. Connor, Cincinnati.

The next place of meeting is to be Washington, D. C., on the Wednesday before the meeting of the American Medical Association.

American Medical Association.

The American Medical Association met in annual session in Cleveland, and continued in session June 5, 6, 7 and 8. The address of welcome was delivered by General Edward S. Meyer.

The President, the veteran Dr. John L. Atlee, of Lancaster, then delivered his address, which consisted in a most graphic and interesting description of the condition of our profession sixty-five years ago, when he was a student; it was replete with reminiscences of the distinguished teachers of those by-gone days, and was listened to with great attention.

BUSINESS TRANSACTED.

Drs. J. S. Billings, U. S. A., presented a communication from the President of the British Medical Association and Dr. Mahomed, inviting coöperation with the committee of the Association on the

COLLECTIVE INVESTIGATION OF DISEASE.

Dr. H. D. Didama, of New York, presented a communication from Dr. Tyndale, of New York, containing a petition to Congress, the Secretary of War, and the Signal Service Department, requesting that a committee of five professional gentlemen be appointed to establish

CLIMATIC OBSERVATIONS

at the general health resorts and watering-places, and to collect data in regard to the sanitary value of the localities in regard to pulmonary diseases. Adopted.

Prof. S. D. Gross, of Philadelphia, read a communication signed by himself, Dr. Austin Flint, Jr., and Dr. Oliver Wendell Holmes urging upon the Association the importance of petitioning Congress to provide a suitable fire proof building for the Army Medical Museum and Library.

Dr. H. A. Johnson, of Chicago, then offered a series of resolutions to this effect, in which Congress is asked to make an annual appropriation of $10,000 for the purchase of books.

The report of the Trustees of the new Journal was read, which shows that they have received

pledges of subscription to the number of 2,500. The journal will be published in Chicago by A. D. Newell & Co. Dr. N. S. Davis, of the same city, will be the editor, and the first number will be issued soon after July 1. The minutes of the meetings will hereafter be published in a small volume, the papers appearing in the Association Journal.

A resolution was offered by Dr. Batchelor and adopted, that the President shall appoint one or more members from each State, whose duty it shall be to secure by petition or otherwise the passage in their respective States of more stringent laws respecting the sale of poisons.

Dr. S. D. Gross, of Philadelphia, offered a resolution that in recognition of the necessity of trained nurses, and the benefit that has arisen from the establishment of training-schools for nurses in large cities, the Association recommends the establishment of similar schools in every county of each State, instruction to be given gratuitously, or at rates which do not exclude the poor from their benefits.

Dr. Walter Hay, of Illinois, moved that a special

SECTION OF PSYCHOLOGICAL MEDICINE

be organized. Laid over for one year in accordance with the rules.

The report of the Standing Committee on

ATMOSPHERIC CONDITIONS AND THEIR RELATIONS TO THE PREVALENCE OF DISEASES,

was presented by Dr. N. S. Davis, Chairman. He stated that the work of the Committee was begun as quickly as possible after the last meeting. Observers had been appointed in twelve different parts of the United States, who received instructions to take accurate observations, during the day and night of every day in the year, as well as to note the presence of any organic matter in the air. He then spoke of the necessity of continuing the observations through several years, and closed with a statement of the finances of the Committee.

Dr. S. Pollak, of Missouri, offered a resolution on behalf of the St. Louis Medical Society, to the effect that whereas many of the provisions of the present Code of Ethics are obsolete, and that early revision is necessary, and that no society except the American Medical Association has any power to alter the present Code, but only to ask for its revision; therefore, that the American Medical Association be respectfully requested to appoint a committee of one member from each State, for the purpose of taking into consideration the propriety of revision of the Code of Ethics of the American Medical Association, and report thereon at the meeting of 1884. That this committee be authorized to propose a Code of Ethics, which, in their opinion, will meet the wishes of the profession, and to submit the same at the next annual meeting.

It was immediately moved and seconded, by more than a hundred voices, that these resolutions be laid upon the table, and the motion was carried almost unanimously, amidst loud applause.

The Nominating Committee reported the following nominations of members of the

BOARD OF TRUSTEES OF THE JOURNAL,

to fill the positions occupied by those whose term expires this year, and one to fill the vacancy occasioned by the resignation of Dr. N. S. Davis: A. Garcelon, of Maine; J. O. Hooper, of Arkansas; L. S. McMurtry, of Kentucky; and J. H. Hollister, of Illinois.

THE COMMITTEE OF PUBLICATION

reported that an index of all the volumes of Transactions was now in preparation, of which 1,500 copies would be issued, at a cost of $500, and would be sold to members at one dollar per volume. The report was received and adopted.

THE COMMITTEE ON NOMINATIONS

presented the following report, which was adopted:

President—Austin Flint, Sr., M. D., of New York.

Vice-Presidents—R. A. Kinloch, M. D., of Charleston, S. C.;
T. B. Lester, M. D., of Kansas City, Mo.;
A. L. Gihon, M. D., of U. S. Navy; and
S. C. Gordon, M. D., of Portland, Maine.

Treasurer—R. J. Dunglison, M. D., of Pa.

Librarian—C. H. A. Kleinschmidt, M. D., of Washington, D. C.

Place and Time of Meeting—Washington, on the first Tuesday in May, 1884.

Chairman of Committee on Arrangements, A. Y. P. Garnett, M. D., of Washington.

Assistant Secretary, D. W. Prentiss, M. D., of Washington.

CHAIRMEN OF SECTIONS.

Practice of Medicine—J. V. Shoemaker, of Pennsylvania.
Obstetrics—T. A. Reamy, of Cincinnati.
Surgery—C. T. Parks, of Illinois.
Ophthalmology—J. J. Chisolm, of Baltimore.
Diseases of Children—Wm. Lee, of Indiana.
State Medicine—J. D. Roberts, of Tennessee.
Oral Surgery.—T. W. Brophy, of Illinois.

The following were appointed a committee on surgical service aboard steamers and other ocean vessels: Dr. A. N. Bell, of New York; Dr. A. L. Gihon, United States Navy; Dr. J. N. Quimby, New Jersey; Dr. H. O. Marcy, of Massachusetts, and Dr. Henry H. Smith, of Pennsylvania.

ADVANCEMENT IN CREMATION.

Dr. Keller presented the following:

That in the very near future, if not now, cremation will become a sanitary necessity in the large cities and populous districts of the country, and that the question be referred to the section on hygiene, which was done.

Dr. William Bodine and Dr. H. T. Walker were selected as delegates to the Canadian Medical Association meeting.

PAPERS READ.

Dr. Robert D. Murray, U. S. Marine Hospital Service, subject: Yellow Fever.

Dr. Wm. Morrow Beach, Ohio, subject: Milk Sickness.

Dr. W. H. Byford, Chicago, subject: Chronic Intra-Pelvic Inflammation.

Dr. Henry G. Landis, Columbus, Ohio, subject: Post-partum Polypoid Tumors.

Dr. H. O. Marcy, Massachusetts, subject: The Restoration of the Perinæum by a New Method.

Dr. R. S. Sutton, Pennsylvania, subject: Enterotomy as a complication in Ovariotomy or Oöphorectomy.

Dr. Reuben A. Vance, Ohio, subject: The Radical Cure of Hernia by a New Method.

Dr. Dudley P. Allen, Ohio, subject: A Comparison of Antiseptic and Non-Antiseptic Methods of Treatment.

Dr. Henry A. Martin, Massachusetts, subject: The Treatment of Synovial Diseases by a New Method.

Dr. Lawrence Turnbull, Philadelphia, subject: Paralysis of the Facial Nerve in Connection with Diseases of the Ear.

Dr. W. C. Jarvis, New York, subject: Tonsillotomy by Ecrasement.

Dr. Carl Seiler, Philadelphia, subject: Action of Nitrate of Silver on the Mucous Membrane of the Throat.

Dr. C. Williams, St. Paul, Minn., subject: Myringitis.

Dr. C. W. Earle, Chicago, subject: Cephalhæmatoma in New-born.

Dr. J. H. Hollister, Chicago, subject: The Address in Medicine.

Dr. J. K. Bartlett, Wisconsin, subject: The Address in Obstetrics and Diseases of Women.

Dr. W. F. Peck, Davenport, Iowa, subject: The Address in Surgery.

Dr. Foster Pratt, Kalamazoo, Mich., subject: The Address on State Medicine.

Dr. R. M. Blount, Indiana, subject: Address on Diseases of Children.

Dr. Paul T. Eve, Nashville, Tenn., subject: An Appliance for Keeping the Arm Stationary.

A postal card addressed to the Secretary of the American Medical Association, Dr. Wm. B. Atkinson, No. 1400 Pine street, Philadelphia, will procure the post-office address of any of these gentlemen, and a postal card to any of them will procure a copy of any desired paper; thus freeing our columns from pressure.

Connecticut State Medical Society.

At the recent meeting held in Hartford, May 22d and 23d, the following papers were read:

Author.	*Subject.*
Dr. W. G. Brownson . .	President's Address.
" M. H. Henry.	Varicocele.
" M. C. White	Micro-spectroscopy.
" W. C. Wile	Extirpation of the Entire Uterus.
" " "	Resection of Hip-joint.
" W. C. Burke, Jr. .	Removal of Entire Uterns.
" G. L. Porter	Extra-uterine Pregnancy.
" M. C. White. . . .	Vesical Calculi.
" George S. Parmelu .	Points in Oral Surgery.
" W. H. Holmes . . .	The Treatment of Pleurisy by Aspiration.
" F. N. Braman . . .	Complications in Labor.
" A. Beardsley. . . .	The Treatment of Intermittent Fever.

The Secretary is Dr. S. B. St. John, Hartford, Conn.

Parasites in the Human Body.

We note the following from the *Proceedings of the Med. Soc. of the County of Kings:*

Recent investigations have added greatly to our knowledge of the more highly organized parasites of the helminthoid type. For example, it has been ascertained beyond doubt that the blood-vessels of a human being capable of performing his daily avocations may contain from 20,000 to 30,000 minute embryo nematoid worms. A physician of Calcutta demonstrated this with regard to persons in that climate. Numbers of individuals so affected suffer from chyluria, or elephantiasis in one or other of its forms; but this is by no means universally the case. Researches have also revealed the curious fact that these teeming multitudes of nematoids lurk in some unknown recesses of the vascular system during the daytime, and that only as night approaches do they wander at large through the vessels generally. Experts assure us that a single drop of blood taken from the prick of a finger at midnight in a person so affected may contain as many as 200 embryo nematoids, while many drops similarly obtained at midday will not reveal a single worm.

Missouri Medical Association.

The following are the officers for the ensuing year.

President—Dr. E. H. Gregory, of St. Louis.

Vice-Presidents—Dr. O. A. Williams, of Morgan county; Dr. John H. Duncan, of Boone county; Dr. J. D. Griffith, of Jackson county; Dr. T. J. Norris, of Macon county; Dr. C. A. Hughes, of St. Louis.

Recording Secretaries—Dr. A. H. Ohmann Dusmenil, of St. Louis; Dr. D. V. Wales, of Jasper county.

Corresponding Secretary—Dr. N. F. Essig, of Clinton county.

Treasurer—Dr. C. A. Thompson, of Cole county.

The next meeting of the Association will be at Sedalia.

A Useful Book.

Dr. J. W. McCausland, of Fort Wayne, Ind., pays a deserved compliment to the excellent practical treatise of Dr. F. de Havilland Hall. He writes:

"Why is the work called 'Hall's Differential Diagnosis' not more generally introduced. I think it is far ahead of any other work of its kind. The manner in which the symptoms of kindred diseases are tabulated for convenient comparison renders it at once invaluable, and such I think would be the universal verdict if the book were better known."

Regulating the Practice of Medicine in Minnesota.

A law recently enacted provides that the Faculty of the Medical Department of the Universities of Minnesota shall organize as a Board of Examiners. All persons who practice medicine in the State must present their diplomas to this Board for verification, or if they have no diploma must submit to examination in order to receive a license.

Philadelphia County Medical Society.

At the last meeting of the Philadelphia County Medical Society, held June 13, Dr. W. S. Little read a paper entitled "Condition of the Eyes in Strabismus due to Optical Defects," and Dr. M. Landesberg read a paper entitled "Stretching the Optic Nerve."

Texas Medical Association.

Officers for the ensuing year:

President—Dr. A. P. Brown, of Jefferson.

Vice-Presidents—Drs. T. H. Nott, of Goliad; J. D. Osborne, of Cleburne; Frank Allen, of Lexington.

Secretary—Dr. W. J. Burt, of Austin.

Treasurer—Dr. J. Larendon, of Houston.

Place and time of next meeting, *Belton*, on the last Tuesday in April, 1884.

To Preserve Milk.

In the *Berlin Klin. Woch.*, 1882, No. 5, Ph. Biebort says that milk allowed to remain at a temperature of 100° in a water bath for two hours, will keep sweet and pure for at least six months. It is important to seal it up before placing it in the water bath. The method known as Becker's, which consists in keeping the bath at 60°, is unsatisfactory, as milk thus treated is preserved for only forty-eight hours.

Therapeutic Improvements—Fehling's Test Tablets.

An exceedingly neat form of these tablets is made by John Wyeth & Bro., Philadelphia. As our readers know, they are used for the ready preparation of a test solution of potassio-cupric tartrate for the purposes of urinary analysis. They will be found very convenient in practice.

Iodia.

The combination under this name—the formula of which is published, and the peculiar merit of which is principally owing to the studious care devoted to obtaining perfectly pure and fresh ingredients—has met with much favor in the profession. We notice Dr. Byford, of Chicago, recommends it highly. It is prepared by Battle & Co., St. Louis.

Tennessee State Medical Society.

The following officers were elected for the ensuing year: President, Dr. A. B. Tadlock, of Knoxville; Vice-Presidents, Dr. A. Morrison, Nashville, and Dr. C. S. Wright, Chattanooga; Secretary, Dr. C. C. Fite; Treasurer, Dr. D. J. Roberts.

The Chicago Medical Society.

The Chicago Medical Society elected the following officers for the current year: Dr. S. W. Graham, President; Dr. R. G. Bogue, First Vice-President; Dr. R. Park, Second Vice-President; Dr. L. H. Montgomery, Secretary, and Dr. E. F. Ingalls, Treasurer.

Items.

—Mr. Edison's patents now number 396; more than were ever before granted to one man.

—For making permanganate of potassium into pills, B. S. Proctor (*Pharm. Jour. and Trans.*) recommends China clay and water. The pills keep well, and disintegrate readily in water, yielding the permanganate unchanged.

—It is stated that the Duke Leopold Torlonia has taken in hand the matter of sanitary arrangements of Rome, and will see to the funds being forthcoming.

—Ten tons of linseed meal are used annually for poultices in one of the largest London (England) hospitals, and the yearly bill for lint foots up to over two thousand dollars.

—Asthma cigarettes, made by impregnating tobacco with fluid extract of grindelia, drying, and rolling up in the usual way, are recommended by the Boston *Journal of Chemistry*.

—When John Hunter first tied the femoral artery for popliteal aneurism, he turned around to Mr. Peile and said: "Now, the absorbents are busy below, like mites in a cheese."

—The cost of cremating seven thousand bodies per annum at Bombay is said to be only $15,000, or rather less than two dollars and a quarter for each corpse.

—An unmarried woman in France administered a teaspoonful of creasote to her infant with a fatal result. The post-mortem appearances were those of an escharotic poison, and the odor of creasote was marked.

—The curious observation has been made by a French writer that the initials of the five elements (in their French names) which enter chiefly into the constitution of organic matter, namely, Carbone, Hydrogene, Azote, Oxygene, and Soufre, spell CHAOS.

—MM. Paul Hélot, surgeon to the Rouen Hospital, and Q. Trouvé, have devised an electric lamp to be worn on the forehead, in the examination of cavities. The light is very intense, and will last for hours.

—The Crown Prince and Princess of Germany, in accepting a fund collected in Germany on the occasion of their silver wedding, have resolved to devote it to the promotion of the welfare of the people, and especially to the improvement of existing sanitary conditions.

—The Signal Service Office estimates that ships containing at least $13,000,000 of property, besides many lives, were saved from running into the disastrous cyclone in October by the warning it gave. The money thus saved in one storm would pay the expense of the Service for ten years.

—Professor Blackie considers that we have at the present day made a distinct advance in the art of dining, though he admits there are still "fools and beasts in high places" who are a disgrace to humanity. The Professor does not deny that we have vastly improved on the habits of our ancestors in the matter of post-prandial drinking.

—A German doctor, named Senna, recommends bread made with sea-water as a wonderful remedy against scrofula and disorders resulting from insufficient nourishment. Sea-water ought to stand twelve hours before being used for making dough, in order to free it from impurities. Bread made with it has no unpleasant taste.

—A writer in a German paper states that it is the custom in offices in that country to have a sliced potato on the desk for use as a penwiper, and to clean steel pens. It removes all ink-

crusts, and gives a peculiar smooth flow to the ink. New pens should be passed two or three times through the gas flame to remove the grease with which they are coated. The ink will then flow freely.

—Curran, being at a party at the seat of an Irish nobleman, one of the company, who was a physician, strolled out into the churchyard. Dinner being served up, and the doctor not returned, some of the company were expressing their surprise where he could have gone to. "Oh," says Curran, "he has just stepped out to pay a visit to some of his old patients."

—"New Remedies" says odors can be removed from bottles, jars, etc., by washing them with a mixture of powdered black mustard and warm water. Before using this, all visible remains of the former contents should be removed by scalding, scouring, or by agitating shot or pebbles with water in the vessels. Another method is to rinse them with a solution of permanganate of potassium, accompanied or followed by diluted sulphuric acid. In many cases, a solution of chlorinated lime or chlorinated soda will answer the same purpose.

—A method of signaling by means of electric balloons was recently tried in Paris by MM. Mangin and Baudet. The balloon, made of paper rendered translucent, was about 8 feet in diameter and was filled with pure hydrogen. A Swan lamp was fitted inside, and a light rope, carrying two copper wires, was attached. When the circuit was completed, the whole balloon appeared to be a globe of fire. By switching the current off and on, the Morse code can be spelled out, and thus captive balloons of this kind can be used for signaling purposes.

OBITUARY NOTICES.

DR. DAVID PARSONS HOLTON.

Dr. David Parsons Holton, a well-known gynecologist of New York city, died at his late residence, No. 20 Sutton Place, near East Fifty-ninth street, June 7, in the seventy-second year of his age. Dr. Holton had been gradually failing for several months. He leaves a widow, but no children. Dr. Holton was born in Vermont in 1812, and his early education was received in an academy at Bell's Falls, in that State. When about nineteen years old he was appointed Principal of an academy at Southwick, Mass., where he remained two years. Afterwards he came to New York, and graduated from the Medical School of the University of the City of New York. For two years he practiced medicine in Essex county, N. Y., and then returned to New York city to reside. He is said to have used up an estate valued at more than $50,000 in benevolent projects.

DR. JAMES LENOX BANKS.

Dr. James Lenox Banks died June 3, at his residence, No. 79 Fifth avenue, New York city. He was born at No. 5 Pearl street, May 11, 1832. Dr. Banks matriculated in 1854 at the College of Physicians and Surgeons. He was graduated from that institution in 1857. He pursued the higher branches of his studies in foreign institutions for two years, and in 1859 began the active practice of his profession in New York city. He was a member of the American Medical Association, the New York State Medical Society, the New York Pathological Society, the New York County Medical Society, the New York Academy of Medicine, and the Medico-Legal Society. He was also consulting physician of the Presbyterian Hospital and of the Presbyterian Home for Aged Women. He was a member of the Boards of Trustees of the College of Physicians and Surgeons and the Lenox Library, a member of the Board of Managers of the American Bible Society, and was a member of the American Geographical and New York Historical Societies.

DR. S. G. WOLCOTT.

Dr. Samuel G. Wolcott, of Utica, N. Y., the distinguished surgeon, member of the State Medical Society, and one of its censors for the middle district, died June 4, at the age of 63 years.

DR. W. R. CLAPP.

Dr. William R. Clapp, ex-Grand Treasurer of the Grand Lodge of F. and A. M., and a prominent man, died at his residence in Trenton, N. J., June 6. He was in his 87th year, and was born in New York City, his father being Dr. Allen Clapp, who, for half a century was librarian of the Pennsylvania Hospital at Philadelphia. He had a stroke of paralysis on May 3. He died in sleep.

MARRIAGES.

CRAMPTON—MARLING.—On Tuesday, June 5, at the Fourteenth Street Presbyterian church, New York, by Rev. F. H. Marling, pastor, Henry E. Crampton, M. D., and Ellen Eliza, daughter of the officiating minister.

HASBROUCK—SEWALL.—On Wednesday, June 6, at Dobb's Ferry, N. Y., by Rev. D. L. Marks, Joseph Hasbrouck, M. D., to Mrs. Ellen M. Sewall, daughter of the officiating clergyman.

MELLUS—JENKS.—On Saturday, June 2, at the residence of the bride's father, by Rev. W. R. Huntington, D. D., of Worcester, Mass., Edward Lindon Mellus, M. D., of Worcester, Mass., and May Gardner, daughter of Francis H. Jenks, of this city.

DEATHS.

BANKS.—In New York, on Sunday, June 3, 1883, James Lenox Banks, M. D., aged 51 years.

FUQUA.—At Plano, Collin county, Texas, on May 22, Dr. S. H. Fuqua, a prominent physician.

KARSNER.—At Ocean Grove, June 6, Dr. Charles Karsner, of Germantown, Pa., aged sixty-nine years.

PANCOAST.—At Baltimore, Md., On the morning of June 7, Rebecca A., widow of Joseph Pancoast, M. D.

STROUSS.—At his residence, Amity, Washington county, Pa., on Tuesday, April 24, 1883, S. S. Strouss, M. D., in his 74th year.

STROUSS.—At her residence, Amity, Washington county, Pa., on Wednesday, May 16, 1883, Mrs. A., widow of the late S. S. Strouss, M. D., in her 55th year.

WELLS.—Suddenly, at sea, on the steamship Arizona, on the evening of Friday, April 27, Dr. William Lehman Wells, of this city. Burial at sea.

WOLCOTT.—At his residence, in Utica, on Sunday, June 3, 1883, Samuel Gardner Wolcott, M. D., in the 63d year of his age.

BRASHEAR.—At Akron, Ohio, Sunday, May 27, Catherine Whitacre Brashear, wife of B. B. Brashear, in the 55th year of her age.

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ORIGINAL DEPARTMENT.

LECTURE.

RACHITIS AND HEREDITARY SYPHILIS.

BY M. PAUL RÉCLUS.

Prof. Agregé of the Paris Faculty.

GENTLEMEN: It has been long suspected that a close connection existed between rickets and hereditary syphilis; the idea that one had its origin remote or near from the other, naturally presented itself on account of the strange and sudden appearance of these two diseases, the first, syphilis, preceding the other by about a century and a half.

But what influence has syphilis on the development of this disease?

Must ancestral syphilis be incriminated as a simple cause of dystrophy among the descendants, the same as scrofula, alcoholism, every failing of the organism, and every physiological defect?

The feeble, delicate child, inheriting insufficient vital resistance, will have his articulations affected and his long bones incurvated with the same facility that his feeble constitution, under the same conditions, allows of the development of the tuberculous germ.

Bœrhaave and Van Swieten, Portal and Boyer, are among the most illustrious defenders of this doctrine.

Should we, on the contrary, consider rickets as having its origin directly from syphilis, engendered directly by it, and occurring, if not as a necessary, at least, as an habitual accident of this disease; taking its place in the evolution of hereditary syphilis, by the side of specific coryza, alopecia, pemphigus, mucous patches, and visceral gummata? So that we might conclude by this aphorism, unless there is syphilis among the parents, no child will be affected with rickets.

Such is the thesis proclaimed by M. Parrot, and sustained by him with great ability. We will devote this lecture to the careful examination of his opinions.

Rachitis, affirms M. Parrot, is an accident of hereditary syphilis.

To demonstrate the truth of this opinion, it is not sufficient to show that syphilis has existed among the ancestors of the child; this fact, often very difficult of proof, would simply indicate the influence of syphilis in the development of rachitism, but not the direct descent of the latter from the former.

Because alcoholic subjects frequently engender scrofulous children, it is no proof that scrofula is a manifestation of alcoholism. M. Parrot well understood this, and sought the proofs of hereditary syphilis in the child itself.

Hereditary syphilis, like the acquired form of the disease, is characterized by multiple accidents, which appear simultaneously, or at different periods; they have a certain evolution and may completely disappear, but not without leaving some vestige of their existence.

In order to demonstrate the syphilitic nature of rickets, it is necessary to find on the child, in conjunction with the bone lesions characteristic of rachitis, one or more lesions or signs of old lesions found only in hereditary syphilis.

Such is the method pursued by M. Parrot, who found the subject very imperfectly treated in diverse works on the subject. He succeeded, however, in grouping together a certain number of

lesions, some already well known and others discovered and described by himself. These are: first, accidents of syphilis in full activity, syphilides (mucous patches) about the mouth and anus, alopecia, bullæ, pustules, ulcerations, and gummata, all having their peculiar characteristics and habitual mode of evolution.

Among the alterations of mucous surfaces which have escaped the notice of observers, M. Parrot describes a desquamative affection of the lingual mucous membrane. This consists in white spots over the surface, where the epithelium is thicker than usual, the centre is soon shed, while the lesion continues to spread at the periphery, forming a crescent-shaped lesion with the opening towards the front. Several of these lesions may be found on the surface of the tongue, disappearing to again return without any appreciable cause and at undetermined periods.

In connection with the visceral gummata found at the autopsy, certain forms of cheesy degeneration are found in other organs, particularly, according to the researches of MM. Parrot and Hutinel, in the testicle, which should always be carefully examined, when there is any suspicion of the existence of hereditary syphilis.

These gummata, also, though often found only at the autopsy, are of great importance in demonstrating the connection between rachitism and syphilis.

This is not all. M. Parrot asserts that he can recognize, by certain indelible stigmata, the vestiges of former syphilis; the disease has proceeded through its diverse periods and is finally cured, but not without leaving traces of its passage; so that an experienced observer may reconstitute the history of the malady, its gravity and even the period of duration of the different accidents. These lesions, which affect the external integument and the teeth, are of very great importance in the elucidation of the question at present before us.

Transmitted syphilis, like the acquired disease, often leaves after it cutaneous cicatrices, of which the situation alone reveals the origin.

These marks are always found at certain points, particularly those oftenest occupied by bullæ, pustules and ulcerations of diathesic origin. They are met with on the lips, to the right or left of the median line, or about the commissures. But they appear oftenest towards the lower extremity of the body, at the sacro-coccygeal region, about the anus, and over the internal surface of the thighs.

These stigmata vary, according to their duration and the gravity of the accidents, which primarily produced them. At first they have a red, purplish coloration; later on they become of a pearly-white tinge, and are surrounded by a pigmented zone.

When they result from bullæ or superficial ulcerations, they leave a circular mark of no very great depth, and hardly noticeable. When the lesions have been caused by gummata, a sort of cup-shaped depression is found, showing the loss of substance on the evacuation of the mass.

The dental alterations are more rarely observed, but furnish important evidence when they exist. For syphilis cannot attack the teeth in the adult.

When the ivory and enamel have been completely formed syphilis cannot attack them. The lesion is produced during the period of evolution of the follicle. As, on the other hand, the teeth of the first and second dentition appear in the jaw, and are developed at certain limited and well-known periods, it is possible, by the simple examination of one of the affected teeth, to form an opinion regarding the exact period when the individual suffered from the disease. It will then be necessary to observe if the tooth affected belongs to the first or second dentition; whether the lesion is found on one of the incisors, on a small or large molar, and also the height of the marks on the crown of the tooth. It is from the information thus derived that a close opinion may be formed as to the period the individual suffered from the disease.

These dental alterations, first noticed at the commencement of the last century, by Fauchard, have been well studied by Hutchinson, Tomes, Broca, Magitot, Rattier, and by M. Parrot, in the remarkable articles published in the *Gazette des Hopitaux*.

He describes, under the general designation of atrophy, five forms of alteration; cup-shaped or cupuli-form, sulciform, cuspidian, hatchet-shaped (en hache) and Hutchinson's atrophy.

M. Magitot prefers the designation erosion to that of atrophy, and distinguishes several varieties; first a simple notching of the free border of the incisors, small elevations on the triturating surface of the molar teeth (erosion en mamelon), congenital absence of the enamel, finally complete erosion of the crown of certain teeth.

These alterations, several varieties sometimes being found on the same tooth, are symmetrical; they attack the two corresponding teeth in the same jaw, and have ordinarily the same seat, form, and depth in both teeth. If two ridges are found on the right canine of the lower jaw, the left canine of the same jaw will present the same

alterations. It is then on homologous points of the same jaw that the diathesis leaves its marks, which permits us to conclude, from the seat and extent of the dental lesion, the precise period when their pathological cause attacked the system, and the more or less marked intensity of the attack.

M. Parrot attributes these alterations to syphilis. They may then be added to the lesions we have already mentioned, and in conjunction with the maculæ patches, bullæ ulcerations, gummata and peculiar alterations of the lingual mucous membrane which characterize syphilis in full activity, we will have the cicatrices of the external integument and mucous membranes, and the atrophic alteration of the teeth as signs that the malady formerly existed. It is thus that M. Parrot solves the problem and considers himself justified in affirming the existence of hereditary syphilis when he discovers any one of the signs enumerated.

The affection of the bones, which by a series of progressive changes leads to rickets, coincides almost constantly with the lesions of syphilis in activity, or with vestiges of the former existence of the malady.

Hence, says M. Parrot, hereditary syphilis must be considered as the immediate cause of rickets.

Rachitis is a systematic lesion affecting the bones at certain determined points, the same for homologous bones and the alterations attacking one rib, or the humerus, or tibia of one side, are found also on the corresponding rib, humerus, or tibia of the other side of the body. Rachitis is also a "chronologic" malady, with distinct types, corresponding invariably to certain periods of the disease; the first type appears at the end of the intra-uterine existence, and may continue during the first five or six months of life. After this term, the second type is developed. The third type, which, according to M. Parrot, differs in no degree from ordinary rickets, very seldom supervenes before the second year. The disease may go through these three periods, but in many cases it first appears in the second or third type.

The first type is characterized particularly by the presence of hard osteophytes, which appear in new layers of bone tissue, deposited about the long and flat bones, particularly towards the lower half of the humerus and the internal surface of the tibia; often they appear on the cranial bones at the junction of the frontal with the two parietal bones, causing the singular deformation known under the designation, "natiform skull."

These masses differ from normal bone by a peculiar coloration, and by the direction of the trabeculæ, which are perpendicular to the axis of the diaphysis. At the same time in many cases a chalky layer is met with, not far from the epiphysis; it is friable, and not more than one or two millimetres in thickness; it has been called by M. Parrot chondro-calcareous, "because it is nothing more than cartilaginous tissue infiltrated with lime salts."

The second type, that of gelatiniform atrophy, presents, together with the alterations found in the preceding type, osteophytes and chondro-calcareous layer, certain circumscribed portions, where the bone is replaced by a soft tissue, filled with a substance "watery, transparent, of different shades, often yellow, much resembling a mass of gelatine."

At these points the bone offers no resistance and breaks easily; juxta-epiphysary fractures are observed, and the limbs are so powerless that pseudo-paralysis of syphilitic nature is often suspected.

Finally, the third type, that of spongoid tissue corresponds to ordinary rickets. The chondroid layer of the conjugal cartilage is very thick, and is penetrated by a soft, vascular tissue of new formation called spongoid tissue by Jules Guerin; these exuberant masses raise about the joint numerous osteophytes, of which the volume and flexibility explain the peculiar appearance of the extremities, the incurvations of the diaphyses, and the frequent occurrence of fracture. The bones are in part decalcified and almost wholly composed of masses of medullary elements.

These three types may succeed each other; they pass one to the other by insensible transitions.

It is not rare to meet with traces of the three types on the same bone, each leaving its peculiar marks on the concentric layers of the diaphysis; so that the evolution of the malady and the pathological history of the bone may be thence reconstituted. The microscope also demonstrates that these three varieties, apparently distinct one from the other, are in reality different forms of the same morbid processes.

In effect, "if close attention be paid to structural details, it will be seen that gelatiniform atrophy, decalcification, and medullization consist —the first in a melting of the bone elements, for which is substituted a fibrillary net-work; the second in the absorption of the lime salts, and the third in the predominance of the soft over the

hard parts; while the osteophytes, which mark these different periods constitute a characteristic sign of the disease."

In these osteophytes the normal bone is replaced "by large spaces, disposed perpendicularly as regards the axis of the diaphysis, and by a net-work of connective tissue of vessels and a few medullocelles (sic)"; they are limited by ossiform trabecules, surrounded by corpuscles resembling those of connective tissue, of irregular shape, having fibrillary prolongations, anastomosing about the angles. They form a net-work becoming more dense as the malady progresses, attaining the maximum in spongoid tissue.

"The fundamental anatomical element of these products of new formation is then the same at the different periods of evolution of the morbid processes. What causes the different varieties observed, is the quantity of the elements present, the width of the spaces separating the trabeculæ, etc."

M. Parrot asserts then, that he has established the identity of the three types of osseous alterations he has described.

Or, since the third type is rachitis, as ordinarily observed, it may be concluded that the presence of hard osteophytes and gelatiniform atrophy constitute rickets in newly-born children, and, on the other hand, as corollary, that rachitis is but the sign of hereditary syphilis, as it affects the bones towards the second year of existence.

M. Parrot has never met the first two types of bone alteration without concomitant syphilitic lesion. At the same time that hard osteophytes and gelatiniform atrophy are found, "some incontestable mark of hereditary syphilis will be revealed by careful examination, either in the viscera or on the skin." In children or adults, presenting rachitic deformations, the clinical demonstration is more difficult. But even in many of these cases evidences of actual or long-cured syphilis may often be found.

The doctrine of M. Parrot, as regards its most essential points, may then be summed up as follows: hard osteophytes, gelatiniform atrophy, and spongoid tissues are different varieties of the same disease. Or, since the two first are evidently of syphilitic origin, then the last also must derive from the same source, and we arrive at the general conclusion, that rickets is engendered by hereditary syphilis.

This doctrine has naturally provoked considerable discussion, for rachitis has been frequently observed where observation during a long course of years has never shown any trace of syphilis in the family.

And again, M. Parrot, at the Hospice des Enfants Assistés, is fixed in a situation where hereditary syphilis is very common. And besides being syphilitic, the children are exposed to all the causes which usually provoke rickets. That they are born of syphilitic parents is incontestable; but they are also poorly nourished, badly clothed; they have suffered from cold in low, damp localities; in fact, besides suffering from hereditary syphilis, they have been exposed to all the causes of organic degeneration, capable, according to all authors on the subject, of producing rachitis, without the presence of any morbid diathesis.

M. Cornil draws our attention in this respect, to an important fact. "Why," says he, "is rachitis rare in large cities where syphilis is frequent, but where the inhabitants are well clothed and fed, while it is frequent in certain country districts where the people live in misery?"

Is syphilis the unique cause of rickets, as is the bacteride of malignant charbon? In the very favorable centre of observation where M. Parrot is placed, out of 100 rachitic patients there is always 10 who present no appreciable sign of syphilis. And nevertheless, M. Parrot admits as signs of syphilis several accidents, which, according to other authors, are of very doubtful value.

The value of the lingual lesions and of certain cicatrices in the gluteal regions have been much contested in this respect.

And this is not all. M. Magitot, in an able communication to the Medical Congress at London, denies in toto the syphilitic origin of the dental alterations, attributed by M. Parrot to hereditary syphilis.

He reproaches M. Parrot with relying on the atrophy of the teeth to establish the diagnosis of syphilis, before proving, by rigorous clinical observation, the syphilitic nature of these alterations.

And then, how many individuals affected with hereditary syphilis, present no traces of dental atrophy. M. Magitot has found that the natives in Algeria, among whom syphilis has been endemic and hereditary for a long period, very rarely present any erosions of the teeth.

Have we not, on the other hand, observed individuals presenting marked alterations of the teeth, contract hard chancre? And yet it is generally admitted that hereditary syphilis preserves surely from the acquired disease.

Again, syphilis is a disease observed only in the human subject; and yet this same symmetrical erosion of the teeth has been observed by M. Magitot in cattle.

Finally, this author has observed forty cases of dental erosion where minute research has shown, in the great majority, complete absence of syphilitic antecedents.

But we will return to the figures furnished by M. Parrot.

In 100 cases of rickets, he found in 90 cases traces of hereditary syphilis, but if the bone lesions, alterations of teeth, and integumental cicatrices, admitted by him as signs of the disease, be eliminated, how many cases would present the other classic signs of the congenital diathesis?

However, the arguments brought forward by M. Parrot in the support of his opinion, are exceedingly plausible.

He brings forward the fact that the two maladies became generalized at about the same epoch, and that they are exclusively developed in the human subject, for the researches of M. Tripier have demonstrated the falsity of the ancient opinion that rickets exists in animals.

And again, what a multitude of causes have been brought forward to explain the development of an affection of so characteristic an evolution and so constant a course. It is difficult to admit that the many opposing causes invoked can develop rachitism.

We would then be tempted to consider rickets as simply an accident of hereditary syphilis.

Unfortunately, even if the pathological anatomy seems to point in this direction, notwithstanding the adverse opinion of Kassowitz, clinical facts do not confirm the theory, and the magnificent and laboriously executed researches of M. Parrot are yet far from inspiring entire conviction in the value of his opinions.

COMMUNICATIONS.

REPORT OF AN OBSCURE AND FATAL DISEASE.

BY JOSEPH GIBB, M. D.

Read before the Northern Medical Association of Philadelphia.

I desire to bring the following case to the notice of the society, hoping that thereby there may be some light thrown upon what to me was an extremely interesting and puzzling case.

Richard C., æt. 26, colored, a strong, hearty man, has always enjoyed good health, never having been seriously ill, a moderate drinker, and by occupation a coachman, was taken sick March 3, 1883, as near as could be judged by a rather disconnected history, with pains in head, chest, and limbs, together with chilly sensations an sweating. He was much exposed to the weather, as would naturally follow from his occupation. He continued with these symptoms for one week, and though feeling quite ill, did not give up his occupation, until the evening of the 9th, when he was obliged to do so by an exacerbation of the above symptoms, accompanied with dyspnœa. At this time there was a slight cough and trifling expectoration. When first seen the evening of the 10th, the most noticeable objective symptoms were great dyspnœa and heat of skin. The subjective symptoms were pains in head and limbs. In addition, it was noted: pulse was 130, rapid and compressible; temperature, 104½; respiration, 48; tongue harsh and dry. Moves about the bed with great difficulty, each turn giving rise to expressions of pain. His mind was clear, though he manifested a dislike to being disturbed, and when allowed to rest for a moment relapsed into a sort of stupor, from which he could be easily aroused, and answered questions plainly and intelligently.

From the above symptoms, attention was naturally directed towards the chest as the seat of trouble, and a careful examination was accordingly made.

Inspection.—Movements rapid.

Percussion.—Slightly impaired resonance over base of right lung, extending to finger's breadth below nipple anteriorly, and nearly to angle of scapula posteriorly. This impairment was so slight that I could not convince myself that it existed except by comparison with the other side where percussion resonance was normal.

Auscultation.—Sibilant rales over both sides of chest, anteriorly and posteriorly. The respiratory murmur was over the base of right lung; the seat of impaired resonance was weak and distant.

These conflicting and negative physical signs led me to abandon the lungs as the seat of the affection, and turn my attention to other parts. The belly was not tympanitic, nor was there pain or gurgling in the right iliac fossa. Upon questioning, it was ascertained that his bowels had not been moved for one week. The symptoms were certainly typhoid in their nature, but upon examination there was not the slightest evidence of the specific disease.

There was some slight amelioration of the symptoms the next morning (11th), the temperature dropped to 103°, and there was not quite so much stupor, but towards evening he began to develop twitching of muscles around the mouth. The bowels had been freely opened by small doses of calomel frequently repeated; and thinking there

might be some malarial trouble 10 grains cinchona was given every two hours.

The next day (the 12th) the same symptoms continued, and in addition sub-sultus tendinum, jactation, and other nervous symptoms began to be developed. Urine was suppressed, or rather, retained. These last symptoms increased through the day, and in the evening, when seen in consultation with another gentleman, he was semi-comatose. Urine withdrawn with catheter was dark colored; upon examination contained no albumen. Pulse 144, fluttering; and the most remarkable of all the symptoms, the temperature, was 107°; the respiration 45; abdomen tympanitic; no iliac tenderness; no eruption.

Again the lungs were carefully examined with a negative result. He rallied slightly on the 13th, being a little easier to arouse from the stupor, still the sub-sultus and nervous symptoms continued with a pulse of 130, weak, temperature 105⅘°, respiration 60, in the morning; pulse 120, more regular, temperature 103¼°, respiration 54 in the evening. Was called early the morning of the 14th, and found him in the following condition: Oscillation of the eyes, twitching of different groups of muscles not regularly or symmetrically, which at times resembled clonic spasms. Pulse impossible to take because of the spasms. Temperature 105½. These were all merely the evidences of approaching dissolution, which took place at 9 a. m. of this day.

The *post mortem*, which was made thirty-six hours after death, was nearly as negative in its results as the endeavor to make a diagnosis during life.

Chest.—No fluid in pleural cavities. Bands of organized lymph, with adhesions on both sides of chest showing the existence of an old pleurisy. The lung tissue was normal in appearance and perfectly crepitant, excepting at the base of both lungs, posteriorly, where there was hypostatic congestion as evidenced by the dark, almost black, color. It was easily lacerable, and was not entirely devoid of air manifesting a slight degree of crepitation.

Throat.—Normal.

Liver and Spleen.—Normal.

Kidneys.—Normal in appearance. Capsule non-adherent. Several feet of the ilium, the cæcum and portion of colon were removed and carefully examined. External appearances normal. The gut was cut open with scissors just at the attachment of mesentery. The mucous surface of this portion of intestine was intensely congested. At parts, and particularly around the ileo-cæcal valve, it was of a scarlet-red appearance. At other parts the vessels were engorged, but the color of membrane was more dusky. No elevation or ulceration of Peyer's patches were noticed though carefully looked for. Circumstances would not admit an examination of brain and spinal cord.

Such is the history of this singular case with the results obtained *post mortem*. It is to be regretted that a more detailed account could not have been obtained from the incipiency of this case to the time when I first saw him, when he was almost moribund. Though his mind was tolerably clear and remained so to the end, still it was with great difficulty anything could be obtained from him; all his friends seemed to know, was that he was very sick before he came here, and passed a good deal of his time sitting in a stable over a gas-stove, to which they attributed all his trouble. Had an accurate and full account of the earlier days of his illness been obtained, a diagnosis might have been more simple, as it was, it was extremely complicated. The idea of lung trouble was abandoned after the examination of those organs. A low typhoid condition: could it be typhoid fever? was the mental inquiry, if so, where were the iliac tenderness—the diarrhœa, the typical temperature, etc.? All absent. Typhus? No history of the causes which usually act in producing this disease—overcrowding, bad food, etc.; positively no eruption, though it was sought for several times. Had this eruption been present, the difficulty would have been solved, for the other symptoms pointed markedly toward typhus fever. Observe a rapid, feeble, highly compressible pulse, an unusually high temperature, mounting still higher as the fatal end approached, a hot, stinging skin, and cerebral symptoms indicating a typhoid condition, with absolutely no abdominal symptoms, save towards the very end, when tympanites developed. Being fully cognizant of the extreme rarity of sporadic cases of typhus fever, still I could not divest myself of the idea that this was a case of that nature. While a resident at the Philadelphia Hospital in the winter of 1880 and 1881, I saw a number of cases of this disease, though never without the characteristic eruption. In other respects, the symptoms of this patient were singularly like some of those treated in the hospital.

I should like to have the opinion of the members of the society in reference to this case, as it would in a measure mollify the chagrin felt at being unable to thoroughly diagnose it, and at the same time lead me into different channels of

thought, and thereby save me the mortification, should a similar case arise in the future.

TETANUS OR WORMS?

BY PAUL KEMPF, M. D.,
Of Ferdinand, Indiana.

On the 25th day of October, 1882, a butcher called at my office with his son, John Weber. The latter is nine years old, heretofore has enjoyed good health, and never had any convulsions in his babyhood. Three of his uncles died when young of cerebral meningitis.

Three weeks before he came to see me he was vaccinated with humanized virus. The vaccination proved successful, and two well-formed scabs were on his arm, but there was no undue amount of inflammation present.

The most striking symptoms on the above-named date were, a contorted face, difficulty in opening the mouth, vague pains everywhere, a stiff back, and a peculiar walk. Nothing further save negative points could be elicited by questioning the father. The temperature was normal, the skin moist and cool, and the bowels had responded by three watery actions to a dose of castor oil given the day before. Two six-grain doses of potassium bromide, and then two five-grain doses of chloral hydrate, were ordered.

On the night of this day I was hastily summoned to the patient's home. He was in severe convulsions. The jaws were firmly closed, the eyelids partly so, *risus sardonicus* was well marked, slight ophisthotonos was present, and he had bitten his tongue so that the blood flowed.

The thermometer registered 104° F.; the pulse was much accelerated. After a thorough examination, no lesions excepting those of vaccination, and several large herpetic sores around the anus, could be discovered. There was no tenderness or pain along the spinal column, and the mind was perfectly clear. Profuse sweating appeared at intervals. Occasionally, the boy would shriek out, and then the entire body was as stiff as a board. The jarring of a footstep on the floor, a draught of air, or the simple touch of my fingers, would bring on or intensify the general spasm. Tetanus was my diagnosis; whether idiopathic or traumatic, I was not prepared to say. The vaccination I suspected as a cause, however; but I took good care not to communicate my suspicions to the family. The chloral hydrate was increased to ten grains every hour till sleep was produced. On the next day eight grains of potassium bromide and a half ounce of the elixir of ammonia valerianate were given at every third hour. The room was darkened, kept agreeably warm, and silence about the house was enjoined.

It soon became apparent that the chloral hydrate held the convulsions in check, and accordingly this medicine was continued, the dose being increased or given more frequently according to the severity of the attacks.

These attacks of spasm, especially after the first three days of the disease, occurred at night to a much greater extent than during the day. In fact, after this period of time, he had not once in daytime opisthotonos, but the "devilish smile" and rigidity of the legs were constant. I feared that malaria, the greatest factor in diseases in this part of the country, might have some influence in this case; so I gave twenty-five grains of quinia sulphate during two afternoons. No visible effect for good was created.

One night all the symptoms were aggravated. The *risus sardonicus* was extreme; all the facial muscles were horribly contorted, and the patient foamed at the mouth, while his body formed a complete arch. No medicines could be given *per orem*. The hypodermic injection of one-fourth of a grain of morphia sulphate quieted the patient. A stick of hard wood was then put between the teeth, to prevent further laceration of the tongue. My prognosis was necessarily gloomy. After the patient had lived through a week's illness, it became brighter, as nourishment, milk, eggs, beef tea, and small quantities of whiskey, were given at short intervals. I determined to stick to the original plan of treatment, and so the chloral hydrate at night, and the potassium bromide mixture during the day, were kept up.

On the eighth day of his illness the patient passed a large worm of the "ascarides lumbricoides" kind. I asked myself, could worms have anything to do in this case? The patient had extreme pains in the abdominal region, with contraction of the muscles there—but these things occur in nearly all cases of tetanus. Four grains of santonin in a drachm of fluid extract of senna and spigelia were administered at night. The next morning two more worms passed with the stool. On alternate nights the same vermifuge was given, and in all, thirteen large worms came away.

Sweating was very profuse at times, and a large crop of miliaria rubra appeared. Extreme itching was complained of. Simple vaseline relieved this greatly. Thus the disease progressed, gradually becoming less in intensity, though there were occasions of exacerbation, till the seventh day of November.

On the night of this day the patient had the last severe convulsion. Sleep was however often interrupted for the next week by dreams, and to prevent these the chloral hydrate was continued, though in gradually diminished doses. The potassium bromide was now given twice daily. At the end of three weeks I pronounced the patient out of danger. The peculiar expression of the face then passed away, also the skin eruption and the swelling of the eyelids. The appetite became voracious: it had in truth never failed seriously throughout the illness. It may be mentioned here that the submaxillary glands had been enlarged and painful. No particular treatment was used for these, and they resumed their normal condition.

The power to walk returned but slowly; however, on the sixth day of December the boy was entirely well.

Was this a case of tetanus, or of reflex convulsions from intestinal worms? Looking over the standard works on these subjects, and considering all things, I thought it a case of tetanus, and treated it as such.

The course of the disease, the peculiar convulsions, the great sensibility of the nervous periphery, the enormous doses of toxic medicines taken, all point towards tetanus. On the side of reflex convulsions from worms, are the facts that the patient recovered, and that worms were present. May not a case of tetanus terminate favorably? May not the presence of worms be a coincidence? Or may not the combined irritation of intestinal worms and that of the vaccination sore have produced tetanus? At any rate it is an open question, and an unbiased mind will not jump suddenly at the conclusion that it was a case of reflex convulsions "produced by worms."

Hospital Reports.

MICHIGAN COLLEGE OF MEDICINE.

Hospital Clinic.

D. LAFERTÉ, M. D.,
Professor of Anatomy.

Necrosis of the Phalanges of the Great Toe from Frost Bite.

Gentlemen: This is a case of frost bite. Before I tell you the different symptoms assumed in a case of this kind, we will try to get the information from the patient himself. The man says he wore a pair of coarse boots after his feet were frozen, a few nails stuck up in the soles of the boots and hurt his feet. Sometimes these pegs are only wooden ones, at other times they are metallic. Some of these pegs projected through the soles of the boot and produced sores. Now the question comes up, Were those nails in the soles of this man's coarse boots the cause of this trouble, or is it due to the fact that his feet were frozen? It is very desirable to know. The irritation of those pegs might cause ulceration of the soft parts, but they would scarcely ever produce necrosis of the bone, deeply seated under them. In order to understand the pathology, it is necessary to trace it from the first stage. He says he experienced a peculiar tingling in the parts after they were exposed to excessive cold. That is the first symptom of frost bite. Then came numbness and whiteness of the parts, followed by redness, swelling, itching, and prickling. Perhaps every one of you has experienced some of the symptoms during very cold weather. The border of your ear, tip of your nose, points of your fingers, may have been slightly frost bitten, and you undoubtedly noticed the train of symptoms this patient has just described. Excessive heat has a similar effect in producing the first visible symptom of frost bite, viz, redness. Hold your hand by a fire, or expose it to the rays of the sun on a hot day, and it becomes red; increase the heat, and you increase the redness by dilating and irritating the capillaries; increase the cold, you diminish the redness by contracting the blood-vessels. Endeavor to restore the part by gentle rubbing and gradual elevation of temperature, and you may be entirely successful. If the frost bite has been severe, the part will be of a purplish color, almost the color of this man's nose. You have then a certain amount of stasis of the blood. We may have a still greater degree, and then you will have mortification take place. The first degree is where you have a certain amount of redness of the part; second, where you have a vesicle forming; third, where there is gangrene of the part.

You have three degrees of heat also; first, the erythematous blush where the part is exposed to a moderate amount of heat, especially in summer on a very bright day; second, where you have a more severe heat, and you will have a blister: and third, where there is still more severe heat, and you have sloughing of the part and gangrene. Cold is liable to produce any of these results. It is not the high dry cold that is liable to produce these results. This fact was proven during Napoleon's expedition to Moscow; retreating through Russia it was observed that during the extreme cold weather, when the atmosphere was dry and the thermometer away below zero, the soldiers did not suffer much; but when the thermometer was above zero, sleet falling and this accompanied by wind, then the men suffered most from the effects of cold. It is the cold with moisture, and not the dry cold, that produces the quickest and most marked effects.

Now before taking up the treatment, we will consider another variety; that variety where a person suffers from cold for a while and afterwards is overcome by it, gets drowsy, the circulation becomes sluggish, he is affected with stupor, falls asleep, perhaps never to wake again — general paralysis not only of a part but of the whole frame, a general impression upon the whole sys-

tem. When people have died from these causes, it was found that the fluids were all frozen throughout the body: it shows that the whole body was penetrated by this atmosphere.

The parts become very brittle. In histories of some of the wars we read that a great number of wounded were placed in ambulances and suffered severely; a general impression was made upon the soldiers by the cold, and quite a number had their limbs entirely broken off. It is very easy for a person with a frozen ear to chip off parts of it, which shows that the parts become very brittle.

What are we to do for such cases? Great care should be exercised not to bring on the reaction too suddenly in bringing back vitality to the paralyzed nerves and blood-vessels. Suppose a finger or a nose is frostbitten, revive the vitality all at once, and the re-action would be too severe, and as a result we would have a failure in our efforts. If we put the part in warm water the rush of blood is intensified, and a heavy sensation because the blood cannot get through the arterioles; we have a determination of blood to the part—a stasis, following which we may have gangrene and sloughing. Do not make too sudden a change from one temperature to another. Use friction with the hand, also using snow or dipping the hand in cold water, keeping up the friction and in that way gradually elevating the temperature, coaxing the blood back by degrees. In this and other cases, where you have to resort to friction of the body, it should be kept in a cool room. In those cases that have been generally impressed by the effects of a very low temperature, you may assume that, whenever you find a pulse however feeble, and the least motion of the heart, the patient may be resuscitated. Do not place him in a warm room, that would be too sudden a change; stimulate and excite the vital powers by rubbing. After the respiration has become regular and the heart's beat increases, you may give stimulants—whisky, brandy and ammonia—in the meantime keep up the rubbing. To revert now to this patient. We see the great toes of both feet red, ulcerated, and œdematous, the œdema extending up both legs. Inserting a probe in those open sores, it comes in contact with dead bone, which we will proceed to remove. The general rule in these cases of necrosis is to wait until the sequestrum is detached from the healthy bone before operation. Sometimes new bone is thrown out and encircles the necrosed portions. Here is a case of two years' standing, and little progress towards recovery. The question is whether it is better to remove the source of irritation, or to allow it to remain in this state. The reason of the existence of this swelling is, that the diseased bone becomes a source of irritation which causes an excessive flow of blood to the part, the serum of the blood becomes effused into the surrounding tissue. We will now cut down to see what we can do for him; it is always the rule to take away all the diseased tissue and dead bone. I find as we get down that it is necessary to go above the metatarsal phalangeal articulation before healthy bone is reached, and with a chain-saw passed around the bone, we have no trouble in effecting its removal.

HOSPICE DE LA SALPETRIÈRE.

SERVICE OF M. BAILLARGER.

Translated for the MEDICAL AND SURGICAL REPORTER from "Annales Medico-Psychologiques" by A. A. Gleason, M. D., Elmira, N. Y.

Access of Melancholy Appearing at the Menstrual Epoch; Symptoms Intermittent—Cure by Sulphate of Quinine.

S——, aged forty years, seamstress, entered the Salpetrière November 27, 1865. (Published May, 1882.)

We learn from the account furnished us by her daughter that the patient was very industrious, but of a sad disposition; her health generally good, appetite excellent, menstruation regular. They say that there have been no insane members in the family. Menstruation, which should have appeared November 20, has not come on. It may be added that for three weeks the patient has complained of flashes of heat in the head. Until then, however, no sign of intellectual derangement.

Delirium broke out November 23, in the evening. The patient maintained that she was bewitched. She threw various pieces of furniture out of the window. Complete insomnia, stupor, melancholic delirious conceptions, distress, anxiety.

At her entrance into the hospital, the same symptoms. Refusal of food. From time to time the patient pronounces a few words in a low voice: "They want to cut her in pieces: they are going to put her in the stove, plunge her into a kettle of boiling oil," etc.

November 28. The menses appear and last three or four days.

The state of the patient is not modified; the face remains sad; delirious conceptions persist. Refusal of food irregular.

December 12. A marked intermittence of the symptoms is observed.

The patient has a good and bad day very decidedly. During one day she converses reasonably; speaks no more of her delirious conceptions; her face is much less sad. The next day there is a reappearance of all the melancholic symptoms.

After having noted this intermmittence of symptoms for a week, I administer the sulphate of quinine, and the attack does not occur next day. The medicine was continued for five or six days, and the attacks have disappeared (40 then 75 centigrammes of sulphate of quinine were given).

From this time the state of the patient has rapidly ameliorated; the appetite is excellent.

Very soon S— became completely conscious of her condition and recognized the absurdity of these delirious conceptions; she left Dec. 30.

The attack, as you can see, lasted scarcely a month.

If the causes are sought which caused this attack of melancholia, none can be found except the delay of five or six days in the appearance of the menses and the flashes of heat which had lasted three weeks; which appear very insufficient. The patient as we have seen enjoyed good health before this, and according to all accounts had experienced no grief which could ex-

plain the appearance of the delirium; but she was of a sad disposition.

Remark also that the appearance of the menses resulted in no modification of the melancholic state, which subsided very rapidly under the influence of the sulphate of quinine.

Medical Societies.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Conversational meeting April 26, 1883.

James Tyson, M. D., President, in the chair.

Dr. Charles K. Mills delivered the lecture of the evening on the

Medical Examination of the Brain.

The lecture was amply illustrated by diagrams and specimens prepared by Dr. Mills, and also by a series of preparations from the *Mütter Museum* of the College of Physicians of Philadelphia.

Dr. Mills passed by with brief allusions examination of the scalp, skull, and membranes of the brain, the cerebral space and vessels, and the best methods of determining volume, specific gravity, and cranial capacity. His chief object in the lecture was to discuss and demonstrate the proper procedures to be pursued in methodically examining the surface and interior of the brain, after the removal of its envelopes, for the purpose of discovering and accurately localizing lesions.

In order to make an autopsy of the brain proper in a rapid, methodical, and scientific manner, he considered several requirements necessary:

1. The superficial topography of the brain should be understood. The examiner should be able to pick out without hesitation the chief tissues and convolutions. He should also, of course, be perfectly familiar with the numerous superficial subdivisions of the base of the cerebellum.

2. The variations in the size, direction, or arrangement of cerebral fissures and convolutions most likely to occur should be known to him. Age, race, individual type, education, and other causes, act to produce variations and anomalies. The student thoroughly familiar with the diagrams and demonstrations of Ecker might find himself at sea in his first examinations if this fact is not remembered.

3. A knowledge of the internal structure of the brain should be possessed by the operator. He should understand not only its ventricles and horns, its commissures and peduncles, its foramina and aqueducts, but also its medullated structure, as exhibited by sections of the cerebral and cerebellar hemispheres made in various directions. Methodical cerebrotomy, practiced in the vertico-transverse, vertico-longitudinal, horizontal, and even in other directions, will give certain more or less fixed appearances which should be familiar.

The surface of the brain should be thoroughly examined for morphological peculiarities, such as deficiency or excess of fissures and gyri, confluence of fissures, simplicity or complexity of folds and furrows; and also, of course, for pathological changes, for atrophy, softening, hæmorrhages, changes of color, etc. Dr. Mills described the fissures and convolutions as given by Ecker, and also called attention to some of the most common and striking variations from the usual type of the adult human brain, dwelling particularly on the fissures most likely to be confused—the pre-central, central, and retro-central, etc. The views and observations of Moriz Benedikt on the brains of criminals were referred to and criticised.

The examination of the fissures, convolutions, cranial nerves, and various regions of the surface of the cerebrum and cerebellum having been completed, the interior of the brain should next claim attention. The examination should be made in such a way as to cause as little disturbance as possible of the relations of parts by the incisions, and to allow, if desired, that the brain be brought together again after the autopsy and preserved as a whole. This could be done so as to submit every cavity, canal, part and structure to comparatively minute exploration. Some cerebrotomists, as Bitot, without stopping to investigate particularly into the various cavities and subdivisions, at once proceed to divide the brain into blocks by large incisions made at carefully-selected points.

The advantages of each of the three forms of sections—vertical transverse, vertical antero-posterior, and horizontal—were pointed out. The vertical transverse sections are the most generally useful. What are known as the middle transverse, mesolobar, or cortico-central zones are most important to understand. These comprise all the cerebral mass situated between the anterior and posterior extremities of the corpus callosum. Bitot describes and figures seven of these zones.

Sections and diagrams were exhibited by Dr. Mills, and the places and methods of making these sections were explained. The particular convolutions, and the regions of the ganglia, centrum ovale, capsules, etc., traversed by these sections were shown. The ganglio-insular region was particularly described. This region includes a large portion of the island of Reil, of the optic and striate ganglia, of the external and internal capsules, and of the external wall. The importance of having at command a fixed nomenclature for the various planes and regions was dwelt upon. Following the method of Bitot, the surfaces exposed by the sections were divided into a superior, inferior and middle division, and these were studied. A diagram representing the relations of the middle portion of the brain to cranium was shown and explained.

Dr. Mills said that he preferred to open the brain so as to expose its ventricles, horns, and parts, and examine each as nearly as possible in its integrity. By his methods such structures as the corpus callosum, septum lucidum, tænia semicircularis, velum interpositum, choroid plexus, fornix, foramen of Monro, pineal gland and its peduncles, etc., could be each in turn investigated for lesions.

After the cavities and horns had been exposed by proper incisions, methodical cerebrotomy, as advised by Charcot and Pitrè, or Bitot, could be practiced, the cuts being made from within outwards, but not quite through the brain, so that the whole mass could be drawn together again after the cut surface had been examined.

Dr. Mills described three of the best methods of opening the brain:

(1) At the base, by taking as guides certain fissures and other anatomical landmarks.

(2) From the upper surface, by incisions through each side of the corpus callosum, or along the lower borders of the calloso-marginal fissures.

(3) By dividing the brain into two symmetrical halves by a careful median section. This should only be done after the parts in the median line had been previously explored.

Dr. Shakespeare said that he would like the lecturer to state why he prefers to open the brain from the base rather than from above. Dr. Shakespeare thought that by opening from above, the floor of the lateral ventricles would be better exposed, which contain the large ganglia of the brain, and a better topographical view would be obtained. The most usual cause for which the brain is examined is apoplexy. In these examinations it is necessary that very thin sections shall be made, so that all parts can be carefully examined. Dr. Mills has already pointed out the desirability of making these sections in such a manner that none shall be detached, so that when the examination is over all can be readily replaced, still leaving the brain practically in one piece. I believe that these two objects can better be obtained by making the examination from above, as taught by Prof. Orth (*Compendium der Pathologisch Anatomischen Diagnostik*) than by making it from below. The only part capable of holding the sections together is the cortex with its adherent vessels. Prof. Orth advises making a longitudinal section towards the cortex on a level with the corpus callosum. This section is made deep enough to cut the cortical convolutions half through. This leaves enough tissue to keep the part attached. The anterior horn, the ventricles and posterior horn, are laid open by a second incision. Transverse cuts as thin as desired are then made in the side pieces. These cuts go half way through the cortex. The large ganglia are then sliced transversely, beginning at the front and going backwards. These are also made to go half way through the cortical substances of the base, and so on. The examination being finished, the parts can all be folded together like the leaves of a book, not a single piece having been detached. The only way I can see of making thin sections of every part of the brain by the other method is to divide it into two lateral halves and then making your sections towards the cortex: for if the sections be made directly across the brain the parts in front of the corpus callosum and behind the peduncles will be entirely detached.

Another objection is that seven sections are too few, and if it is desired to have more it will be a difficult task to hold the already cut sections in one hand and split them with the knife held in the other.

Dr. Bartholow preferred to open the brain from above, for similar reasons to those assigned by Dr. Shakespeare.

Dr. Eskridge expressed a preference for the older method.

Dr. Mills then closed the debate by reiterating and amplifying the arguments contained in his paper. C. B. Nancrede, *Recorder.*

Editorial Department.

Periscope.

Transfusion.

Dr. J. F. Le Page contributes an article on this subject to the *Brit. Med. Jour.*, April 21, 1883, from which we select the salient points, as follows:

"It is utterly futile to attempt to administer stimulants, when the functions of the stomach are altogether suspended or when it rejects everything; and to inject nutrient enemata, when the absorbent system is completely paralyzed and has lost its faculty of assimilation. We notice gasping, which is an indication that the respiratory centre in the medulla oblongata is not duly stimulated; the natural stimulant of the respiratory centre is carbonic acid.

"No inspiration, as an involuntary act, could, in health, take place, were it not for the presence of carbonic acid in the venous blood traversing the medulla. How, then, does it come that this centre fails after hemorrhage? In this way: The respiratory centre is the transmitter, at regular intervals, of nerve force to the respiratory muscles; but it is not the mechanism which transforms matter so as to develop that force. Whilst carbonic acid is essential to the inspiratory act, oxygen is equally essential in the generation of that force which the centre transmits. Well, there is a deficiency of oxygen because there is a deficiency of blood in the brain; and what little is there, is in a state approaching stasis. Propel more blood through the cerebral vessels, and what happens? Oxidation goes on: force is developed, which the inspiratory centre, stimulated by the carbonic acid in the blood, rhythmically discharges, and respiration is re-established.

"This leads me to the indications to which these considerations point. Oxygen must be sent to the brain, carbonic acid to the respiratory centre in the medulla, and fluid to the heart. And how can we accomplish this? I have adopted this plan in patients who were not actually *in articulo mortis:* and, so far, with complete success. First, place the head low and raise the pelvis, so that blood may gravitate to the medulla; then autotransfuse—that is to say, transfuse the patient's own blood from the extremities to the vital centres. This is done by firmly bandaging both legs and

arms, commencing at the feet and hands. At this stage, ether may with very great advantage, as a most valuable means of stimulating nature's powers, be injected intermuscularly; and I venture to suggest that it would be both rational and expedient to inject a minute quantity of strychnine with the ether, for strychnine we know to be a most powerful and certain stimulant of the inspiratory centre. It now becomes our duty to supply the patient with such nutriment as is capable of sustaining life; and to this end, should the stomach still reject liquids, the assimilation of nutritive enemata will meet the case.

"Striking as is the success of this treatment, desperate cases do occur in which there is absolutely no hope excepting by placing directly into the circulation new fluid capable of arousing and sustaining life; and in those cases, as in the resuscitation of the drowned, there is ground for hope even after death has practically taken place.

"A question of no little importance is that of the form in which the aliment should be used. There are many cases on record in which *whole* blood has been used with complete success. The same thing may be said of defibrinated blood, and also of saline alcoholic solutions. The objection to the use of pure blood is its tendency to coagulate. Clotting may take place in the heart, in the vein, or in the instrument. How, then, can we avert its coagulation? By the very careful exclusion of air, by preventing cooling of the blood, and by the admixture of a small quantity of ammonia. In the first drawing of my transfusion apparatus, I had a device by which I could inject small quantities of ammonia into the blood as it passed trough the instrument. As this involved a more complex mechanism than I desired, I was led to an experiment which, so far as I know, is original. Not only ammonia, but salines generally, retard fibrination; and it occurred to me that a very convenient process would be that of preparing the blood of the giver before it was drawn from his vein. I need not here explain the experiments I made at length; but the deduction was this, that by administering ten minutes before blood is drawn, as large a dose of a saline with ammonia as can well be borne, fibrination is very materially retarded. I infer that, with the precautions against cooling and the admission of air, this preparation of the blood will effectively remove all danger from clotting.

Defibrinated blood has its advocates; and their grounds of preference are, that all danger of coagulation is avoided, and that it is unnecessary to bring the giver of the blood into the room.

In favor of the saline alcoholic solutions and milk, may be urged the impossibility, which must often present itself, of obtaining blood at the time when alone it can be of any avail; and the fact that they are always available at short notice. Dr. Hodder records, in the *Practitioner* of 1873, the cases of two patients, moribund from cholera, in whom he injected pure milk, in one fourteen ounces, in the other twenty-eight ounces. Both recovered. And here there was not simply a draining of blood to contend with, but a most potent poisonous influence. A teaspoonful of common salt, half a teaspoonful of carbonate of soda, with two tablespoonfuls of alcohol in a pint of water; or even simple water, with a few drops of ammonia in it, may be used. Half the mischief arises from the heart and arteries having nothing to contract upon; and hence we see how it is that these simple fluids answer the purpose. It is, of course, necessary to follow up transfusion by warm enemata of beef-tea, with brandy, and probably a little opium; to keep the legs and body warm, and, as soon as deglutition can be performed, to give brandy and hot water.

The operation itself is performed thus: Transfix transversely a fold of skin pinched up in the course of a vein at the bend of the elbow. Seize the vein and raise it with forceps, which are made for that purpose. Then open by a longitudinal incision. An assistant may now compress the vein with his thumb, whilst a vein is opened in the same way in the giver's arm. Then, having carefully charged the instrument with a warm saline solution, insert the cannulas into the veins; of course, pointing centrally in the patient's and distally in the giver's arm. Now, propel the blood slowly and smoothly, and watch the effect. Six or eight ounces will probably be ample. Then remove the cannulas, apply a compress, and bind with broad tape with figure of eight round the elbow.

I am convinced that the time is not far removed when, to permit a patient to die of hæmorrhage, will be considered little short of culpable homicide; when transfusion will take its proper place in medicine, in surgery, in obstetrics; when many valuable lives will be saved, which would inevitably be lost but for a weapon so potent, so effective, in defeating our common enemy, death.

How to Secure the Best Possible Physical Condition after Parturition.

Dr. R. Tauszky read a paper on this subject before the New York Academy of Medicine, which, while it contains nothing strikingly new, is worthy of reproduction in parts on account of its practical nature.

First of all, the accoucheur should be careful to cleanse his hands with soap and water, remove all foreign particles from beneath the nails, and then wash the hands in either a three per cent. solution of carbolic acid, or, what is probably more available, pure vinegar, and afterward oil the hands with carbolized oil of the same strength of carbolic acid mentioned. All instruments and articles used about the woman should be cleansed and disinfected by similar means. Just prior to confinement, or early in the first stage of labor, the bowels should be freely moved by an enema, repeated if necessary. The bladder should be emptied, and if catheterization is necessary, the urine should be drawn with a soft Nélaton catheter, which has been thoroughly cleansed in boiling water, and afterward disinfected. The vulva should be bathed with some antiseptic solution, such as a very weak solution of carbolic acid, perhaps with the addition of a small quantity of glycerine, or with a solution of thymol.

The author recommended careful dilatation of the cervix with the fingers. He also spoke of the advantage which might accrue from gently pushing up the anterior lip of the cervix above the symphisis. Tough membranes also may be ruptured with great advantage. He recommended the

use of chloroform, especially in primiparæ, not carrying the anæsthetic, however, to the production of full unconsciousness. The forceps in very many cases, if judiciously used, were advantageous rather than disadvantageous, and should be used rather than allow the head or shoulders to press unduly, for any considerable length of time, upon the perineum.

The cord should not be tied until the umbilical vessels cease to beat. Dr. Tauszky regarded this as a point of practical importance. He also recommended Crede's method of expression of the placenta.

Dr. Tauszky laid special stress upon the occurrence of hemorrhage after parturition, and remarked that a little hemorrhage after parturition is very dangerous, and should be arrested. He took the strong position that the accoucheur should be regarded as guilty of malpractice who would permit a slight quantity of blood to escape from the genital organs of a woman for days after parturition. He maintained that not a single drop of blood should appear after the completion of the third stage of labor; that the napkins when removed should be perfectly free from color; that should they be colored the physician should at once institute an examination with reference to the source from whence the blood came, and set about arresting it.

The bowels need not be moved until the third day after labor. It is not necessary, is often dangerous, is even fatal sometimes to use intra-uterine carbolized injections once or twice daily up to the second day, even after natural labor. He believed that such injections should be used only when the lochia are offensive, and febrile movement has developed. When the lochia are offensive and there is some fever present he invariably syringes the vagina several times a day with a disinfectant solution, but intra-uterine injections post-partum are necessary only in cases of internal violence, such as sometimes attends the manual separation of the placenta or the use of the forceps. When such injections are used, he preferred thymol or simple water to carbolized water, which could be introduced either through a soft catheter or the exceedingly convenient tube invented by Dr. Chamberlain. The injections might be repeated until the fetor of the lochia was either markedly diminished or entirely corrected.

Dr. Tauszky protested against the teachings of Dr. Goodell, of Philadelphia, with reference to the parturient woman being permitted to assume the upright position within three days after labor. He believed that the doctrine was a dangerous one, and unwarranted, and maintained that the recumbent posture should be kept, changing occasionally from side to side, for at least eight days after normal delivery, and especially until the uterus has returned to the pelvic cavity. Dr. Tauszky then referred to his experience on the frontier while in the army, and stated that it was not only among the civilized, but also among the savages, that women suffer from diseases peculiar to their sex, and stated that gynecological affections among the squaws were not at all uncommon. He attributed a large percentage of these conditions to early rising after parturition. He then detailed the history of a case which terminated fatally, and, as he believed, chiefly because of the early getting up of the patient.

For pelvic peritonitis, in case it developed, he regarded cold applications as the best that could be employed, but more especially in the early inflammatory stages.

Detection of Sugar in the Urine by Means of Test Papers.

In the *Lancet*, May 19, 1883, Dr. George Oliver thus writes:

Carmine of indigo is the sulph-indigotate of sodium, an intensely blue and soluble salt (solubility 1 in 120 parts water). Sulphuric acid when heated with indigo produces the soluble sulph-indigotic acid, which, after combination with a base (such as sodium, calcium, magnesium, etc.) provides us with insoluble indigo as a reagent in a perfectly dissolved state. When carbonate of soda is mixed with a solution of the carmine the latter is precipitated in a fine state of division; but when shaken this mixture may pass for a solution much like that of Fehling in color and general appearance. A perfect solution of a greenish-blue tint is, however, obtained after heating the liquid. As such it may be employed as a reliable, sensitive, stable, and non-caustic test for sugar in the urine; but on several accounts I give preference to the test papers prepared from its constituents. In their manufacture, it is true that great care is required to secure throughout the filtering paper a perfectly even distribution of the sulph-indigotate; but this result has now been accomplished to my satisfaction. The papers offer the following advantages over the liquid preparation: (*a*) Every paper is charged with the same definite quantity of the reagents; a uniformity is thus provided for the qualitative testing, which, moreover, becomes a standard of known value for the quantitative estimation. (*b*) The paper filters out a fine precipitate, so that the alkaline solution of the sulph-indigotate is perfectly transparent, and of a true blue; but, notwithstanding this fact, the color of any remnant of the reagent left on the paper is completely discharged by the sugar, so that in the quantitative estimation the colorlessness of the paper will be found the guide as to the termination of the completed reaction. (*c*) The portability, cleanliness, and stability of these handy tests must commend them to your favorable attention. The characteristic reaction which indicates the presence of glucose in the urine, arises shortly after the first simmer of the solution prepared from the papers, a drop or two of diabetic urine having been added before the heating. Then a beautiful violet tint suddenly spreads throughout the bright-blue solution; very quickly the violet deepens, and passes into purple; this in its turn melts into reddish-purple, which gives place to various tints of red, and these as quickly merge into orange-red and orange, and finally the solution becomes of a straw color, which remains without further change, though heated ever so long. At this point you will observe the paper of the same light-yellow color as the liquid.

The mode of testing is important. One of the papers should be dropped into an ordinary half-inch test tube, and as much water poured in as

will just cover the upper end; a column one inch in height and half an inch in diameter will thus be produced, and the solution obtained will always acquire the same concentration. Then not more than one drop of the suspected urine is let fall into the tube from a pipette, and heat is applied. After the first change of color it is advisable to move the tube away from the flame, and merely keep its contents hot, not boiling, in the higher part of the column of heated air above the flame; then all the colors will follow in the order I have given, without disturbance from ebullition, until straw-yellow is reached, providing the amount of glucose present is sufficient to develop all the prismatic colors; if not, another drop of urine should be added. The results of the working of this test by the side of Fehling were briefly as follows: (*a*) On always submitting one drop of urine to the indigo test, and the presence of sugar being shown, confirmation was invariably provided by Fehling used in the ordinary way. (*b*) On the other hand, whenever one drop of urine gave no reaction with the test, Fehling's solution did not give a precipitate. (*c*) On, however, taking more than one drop of urine a different kind of experience was opened up. Then with various urines a deep violent or purple tint would strike up on the addition of the second, third, fourth, fifth, sixth, or more drops, and Fehling employed in the usual way gave negative results.

Cannabis Indica; A Valuable Remedy in Menorrhagia.

In the *Brit. Med. Jour.*, May 26, 1883, Mr. J. Brown, of Bacup, observes:

"Indian hemp has been vaunted as an anodyne and hypnotic, having the good qualities of opium without its evils. Also in dysmenorrhœa and insomnia it has not proved of much benefit. The drug has almost invariably produced some marked physiological effect, even in small doses. Text-books give the dose as ten minims and upwards, but five minims is the largest dose that should be given at first. If bought from a good house, the drug is not inert or unreliable. A drug having such marked physiological action ought to have a specific use as a therapeutic agent. Indian hemp has such specific use in menorrhagia—there is no medicine which has given such good results; for this reason, it ought to take the first place as a remedy in menorrhagia, then bromide of potassium and other drugs. The *modus operandi* I cannot explain, unless it be that it diverts a larger proportion of blood to the brain, and lessens the muscular force of the heart. A few doses are sufficient; the following is the prescription:

"℞.—Tincturæ cannabis indicæ,	ℳxxx.
Pulveris tragac. co.,	ʒj.
Spiritus chlorof.,	ʒij.
Aquam ad,	ʒij.
One ounce every three hours.	

"Four years ago I was called to see Mrs. W., aged 40, multipara. She had suffered from menorrhagia for several months. Her medical attendant had tried the ordinary remedies without success. Indian hemp was given as above. Its action was speedy and certain. Only one bottle was taken. She was afterwards treated for anæmia, due to loss of blood. Twelve months after this my patient sent for a bottle of the "green medicine." I learnt afterwards that she had sent this medicine to a lady friend, who had been unsuccessfully treated by another medical man for several months for the same complaint. It proved equally successful. The failures are so few, that I venture to call it a specific in menorrhagia. The drug deserves a trial. It may occasionally fail; this, however, is not to be wondered at in a complaint due to so many different causes, and associated with anæmia and other cases of plethora."

Robert Batho, M. D., M. R. C. P., Castletown, Isle of Man, writes in reference to the same subject: "Considerable experience of its employment in menorrhagia, more especially in India, has convinced me that it is, in that country at all events, one of the most reliable means at our disposal. I feel inclined to go further, and state that it is *par excellence* the remedy for that condition, which, unfortunately, is very frequent in India.

"I have ordered it, not once, but repeatedly, in such cases, and always with satisfactory results. The form used has been the tincture, and the dose ten to twenty minims, repeated once or twice in the twenty-four hours. It is so certain in its power of controlling menorrhagia, that it is a valuable aid to diagnosis in cases where it is uncertain whether an early abortion may or may not have occurred. Over the hemorrhage attending the latter condition, it appears to exercise but little force. I can recall one case in my practice in India, where my patient had lost profusely at each period for years, until the tincture was ordered; subsequently, by commencing its use, as a matter of routine, at the commencement of each flow, the amount was reduced to the ordinary limits, with corresponding benefit to the general health. Neither in this, nor in any other instance in which I prescribed the drug, were any disagreeable physiological effects observed.

"I could say a few words in its favor, as to its action in allaying irritative cough, but I prefer confining myself to a point on which experience has left me no room for doubt."

The Abortive Treatment of Infectious Diseases.

At the opening of the third session of the Second German Congress of Internal Medicine (*Medical Record*, June 2, 1883), Dr. Binz, of Bonn, presented a paper upon this subject.

Two causes were at work which tended to make infectious diseases less dreaded now than they were in former ages. These were an improved hygiene and an improved therapeutics. Hygiene alone will not suffice to prevent entirely the occurrence of epidemics, for the simple reason that it can never become perfect; and as long as a single focus exists favorable to the growth and development of the matter of contagion, there is danger of its spread to other localities. Hygiene and therapeutics must go hand in hand. But though we can never hope to prevent absolutely the occurrence of any infectious disease, the author believed that the time would come when we could strangle the disease at its inception and thus rob it of most of its terrors. We have already five remedies which we can send after certain exciters of disease to paralyze them and abort the

diseases to which they give rise. These remedies are quinine, mercury, iodine, arsenic, and salicylic acid. The antagonism of quinine to the malarial poison was dwelt upon; the explanation of its action being that it was a poison to the micro-organism found in this disease. This was not mere conjecture, but had been proven by direct experiment. Although at present there were no remedies to be regarded as specific antidotes to the microscopical organisms found in tuberculosis and diphtheria, Dr. Binz believed that they would some time surely be found. These diseases were now in the same condition as were rheumatism and malarial fevers before the discovery of the antidotal effects of salicylic acid and quinine. In concluding, the speaker predicted a glorious future for therapeutics.

Dr. Rossbach, of Jena, followed with a thoughtful article upon the same subject, agreeing with Dr. Binz in his hopes of vanquishing these enemies of mankind. He advocated the establishment of a special commission to study the action of the various drugs now in our possession, and of others yet to be discovered, to determine their proper dose and to ascertain their poisonous effects upon the lower as well as the higher organisms. In case of an epidemic occurring in any locality, this commission should recommend some particular remedy, whose action was supposed to be inimical to the disease in question. This remedy was then to be used by all physicians in their treatment of the disease, and a report could be made to the central body, upon the subsidence of the epidemic, of the results obtained by the various observers. In this way we might hope to make rapid advances in our search for specific therapeutical agents.

The discussion which followed was without special interest. The speakers agreed upon the desirability of the establishment of some such commission, which could formulate some general plan of investigation, and collate the results obtained by individual workers.

Malignant Pustule.

At a recent séance of the Academie des Sciences, M. Richet read an interesting communication on this subject.

In 1880, two cases were observed in his service at the Hotel Dieu; the first was a butcher, who presented a sore on the right cheek, accompanied by considerable induration of that side of the face and neck; the general symptoms were of a very grave character.

Serum taken from the sore itself, and some blood obtained from the index finger, were introduced under the dermis of several animals, and all thus treated perished, presenting all the symptoms of malignant charbon. The patient was energetically treated, subcutaneous injections of iodine solutions were made all about the sore, and the actual cautery applied.

The local troubles were somewhat ameliorated, but the general condition became graver, and the patient succumbed in 48 hours.

In the second case also the general symptoms were of great gravity, the temperature very near 104°, pulse 108, great thirst, with extreme prostration. All about the sore, down to the neck, there was a hard, œdematous swelling: the lymphatic glands under the lower jaw were swollen and painful. Neither the blood taken from the finger nor the serum of the pustule contained germs or charbon bacteria, as in the first case. Nevertheless, the liquids about the sore communicated the charbon infection to animals inoculated with it.

The treatment in this was similar to that practiced in the other—injections in seven or eight points in a circle about the sore of from four to eight grams of tincture of iodine, diluted with twice the quantity of water. The patient recovered, showing that if the case be energetically treated before the infection becomes generalized, a complete and rapid cure is possible.

BOOK NOTICES.

The International Encyclopædia of Surgery. Edited by John Ashhurst, Jr., M. D. In six volumes. Vol. III. New York. Wm. Wood & Co. 8vo. pp. 760.

The thorough and practical manner in which the various branches of surgery are discussed in this volume cannot fail to gratify those who have subscribed to the work. The articles contributed to it are all quite up to the mark of their predecessors and are in themselves complete and original treatises.

The main topics treated of in this volume are the injuries and surgical diseases of muscles, the vascular system (blood-vessels and lymphatics) nerves and joints. Such subjects as aneurism, tetanus, hemorrhage, ligations, vascular and nervous tumors, neuralgia, and dislocations, come within the scope of the volume, and are presented in an entirely satisfactory manner.

We would also mention as specially commendable, the numerous illustrations, the care with which they are printed, and the good quality of the paper and presswork. Such mechanical aids to study are by no means to be depreciated.

Handbook of the Diagnosis and Treatment of Diseases of the Throat, Nose and Naso-pharynx. By Carl Seiler, M. D. Second edition. Philadelphia. H. C. Lea's Son & Co. 8vo. pp. 288.

Dr. Seiler has taken advantage of an early call on him for a second edition of this useful manual, to revise it thoroughly and to make extensive additions to the text, especially in the portion which treats of the diseases of the nasal cavities. New wood-cuts have also been inserted, and likewise a sketch of a case record-sheet for keeping a complete record of cases.

As a convenient, well-arranged and carefully-prepared monograph, it is safe to say that this volume stands in the first rank.

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THE PRACTICAL VALUE OF THE BACILLUS TUBERCULOSIS.

While the wordy warfare wages concerning the causative properties of this bacillus, it is well for us to gather together whatsoever we may of practical value in our every-day work, concerning it.

Dr. G. A. Heron, who recently delivered a lecture on the subject, (*British Medical Journal*, April 28, 1883,) has found the bacilli in the sputa of 116 patients, all of whom presented, sooner or later, what he considered unmistakable evidences of consumption. He has not yet seen a case, with absolutely no signs of lung mischief, in which he has detected the bacillus of tubercle in the sputum. He has found them in the sputum of a patient in whom there were no signs of lung disease, but where, after a time, consumption manifested itself, which condition was verified *post mortem*. From his own experience and the authorities he quotes, it would seem reasonably fair to assume that when the bacilli tuberculosis are found in the sputum, it is a pretty strong indication that the patient is either threatened with, or actually has consumption, and when, in connection with their presence, physical signs exist, the diagnosis can be made with considerable accuracy.

When very plentiful, the prognosis is unfavorable, and vice versa.

Wherefore it would seem that whenever we have any cause to suspect tubercular troubles, as in long-delayed convalescence after pneumonia or in otherwise unaccountable prostration, and the like, it behooves us to make a microscopical examination of the sputum for bacilli; if we find them, we can enjoin the usual precautions and advice for consumption, which, to say the least, will be harmless, even though the disease does not exist.

Whether these bacilli are really the cause, *per se*, of consumption, we do not yet know; but if they afford us, as it would seem that they do, a means of detecting the disease in its incipiency, an acquaintance with them is a very valuable acquisition to our knowledge. The following is the process described by the author for detecting the bacilli:

"There is, so far as I know, no other

method but Ehrlich's now in use for staining the bacillus of tubercle. Various modifications of his process have been suggested; but, in all points of importance it remains as it was given to us by Ehrlich himself. The modifications, which are improvements of this process, aim at giving the staining mixture a uniform composition; and several different formulæ have been suggested for that purpose. The one now in use in this hospital, and I have myself used it for some months past, is Weigert's. Its composition is saturated alcoholic solution of fuchsin, or methyline violet or gentian violet, 11 parts; anilin water 100 parts.

"In warm weather good results are to be obtained when the staining process is carried out at summer temperature, and without the use of artificial heat. I should advise you, however, always to stain your specimens while they are exposed, in an incubator of some kind, to a temperature of 98° to 100° Fahr. Want of attention on my part to this important point caused me much inconvenience when the cold weather set in last autumn.

"The process I have just described to you occupies some time. It has, however, certain advantages. Not only does it ensure thoroughly good staining of the bacilli, but the specimens, while being stained, may be safely left for from half an hour to ten hours, or even longer, in the fuchsin and anilin mixture, just as the experimenter finds most convenient. There is, however, a more rapid way of staining. The same standing fluids are used. A little of the fuchsin dye is filtered into a watch glass, the specimen to be stained is placed in the fluid, and heat is applied. I have been accustomed to apply the heat by lighting a Bunsen burner, not at the top of the funnel, but at the burner itself. The heat, of course, passes up the Bunsen funnel, and so reaches the watch-glass, placed at a convenient height upon a tripod. I find that one minute's exposure to the action of the staining fluid, under these conditions, is sufficient to ensure excellent coloring of bacilli in sputum or in pus. The rest of the process is identical with that I have already described to you. Following this plan, it is easy to stain, and examine with the microscope, a specimen of sputum within ten minutes' time. Most of the specimens of the tubercle-bacillus in sputum and in pus which you see here to-day, have been prepared in this rapid way. In speaking of these staining fluids, I have called the red dye fuchsin. That is the name in use on the Continent for the coloring matter which in England we call magenta."

Since practice alone can enable one to recognize the bacillus when he sees it, and since no wordy description could convey a true likeness of it, we would advise those of our readers, not already familiar with it, to seize the first opportunity to visit some microscopist and familiarize himself with the appearance of the bacillus.

PROLONGED SUSPENDED ANIMATION.

Our journals have recently had occasion to report an unusual number of cases of suspended animation and apparent revivification. One case reported in the *Med. Times and Gaz.*, May 26, 1883, is very striking. The patient had been drinking freely, and was on the verge of delirium tremens, when he was given a hypodermic injection of four minims of Squire's solution of morphia and atropine. He soon became drowsy, and could not be roused from the profound slumber in which he was. In two hours, his wife hearing a peculiar noise in his chest, "like a clock running down," put her hand over his heart, and found it beating very hard. It then suddenly stopped. She now placed her ear to his chest, but could hear no sound. She also noticed that "his face was very black."

Dr. Robert Brannigan, who reports the case, arrived at the house two hours later, and found the patient lying on his back, arms folded across the chest, covered up to the chin with bedclothes, and his head propped by three pillows. His face was livid, jaws clenched, pupils widely dilated and giving no response to light. He could not detect any sign of respiration or pulse, and in fact the man seemed quite dead. His body was warm and livid, but the hands and feet were cold and pale.

The use of the electro-magnetic battery for fifteen minutes produced absolutely no results (artificial respiration had been previously tried and failed).

Continuing the electric stimulus a few minutes longer, the lower jaw was drawn towards the sternum, and on one of the electrodes slipping over the brachial plexus, the arm was drawn up.

After one hour of continuous labor with the battery, the heart began to beat feebly, and in fifteen minutes more the pulse was 120, and the respiration one to the minute. When the electrical stimulus was stopped, the respiration ceased. To make a long story short, the respiration slowly increased in frequency, until after six hours from the time of commencing the electricity, the patient regained consciousness.

In the same journal, Dr. William Alexander reports a very similar case, only here the dose was much larger.

These cases teach us two practical lessons:

1st. That we should be very cautious in handling such a very potent drug as opium. Its great value in relieving pain is apt to tempt us to its injudicious employment.

2d. That we should persevere for a long time in our efforts at resuscitation when life has apparently fled, from a narcotic poison; since the inherent power to respond to electrical stimulation may be present, when, by maintaining an artificial vitality until the poison is eliminated, we may save our otherwise doomed patients.

And they suggest to us two queries:

1st. Is the usual antagonism existing between morphia and atropia, converted into an intensity of action of one of them when they are taken together?

2d. Does alcoholism produce an unusual susceptibility to the toxic action of these drugs?

LEUKAEMIA AND PSEUDO-LEUKAEMIA.

Professor Senator presented to the students in his clinic in Berlin, two very interesting cases. They were twins, æt. 1½, born of healthy parents, nursed by their mother up to their 14th month, and later fed mainly on cow's milk. The children were perfectly well up to their 17th week, when they commenced to get sickly. In both a moderate degree of rachitis developed itself. Very remarkable was the extraordinary pallor of their skin in connection with their greatly hypertrophied spleens. On examination of the blood it was found, that in both the white globules were decidedly augmented; in the one child there were five, in the other two and a half times more white corpuscles than red. Whether in these cases there existed the disease of leukaemia or pseudo-leukaemia, does according to Senator by no means depend upon the relative increase in number of the white globules; as many cases are on record, where they are not increased at all, or only very little, and notwithstanding the case runs the same course as one of leukaemia. Besides, the relation of the number of globules to each other changes more and more with the progress of the case, as was noticed also in the twins; a few weeks later the ratio was already in one that of 1:50; in the other that of 1:45.

Leukaemia, which is better recognized by this peculiar tendency of the white globules of continuously increasing their relative number, is according to Senator not any rarer in children than it is in adults. Hereditary causes here had no influence, the less, as the children were all perfectly healthy and the parents too. The rachitic process could not have exerted any special influence on the peculiar composition of the blood, as it was one of very mild degree only, and as, notwithstanding the latter disease is an exceedingly common one, these are the first instances on record, that genuine leukaemia had complicated rachitis. While Senator himself admits that he at present has no theory to offer as yet, to explain the pathogenesis of leukaemia, he believes that there are other factors at work, of which we do not possess any knowledge, and which can be elucidated only by carefully reporting all cases which have any bearing whatever on the question.

HEPATIC ABSCESS.

It would seem that abscess of the liver may be considered as somewhat more common than is ordinarily supposed, and that our attention should therefore, be more frequently directed in this channel, when we have to do with vague, ill-defined and marked symptoms of hepatic derangement.

An accurate diagnosis from physical signs is by no means an easy task, but happily we have in the exploring needle a crucial test, when we otherwise have good reason to apprehend purulent accumulation. Dr. Joseph Fayrer recently read a valuable paper on the subject of "Abscess of the Liver" before the Medical Society of London.

He traces a causative relation in many cases between dysentery and hepatic abscess, the absorption of pus or septic matter from the ulcerated bowel acting as the cause, and he advocates exploration to ascertain the presence of pus, early evacuation whenever it can be got at, and early and free opening; drainage, and antiseptic dressing whenever practicable.

In the discussion which followed the reading of the paper, Surgeon-General Hunter drew the following pen picture of the disease:

"The man has had malaria, or lived intemperately, or both. He gets out of condition, loses flesh, has 'hepatic' dyspepsia; then a localized swelling over the liver is noticed, and, if contracted, it will burst in one or other direction."

He also advises the exploratory puncture, and recommends free opening with antiseptic drainage.

THERAPEUTIC VALUE OF NITRO-GLYCERINE.

At a recent séance of the Societé de Therapeutique, this subject came under discussion. M. Huchard had experimented with a one per cent. alcoholic solution, in the dose of from one to six drops. After from four to six minutes there supervened cephalalgia, vertigo, a sensation of fullness in the head, ringing in the ears, and amblyopia. At the same time there was marked congestion of the face, acceleration of the cardiac movements, with dicrotism of the pulse, which became stronger and more rapid.

In a word, nitro-glycerine induces cardio-vascular excitation, with cerebral hyperemia and fall in peripheric tension. It may then be considered as analagous in its action to nitrite of amyl, and may be used in aortic disease and in cases where cerebral anemia is present, through troubles of circulation.

M. Huchard has employed it in a case of aortic insufficiency, where vertigo was complained of, accompanied by angina pectoris. In this case much benefit was experienced, as also in two other cases of angina pectoris; in another case it gave no decisive result. M. Huchard and other French observers do not seem to have obtained the beneficial results claimed for the drug by English physicians in affections of the respiratory organs.

M. Huchard uses the following solution:

℞. Sol. nitro-glycerine (1%), 30 drops.
Aquæ destill., 300 grams.
M. Dose. A dessert-spoonful three times daily.

In the discussion which followed M. Huchard's communication, the general opinion of the Society seemed to be against the medicament, as one of great and dangerous powers, whose therapeutic effects were not as yet sufficiently investigated.

CHLOROFORM NARCOSIS DURING SLEEP.

The question whether or not a sleeping person can be anæsthetized without being first awakened, has, in view of the reported cases of the use of chloroform by villains for various nefarious purposes, assumed some practical importance.

The question has been recently discussed in the *New York Medical Record*, and quite a number of cases have been reported by the upholders of both sides of the question.

From an impartial review of the evidence adduced, the following conclusion would seem to be justified:

A sleeping person can be anæsthetized without being awakened, if the agent holding the chloroform be first kept at a considerable distance from the individual and gradually brought nearer, so that the irritating influence of the chloroform on the respiratory passages may be avoided until its obtunding effect has been procured.

Notes and Comments.

The Treatment of Granular Lids.

After relating some cases treated with *jequirity*, Dr. W. A. Brailey says, in the *British Medical Journal*, May 19, 1883:

The result of these and other cases shows that, in jequirity, we have a drug of decided value. Though it does not, in ordinary cases, immediately destroy all the granulations, it diminishes very considerably the pain and photophobia, and has a decided influence in clearing the cornea. Nor does it appear to affect this tissue injuriously, in which respect we must admit it to be decidedly superior to inoculation from cases of ophthalmia neonatorum. At first, I had considerable hesitation about introducing cases of inoculation with jequirity into the general eye ward; but I have not found that it makes any difference to the progress of other cases, whether operative or not. Though precautions against contagion have naturally been taken, we have not succeeded in inoculating into the sound eye the ophthalmia produced by this agent.

The seeds, which are extremely hard and tough, are first broken and freed from their shell. They are infused for two hours in cold water, in the proportion of 1 to 50; by this time they are so softened as to be easily pounded up, after which they are soaked in the same water for twenty-two hours more. The solution now requires only careful filtration to be ready for use. It is applied to the everted lids, or, when this is impossible, between the lids, thrice daily, till a severe conjunctivitis, of a purulent or diphtheritic type, is produced.

Congenital Sarcoma of Abdomen.

To the Glasgow Pathological Society (*British Medical Journal*, March 3, 1883).

Mr. H. E. Clark showed the specimen. The child from whom it was removed was, at the time of death, about a year old. The tumor had first been noticed immediately after birth, as a slight swelling in the neighborhood of the femoral ring, and resembled a hernia, but was irreducible. When the child was between two and three months old, a swelling appeared in the inguinal canal, and passed gradually down towards the testicle; it had, at the canal, a diameter of about half an inch, and for some time it did not involve the testicle; its appearance caused the recession of the tumor in the femoral region, which completely disappeared. The growth was not very rapid. About two months before the child died, the abdomen began to enlarge, tortuous veins appeared in the abdominal wall, and rapidly extended upwards to the umbilicus, ultimately reaching the chin. The child began to lose flesh, and to suffer from gripes and diarrhœa, and when twelve months old it died. The *post mortem* examination was made by Dr. Lindsay, of Lesmahagow, under whose care the child had been. He found the tumor occupying the greater portion of the abdominal cavity, and involving the whole of the spleen; it also passed down into the scrotum, and involved the testicle. It was free in the abdomen, but at the back was attached by means of numerous vessels to the mesentery, and above was adherent to the transverse colon, and below was firmly adherent to the bladder. All the organs, except the spleen and testicle, appeared to be healthy, but there were evidences of slight peritonitis. The whole tumor was composed of small round cells, with a very small amount of homogeneous matter, the cells entirely agreeing with those distinguishing the round-celled sarcoma.

Foreign Body in the Urethra.

"On examination, a foreign body could be felt lying along the under side of the penis, from its lower half towards the perinæum; and about the middle of the penis a sharp point was discovered. A small incision was made through the skin over it, and the point of a large black pin was then forced through, seized by a pair of forceps, and drawn out; it was between three and four inches in length. The head of the pin was then found intact in the urethra; the point of the pin was therefore depressed, and the head pushed up through the urethra and drawn out through its orifice. A catheter was passed, and left in the bladder for twenty-four hours, and the wound dressed with carbolic oil. Blood was passed in the urine several times afterwards. No urine escaped by the wound, and at the end of the week the man was sent out, cured."

Dr. Wm. Curtis reports this case in the *Brit. Med. Jour.*, May 19, 1883. The pin was introduced when the man was drunk. We may be called on suddenly to such a case, and it will be well to bear this case in mind.

Tinea Versicolor.

Tinea versicolor or *Liver Spots* is an exceedingly common affection, and one that causes much annoyance, since the patient frets at having this blemish on his skin. To cure it, Dr. George H. Rohé (*Med. Record*, June 2, 1883,) recommends a lotion of hyposulphite of sodium, half a drachm to the ounce of water. The patient is directed to take a bath once a day, using soap freely. After the bath the affected spots are to be mopped with the parasiticide lotion. In a week the discoloration has usually disappeared. The remedy should be continued a week or two longer to prevent relapse. Dr. Rohé says it is surprising to what an extent cases of tinea versicolor are treated for syphilis, hepatic derangement, or similar supposed affections of the internal organs. Patients are sometimes compelled to take mercury or potassium iodide for months, under the supposition that they suffered from syphilis, when the only trouble was that just described, which, when properly treated, yielded to local remedies alone in the brief space of two weeks.

Cerebral Atrophy Consecutive to Amputation.

At a recent séance of the Academie, M. Bourdon reported a case, confirming his anterior researches relative to the occurrence of cerebral atrophy long after amputation. He examined the

brain of a soldier who had undergone amputation of the left arm some forty years previously.

He found considerable atrophy of the entire right hemisphere, affecting principally the white substance of the organ. This atrophy was most marked at the superior part of the motor zone of the outer layers of the brain, and had gradually become extended toward the centre, producing paralysis of the lower limb, corresponding to the amputated arm. What would seem to be proven by this case and the six others reported by M. Bourbon is that the cerebral atrophy, at first due to the loss of functional activity in the amputated limb, becomes gradually extended to other parts of the brain.

Anti-quinine Treatment of Intermittent Fever.

At a recent meeting of the Medico-Chirurgical Society of Montreal (*Med. News*, June 2, 1883), Dr. Beardsley gave the results of fifty years' experience in treating intermittent fever without quinine. Briefly, it is as follows:

First, brisk alterative purgatives, aloes, blue-mass, and capsicum in equal parts, made into pill-form, or calomel in place of the blue-mass. An alterative purgative was to be taken at the outset, and repeated as the nature of the case demands. This was to be followed by an aromatic bitter, and perhaps an alkali with it, or in combination with boneset tea, drunk very freely, was an element in the cure not to be overlooked. He stated that this method had been very satisfactory in his and others' hands, and was often successful where quinine had utterly failed, and that, too, where it had been pushed; indeed, as far as twenty-grain doses three times a day, or even oftener.

The Cost of Vegetarian Diet.

The great temperance enthusiast, Dr. Norman Kerr, recently furnished a vegetarian dinner to one hundred persons. The repast consisted of three courses, accompanied by a plentiful supply of brown bread and a cup of excellent cocoa for each guest. A "hotch-potch" soup was first served. The ingredients in this were potatoes, turnips, carrots, leeks, celery, green peas, parsley, and butter. It was palatable, and it is claimed for it that it is nutritious. The next dish was a savory pie made up of haricot beans, flour, onions, and butter; and then followed the sweets, in the shape of a pleasant hot mess of rhubarb, rice, and sugar. The cost of the entire meal was less than $6.25, being at the rate of six cents each person.

Morbillic Rash in Typhoid Fever.

We have already reported two cases in which a scarlatiniform eruption occurred in the course of typhoid fever, and now Dr. Walter C. Beevor reports another similar case to the *Brit. Med. Jour.*, May 19, 1883. The patient was nursing two typhoid cases, when she was taken with fever, headache, pain in back, and thirst. On the third day a rash exactly resembling measles appeared. On the fourth day typhoid fever was pronounced. These cases may be explained on the supposition of the co-existence of two zymotic poisons in the blood at the same time, since we do not know that these poisons possess any special antagonisms, the one for the other.

Syphilis and Rickets.

M. Cazin does not accept M. Parrot's view that rickets is an effect of congenital syphilis. He has collected a number of cases of each disease without the other.

Another fact confirmed him in this opinion, and that was, the treatment which, when consisting of mercury and iodide of potassium as forming the anti-syphilitic treatment, had not only no effect on rickets, but was positively injurious. If rickets were the result of a diathesis, it would be that of struma, and certainly not syphilis. M. Despres sided with M. Cazin, and said that whereas rickets can be cured by cod-liver oil and phosphate of lime when not too advanced, congenital syphilis is nearly always fatal, no matter what the treatment.

The Causation of Typhoid Fever.

The *Brit. Med. Jour.*, May 19, 1883, contains an address on "Typhoid Fever in Paris during the years 1875–1882," which concludes as follows:

"To sum up: these detailed conclusions support the considerations which I have laid before you; they impress on us the necessity of new researches, before assigning to typhoid fever a simple, regular, and constant etiology. In the meantime, we must not lose sight of the fact that typhoid fever is an essentially human disease, in the sense that it derives from the internal and external conditions of man the principal elements of its existence."

Loose Bodies in the Knee Joints.

These bodies, familiar to all surgeons, are believed by Dr. Oliver Pemberton (*Lancet*, May 19, 1883,) to be due to a chipping or breaking off of the joint surface, and that as time goes on the

loose body thus produced is found to present appearances according to its age and, as it were, to the extent of the wear and tear in movement it has undergone: at one time being cartilaginous or fibrous, or osseous or mixed, as the case may be, the ultimate shaping and structure of the body being doubtless greatly influenced by the predominance of the rheumatic habit.

He removes them by incision.

Suppositories in Chronic Cystitis.

Against the attacks of pain, which supervene in chronic cystitis, the use of anodyne suppositories frequently gives greater relief than any form of internal treatment. The following prescriptions of Mallez and Mayet will prove useful:

℞. Morph. hydrochlorat., 1 to 2 centigrams.
Stramonii pulv., 2 centigrams.
Ol. Theobromæ, q. s. M.

For one suppository.

℞. Hydrat. chloral, 3 grammes.
Ol. theobrom., q. s. M.

For one suppository.

Combating Fever in Young Children.

It is often difficult, and in fact not without danger, to administer any efficient febrifuge to young children. In such cases the administration of sulphate of quinine by inunction offers many advantages.

The absorption of the salt is rendered possible by the extremely thin epidermis in very young children. The following unguent will be found efficient:

℞. Quiniæ bisulph., gr. xxx.
Camphoræ, gr. xv.
Unguent. simpl., ℥vj.
M.

A small quantity may be rubbed in over the groin or in the axilla.

Premature Alopecia.

In the *Berlin Klin. Woch.*, Dr. Lassar advises washing the scalp every day for fifteen minutes with soft glycerine or tar soap, or soap containing iodide of sodium. Follow this with the warm douche, gradually cooled, and then use water containing two parts per thousand of corrosive sublimate. After drying the hair, rub in a one-half per cent. spirituous solution of naphthalin. This treatment must be persevered in for two months or more.

The Value of Re-vaccination.

Two women were vaccinated after a case of small-pox had developed in a house in Glasgow. After some days one of them sickened, and an abortive eruption of small-pox appeared. These facts show that the virus of small-pox had been imbibed, but as it lay twelve days dormant, while the vaccine virus became constitutional on the eighth day, the vaccine had four days' start, so to speak, and the woman escaped from what would have been a very severe attack, with a few blighted papules.

Hydrargyrum Formidatum.

In a former issue we referred to this drug as the new Russian treatment for syphilis. We now learn from *Petersburg Med. Woch.*, that it has been tried at the Rochus Hospital, Buda-Pesth, and has by no means answered the expectations held out. First of all, it is excessively painful in its employment, and few patients can be induced to go on with it, and great local irritation is produced by the injection. Moreover, in no respect does it possess any advantage as an anti-syphilitic over other means already in use.

Rupture of Sciatic Nerve Mistaken for Fracture of the Neck of the Femur.

In the *Berlin Klin Woch.*, Dr. Küster relates a case of this nature in which the mistaken diagnosis had been guardedly made by two physicians. Absence of crepitus and pain upon passive movement caused Dr. K. to diagnose rupture of the sciatic nerve (the symptoms were intense pain on pressure, most severe in the neighborhood of the hip-joint, outward rotation of limb, and apparent shortening, coming on after a fall), which was confirmed by the subsequent conduct of the case.

Spontaneous Formation of Gas in Bladder.

It would seem that sometimes, in patients suffering from diabetes, a species of vinous fermentation takes place in the saccharine urine, causing the liberation of gas. So, at least, does Dr. F. Guiard (*La France Médicale*, February 10–13, 1883,) endeavor to account for the peculiar phenomenon he has now observed in several such cases, viz., the discharge per urethram of gas, sometimes with an audible report. He proposes to call this condition *diabetic pneumaturia*.

A Rapidly Successful Treatment of Erysipelas.

In the *Lancet*, April 21, 1883, Dr. N. O'D. Parks relates a case rapidly cured by the application of a thick coat of white lead paint, enveloping the limb in cotton-wool, and giving one drachm of the tincture of perchloride of iron daily, in divided doses. The patient was six years old.

Three Prescriptions for Habitual Constipation.

The following are recommended by Dr. J. Mortimer Granville in the *British Medical Journal*, May 26, 1883:

When there is a lax and torpid condition of the muscular coat of the alimentary canal, evidenced by flatulence, etc., he uses the following:

R.	Sodæ valerianatis,	gr. xxxvj.
	Tincturæ nucis vomicæ,	ℳlx.
	Tincturæ capsici,	ℳxlviij.
	Syrupi aurantii,	℥iss.
	Aquâ ad.,	℥vj.

Misce, fiat mistura, cujus sumatur cochleare magnum ex aquâ ter die semihorâ ante cibum.

When there is a deficiency of glandular secretions, generally, throughout the intestine, manifested by a peculiarly dry and earthy character of the dejecta when the bowels *do* act, he gives:

R.	Aluminis,	ʒiij.
	Tincturæ quassiæ,	ʒj.
	Infusi quassiæ,	℥vij.

Misce, fiat mistura, cujus sumantur cochlearia duo magna ter quotidie, post cibum.

The third form, which depends chiefly on interruption of the natural habit of periodic discharge, often results from repeated failure to move the bowels, in consequence of one or other of the two preceding forms of this trouble. This may generally be relieved by directing a perfectly regular attempt to go to stool, and by the use of the following draught, taken the first thing after *rising* from bed—not on awaking—in the morning, as nearly as possible at the same hour. It will be observed that it is not an aperient in the ordinary sense of the term. It is, as a rule, neither necessary nor desirable to continue it for longer than a fortnight. In most instances, it will be found to re-establish the normal habit in a week or less.

R.	Ammoniæ carbonatis,	ʒj.
	Tincturæ valerianæ,	ʒj.
	Aquæ camphoræ,	℥v.

Misce, fiat mistura, capiat partem sextam in modo dicto.

Nephrectomy.

Dr. J. Knowsley Thornton reports three successful cases in the *Lancet*, May 26, 1883. He concludes his report by saying:

"The three cases taken together seem to me to demonstrate the advantage of the lateral over the median incision. The perfect suitability of the abdominal operation to all cases in which nephrectomy and not mere nephrotomy is the end aimed at; the capability of the peritoneum to dispose of large quantities of effused fluid under aseptic conditions, without the aid of the drainage tube, and without serious constitutional disturbance arising from the absorption of the effused fluids, even after the removal of such an important eliminator as the kidney. The great differences in the ages of the patients, seven, twenty-six, and fifty-eight, and the varying diseases for which the operations were performed, make the records of especial value. The operation of Langenbeck with the extra-peritoneal treatment of the bladder end of the ureter, seems so surgically perfect, that I can not conceive any case presenting itself in which I should care in the future to face the difficulties and uncertainties of the loin incision. Indeed, I should be inclined to recommend an exploratory incision by the lateral abdominal section, with careful Listerian precautions, in any case in which it was of importance to thoroughly examine the kidney and ureter."

Subinvolution of the Uterus.

A very valuable lecture on this subject by Dr. Clinton Cushing, of San Francisco, is to be found in the *Med. News*, June 2, 1883. He considers premature assumption of domestic duties after parturition as one of the most frequent causes of this unfortunate condition, and he formulates the following sound advice to physicians:

"If it is possible to do so, I know of no better investment of time and money than for a woman who is raising a family to devote at least a month following her delivery to rest and quiet, and as free from excitement of any kind as may be. Unless she is confined to her bed by poor health, it is the only opportunity a mother of a family has to remain quiet long enough to get really rested; and I would advise you to inculcate, in the most thorough manner, the minds of your puerperal patients with the idea that a full month must be given up to rest and recuperation after delivery, and that a portion of each day after getting out of bed must be spent upon a lounge or couch for several weeks. Of so much consequence do I consider this advice, that I would again urge you to use all your eloquence to show your patients the advantages to be derived from a month's bodily and mental rest following confinement.

Solution of Vesical and Renal Calculi.

Beforethe Harveian Society of London (*Lancet*, May 26, 1883), Dr. Broadbent read notes of two cases illustrating the solution of vesical and renal calculi—one renal, the other vesical—which had yielded to treatment by large doses of alkaline salts. The first case was that of a man, aged fifty-five, who after an attack of renal colic de-

veloped characteristic symptoms of vesical calculus. He was ordered a mixture of an ounce of citrate of potash and half an ounce of acetate of potash, one drachm of these salts mixed to be taken three times a day, with a dessert-spoonful of succus taraxaci, in a quart bottle of salutaris water, the latter being selected as the vehicle, as it was stated to be simply distilled water aerated with carbonic acid. After persevering with this plan of treatment for a month, with no interruption to his business pursuits, the patient passed a small calculus, which, though of course it was impossible to say how far it had been reduced in size, bore marks of erosion from the solvent action of the urine; immediate relief was afforded the patient from his symptoms, and he had remained perfectly well since.

Scarlatina Evolved From Diphtheria.

The interconvertibility of zymotic diseases has not received the attention which it deserves. No less an authority than Dr. W. B. Carpenter believes in it (see vol. 47, p. 546), and now Dr. John Meredith furnishes additional proof in the *Lancet*, May 26, 1883. He relates a case of diphtheria, the *Simon Pure* disease, occurring in one member of a family; after a while a second one, who was exposed to the contagion, contracted a scarlatiniform disease, and subsequently a third person, who came much into contact with the second, developed a typical case of scarlatina. Whether all zymotic diseases are due to an identical poison, their differing manifestations being due to the peculiarities of the soil upon which they drop, we do not know; but we do know that the evolution of zymotic diseases is a field full of interest for the acute and intelligent observer.

Belladonna, a Prophylactic Against Scarlet Fever.

Dr. Owen Pritchard thinks he has discovered a prophylactic. As soon as one member of a family was taken with the disease, all the children in the house between the ages of six months and fourteen years were at once ordered to take the tincture of belladonna, in doses of from one to three minims, according to age, three times daily. It was thus given to twenty-eight families numbering seventy-four children, of which only four, or a percentage of 5.4, took the fever; while among those similarly exposed, and to whom belladonna had not been given, the percentage of sufferers was 36.2. It is only fair to state that the ordinary antiseptic precautions, with isolation, etc., were followed indifferently in all cases. This observation is made in the *Lancet*, April 14, 1881.

Specimens of Renal Carcinoma.

Before the Midland Medical Society (*British Medical Journal*, March 24, 1883).

Dr. Windle showed a large deposit of carcinoma in a left kidney, secondary to scirrhous mammæ of two and and a half years' duration, the patient being a female, aged 62. This was the only secondary deposit existing. After removal of the breast, very little urine was passed, and none at all the day preceding death. The fatal termination occurred six days after the operation.

The Swallowing of a Silver Half-dollar.

A peculiar case is that described by Dr. C. E. Webster in the *Boston M. and S. Jour.*, May 31, 1883. The coin lodged transversely in a vertical plane, so that a sound could pass it without obstruction, thus giving rise to the opinion that it had passed on into the stomach. The patient died from hæmatemesis, the result of two small ulcerations and consequent perforations into the aorta at the site of lodgment of the coin.

Aneurism of Anterior Communicating Artery.

In presenting a case to the Medico-Chirurgical Society of Montreal (*Medical News*, March 3, 1883), Dr. Osler called attention to the fact of the frequency of aneurism of the cerebral vessels, and to the fact that many cases of apoplexy in young persons were caused by them. This was the eighth instance which had come under his observation in the past few years.

Subcutaneous Injection of Quinine.

The following solution when injected hypodermically has frequently proven of service in obstinate cases of neuralgia; it should be injected close to the painful point:

℞.	Quiniæ bromhydrat,	1 gram.
	Æther. sulphuric,	8 grams.
	Sp. vini rect.	2 grams.

M.

Each cubic centimeter of this solution contains ten centigrams of the quinine salt.

Axillary Aneurism.

Dr. Little reports a case in the *Lancet*, May 19, 1883. The subclavian was reached by an infraclavicular incision and ligated in its third stage. A perfect cure resulted.

A New Styptic.

Dr. Hill, of Goldsboro, told the Medical Society of the State of North Carolina, at its last meeting, that he had used ambrosia trifida, or rag-weed, in

epistaxis, pulmonary and uterine hemorrhage, hemorrhage from the bowels, hemorrhagic diathesis, etc., and found it of great value.

Nitrite of Amyl in Uræmic Asthma.

Dr. Thomas Sanctuary adds his testimony to its efficacy. His case is reported in the *Brit. Med. Jour.*, May 19, 1883. Like the other cases reported, relief was experienced from it, but finally, the patient was seized with a paroxysm, and died before the amyl could be used.

Abdominal Sanguineous Cysts.

Dr. J. S. Bristowe describes two cases in the *Lancet*, May 5, 1883, of abdominal cysts (in the male) containing a sanguinolent fluid. Tappings gave temporary relief, but the sacs filled again and again, and both patients finally died. The author cannot offer any explanations.

Permanganate of Potash vs. Carbolic Acid.

Dr. C. Roberts believes that a solution of the permanganate forms the most delicate test of the asepticity of sponges, as it leaves a brown mark on any collection of organic matter, so that in the *Brit. Med. Jour.*, May 5, 1883, he recommends this as a test of their purity, after washing in carbolic acid.

An Obstetrical Phenomenon.

In the *Lancet*, May 26, 1883, Dr. G. Yeates Hunter reports the case of a Hindoo woman in which placenta prævia, with shoulder presentation, occurred twice in the course of nine months. On each occasion version was performed, a dead child delivered, and a rapid recovery followed.

Correspondence.

Eclampsia.

Eds. Med. and Surg. Reporter:—

Dr. E. Michener seems not to agree with my axioms.

1st. Bleeding must be done for effect, always very freely. I agree with him, for I am an old fogy on the subject of bleeding—believe in it in pneumonia, apoplexy, and all evident congestions of the great organs.

2d. Immediate and unconditional *forced* delivery. Premising that the operator *knows* enough about anatomy, turning, use of the hand and instruments, to make it safe: if not—not. All physicians of experience have seen cases ending with success where (with all knowledge of the curve of the pelvis) the full power of not one, but two, was required to succeed. The doctor need not *shudder*. I think it is still the rule. Within a week I delivered a woman, Irish, primipara, 40 years old, with forceps, using all my power of traction, and a fat nurse into the bargain. No rupture of the perineum, œdema or malaise, except two or three days' retention of urine, and didn't wait twenty-four hours for *nature* to use up the patient.

3d. If the doctor has not seen a return of consciousness between convulsions, I think many have where *chloroform was not used*. I protest against the doctrine that the use of veratrum will be safe without bleeding in eclampsia, as a doctrine dangerous to life and false from teachings of the past. Phlebotomy, too, is safer, even in exceptional cases, than anodynes or anæsthetics. This terrible prejudice against opening a vein is merely the result of the insane cry of quackery, or the semi-medical education of our schools.

H. Lee Burritt, M. D.

Bridgeport, Conn., June 12, 1883.

Urinary Examination.

Eds. Med. and Surg. Reporter:—

Having been constantly engaged in the examination of urine during the past four years, it has occurred to me that many physicians must find it inconvenient to make *thorough chemical and microscopical urinary examinations*, in consequence of the great amount of time required. I beg to announce, therefore, that I am prepared to make such examinations in the most careful manner, and to furnish promptly a written report of the results. A moderate fee will be charged. The examinations will be made at the University Hospital, and specimens may be sent directed to me at that place, or to 1811 Spruce street.

Judson Daland, M. D.,
Assistant Curator to the University Hospital.
Philadelphia, June 15, 1883.

News and Miscellany.

Massachusetts State Medical Society.

At the one hundred and second annual meeting of this Society, held in Boston, June 12 and 13, the following papers were read:

"A Contribution to the Study of the Tubercle Bacillus," Dr. H. C. Ernst, of Jamaica Plain.

"The Use and Abuse of Ergot," Dr. G. L. Woods, of Springfield.

"The Use and Abuse of Ergot," Dr. W. A. Dunn, of Boston.

"Glykogen," Dr. J. W. Warren, of Boston.

"Phlyctenular Disease of the Eye," Dr. O. F. Wadsworth, of Boston.

"Minor Injuries of the Spinal Cord," Dr. B. Hartwell, of Ayer.

"Plumbing Appliances," Prof. T. M. Clark, Institute of Technology, Boston.

"Recent Changes in the Methods of Medical Instructions," Dr. E. N. Whittier, of Boston.

"Neurasthenia, Its Causes and Its Home Treatment," Dr. J. S. Greene, of Dorchester.

"The Artificial Feeding of Infants," Dr. J. W. Spooner, of Hingham.

"The Early Symptoms of General Paralysis of the Insane," Dr. W. B. Goldsmith, of Danvers.

"The Annual Discourse," Dr. Amos H. Johnson, of Salem.

OFFICERS FOR THE ENSUING YEAR.

President—Alfred Hosmer, M. D., of Watertown.

Vice President—Ira Russell, M. D., of Winchendon.

Treasurer—Frank W. Draper, M. D., of Boston.

Corresponding Secretary—C. W. Swann, M. D., of Boston.

Recording Secretary—F. W. Goss, M. D., of Roxbury.

Librarian—David H. Hayden, M. D., of Boston.

Orator for Anniversary in 1884—John Crowell, M. D., of Haverhill.

The Depopulation of France.

This question is commencing to alarm the authorities. At a recent meeting of the Chamber, a deputy gave the following as the reasons:

1. Because the people have a dislike to emigrate, the Government having done nothing to encourage it.

2. Because the people are not kept enough in the country, and that the taxes are too high.

3. Because the Government does not restrain enough prostitution, and does not encourage marriage amongst the poor.

4. Because the consumption of tobacco and absinthe are attaining enormous proportions, so that the race is becoming weakened and stunted in intelligence and physique.

One of the most distinguished French economists, Beaulieu, said recently: "If the morals do not change in France, in fifteen or twenty years the population will have an excess of deaths over births."

A bill was introduced which contained two clauses calculated to check this depopulation. The first provides for a decrease in the taxes for every family which has more than four children; while the other proposes a bounty for every child above four where the parents paid no taxes.

An Anomaly in Hearing.

Dr. James C. L. Carson relates this unusual case in the *Brit. Med. Jour.*, May 26, 1883:

Mr. W. Harshaw, of Coleraine, consulted me about his ears. He was so thoroughly deaf that he could not hear a word that was said to him. He could not even hear the noise from the firing of a cannon. On examination, I could find nothing wrong with his ears; but in the course of the investigation, I made a most extraordinary discovery. Although he could not hear any sound which came through the air, he could hear the sound from a mouse running on the floor. I asked him to go to Edinburgh to show himself to Sir Charles Bell, Dr. Abercrombie, and Dr. Alison. He did so, and they kept him under daily examination and observation for ten days. They wrote to thank me for having given them an opportunity of seeing such a remarkable case, but they could not in any way account for it, and they thought there was no similar case in the records of the world. I wrote to suggest that it went to prove that the nerve of hearing, in place of being a single organ, was double; and that one portion was for hearing through the air, and the other for hearing through the body by a sort of touch.

Medical Society of the State of Delaware.

This Society met in Wilmington June 12. Drs. Howard Ogle and Willard Springer, Wilmington, acted as president and secretary pro tem. Members of the Pennsylvania State Medical Society, J. J. McFerran, L. K. Baldwin, and M. O'Hara, who were present, were invited to participate in the deliberation of the meeting. The Committee on Application for Membership reported in favor of admitting the following persons as members of the society: H. B. Mitchell, J. P. Burwell, Charles Green, Thomas H. Keables, J. D. W. Temple, W. N. Wood, H. T. Persing, John Palmer, Jr., A. Lawber, James Stevens, Michael J. Hughes, Samuel W. Murphy, H. Collins, J. W. Short, and Francis W. Gum, and they were elected.

OFFICERS FOR THE ENSUING YEAR.

President—Robert M. Hargadine, M. D., of Felton.

Vice-President—Willard Springer, M. D., of Wilmington.

Secretary—George W. Marshall, M. D., of Milford.

Treasurer—J. W. Sharp, M. D., of Camden.

New Jersey State Medical Society.

The one hundred and seventeenth annual session of the Medical Society of New Jersey, the oldest association of the kind in the United States, was held at Atlantic City, June 12th and 13th. The following officers were elected for the ensuing year:

President—Stephen Wickes, M. D., of Orange.

Vice-Presidents—P. C. Barker, M. D., of Morristown; Joseph Parrish, M. D., of Burlington; Charles J. Kipp, M. D., of Newark.

Corresponding Secretary—William Elmer, Jr., M. D., of Trenton.

Recording Secretary—William Pierson, M. D., of Orange.

Treasurer—W. W. L. Phillips, M. D., of Trenton.

Standing Committee—Drs. T. J. Smith, of Bridgeton; Samuel S. Clark, of Belvidere; E. J. Marsh, of Paterson.

The next meeting will be held at Cape May, on the second Tuesday in June, 1884.

Sanitary Conventions in Baltimore.

At a recent meeting of the Maryland State Board of Health, on motion of Dr. Chancellor, it was decided that hereafter sanitary conventions or meetings be held at least once a year, under the auspices of the Board, in different parts of the State, with a view to promote a general interest in sanitary science; that the first meeting be held in Baltimore on the fourth Tuesday in October, 1883, and that a committee, consisting of the President and two members of the State Board, the President of the City Board, the President and Secretary of the Medical and Chirurgical Faculty of Maryland, and five citizens be

appointed to consider the best means of holding the convention, that prominent sanitarians throughout the country be invited to take part in the convention, and that manufacturers and dealers in sanitary appliances be invited to forward their goods for exhibition at the meeting.

Medical Registration.

A remarkable instance of the utility of legal enactments making the registration of physicians compulsory, has recently occurred in Wheeling, W. Va. A quack went to that city and started out with a most glaring and ingenious scheme of advertising, among which was the publication of an obscene journal called "Health and Home." The Board of Health were soon after him, and as he could not produce a satisfactory diploma or certificate, they refused to register him. After delaying the Board by various pretexts, he finally hastily packed up and decamped, just in time to avoid arrest.

Publication of the Formulæ of Proprietary Medicines.

At the last meeting of the Connecticut Medical Society, upon motion of Dr. Chamberlain, it was voted that the Secretary memoralize the Legislature on behalf of this Society, for the passage of a law requiring that no patent or proprietary remedy shall be sold in this State, unless the formula of its construction be plainly printed on the label; that there shall be a heavy fine for evasion of this law, and if analysis shows any considerable difference from the alleged formula.

Death from a Fall on a Needle.

La Presse Médicale reports a curious accident, resulting in the death of a little girl, three years of age. The child had picked up a needle, and was running with it to her mother, when she fell upon the needle, which penetrated the fourth intercostal space, the eye of the needle alone remaining outside the wound. The mother withdrew it by means of her teeth, but the child died before medical aid could be obtained, probably from internal hæmorrhage, which, gradually pressing upon the lung, brought about extreme dyspnœa.

California State Medical Society.

OFFICERS FOR THE ENSUING YEAR:

President—Ira E. Oatman, M. D., of Sacramento.
Vice-Presidents—Drs. W. S. Thorne, of San José; R. K. Reid, of Stockton; W. F. McNutt, of San Francisco; R. H. Plummer, of San Francisco.
Treasurer—Dr. F. W. Hatch, of Sacramento.
Permanent Secretary—Dr. Wallace A. Briggs, of Sacramento.
Board of Censors—Drs. Geo. W. Davis, C. A. Kirkpatrick, C. Cushing, A. G. Anthony, G. G. Tyrrell.

Medical Society of North Carolina.

The following are the officers for the ensuing year:

President—Dr. A. B. Pearce, of Weldon.
First Vice-President—Dr. F. W. Potter.
Second Vice-President—Dr. Geo. W. Graham.
Third Vice-President—Dr. R. Dillard.
Fourth Vice-President—Dr. Geo. W. Long.
Treasurer—Dr. A. G. Carr, of Durham.
Secretary—Dr. L. J. Picot, of Littleton.

The Suez Canal a Sanitary Nuisance.

The Suez Canal is in a fair way of becoming an open and stagnant sewer. The stations on its banks are drained into its waters. It is never flushed, there is no tide, and the stench is becoming intolerable. Diarrhœa and sickness prevail in vessels detained in the canal, and as detentions are increasing in number and duration, the matter is becoming serious.

Sanitary Progress in New Zealand.

The medical officer of health for Christchurch District points, in his annual report for 1882, to a rapidly diminishing mortality. In 1875 it amounted to 30.4 per 1000; in 1879 20.1, and in 1882 only 13.7. This great lowering can be directly traced to sanitary improvements.

Officers of the New York Neurological Society for 1883.

Dr. Wm. J. Morton, President: Dr. L. Weber, First Vice-President; Dr. Farrington, Second Vice-President: Dr. M. J. Roberts, Secretary; Dr. M. Putnam-Jacobi, corresponding Secretary: Dr. E. C. Harwood, Treasurer.

The Royal Red Cross.

Such is the title of a new order for women, who have done good service in civil or military hospitals, while nursing the sick and injured, that has been instituted by the Queen of Great Britain.

Personals.

—Lüer, the famous instrument-maker of Paris, has recently died.

—Dr. Julius Althaus, of London, has been elected a Corresponding Fellow of the New York Academy of Medicine.

—Prof. Ellerslie Wallace has resigned the Chair of Obstetrics and Diseases of Women and Children in the Jefferson Medical College, on account of ill-health.

—According to a London city missionary in Westminster, the Duke of Westminster has closed no fewer than twenty-four public houses on his Grosvenor Square estate within the last five years. He had closed thirteen others previously. Of the twenty-four still remaining several are already doomed, as the Duke will not renew the leases for their continuation as public houses.

Items.

—Salicin in half-drachm doses every two hours is said to relieve acute coryza.

—M. Vulpian, as the result of numerous experiments with tuberculous virus, recommends sulphurous acid as the most powerful destroyer of its specific properties.

—The summer resorts of North Georgia will be re-opened this year with increased accommodations. Many Southerners who formerly visited Northern resorts will go there.

—The manufacture of patent medicine in the United States involves a capital of ten and a half millions, and produces mixtures valued at fourteen and a half millions annually.

—The Municipal Council of Paris has voted a sum of 3,000f. for the year to organize a pharmaceutical night-service for Paris on a basis similar to the present night-service of physicians and midwives.

—A Lexington, Ky., doctor hangs out the following sign: "Dr. Tooles, scientific carver of toes and limbs; specialist and expert in removing rheumatism; corns and cramps extracted according to nature."

—Prof. Huxley says that the presence of a rat in the house always indicates a connection with a sewer. This will surprise many persons who don't live within ten miles of a sewer, and are troubled with rats.

—Dr. I. H. Morton reports, in the *British Medical Journal*, May 12, 1883, a case of hydrocele radically cured by the injection of two drachms of the spirituous extract of ergot. Very little pain and but slight inflammatory action followed.

—"You may say what you please," remarked the old doctor; "physicians are not all humbugs. There are some honest men among them." "Unfortunately, yes," replied Fogg; "of course you refer to their patients, doctor."—*Boston Transcript.*

—Mrs. Carter, of Bellair, Ohio, says in her application for divorce that her husband compelled her to swallow spools, buttons, long strings of wrapping-yarn, and marbles, as punishment for smiling at other railroad men as they passed the house.

—For a long time official circles in London have been agitated over the question whether or not a woman should be appointed to be superintendent of the female employes in the post-office. It has at last been decided by the appointment of a woman physician.

—It is proposed to erect a Swiss Hospital and Home in New York city. The enterprise is under the management of the Swiss Benevolent Society, which already has five thousand dollars for the object. The Swiss in New York number between twelve and fifteen thousand.

—A bill to prevent the manufacture and sale in this State of the "toy" pistol was presented to the Legislature recently. Another bill was introduced allowing the killing of English sparrows at all times. Now if the English sparrows could only be taught to play with toy pistols, all sides would be satisfied.

—A cabman, convicted at the Marlborough street police court for being drunk and incapable while in charge of his cab, and fined 20s., assured the magistrate, in his defense, that it all arose through the folly of attempting to be one's own doctor. He thought the remedy for the complaint he was suffering from was stimulants, but he no doubt had prescribed for himself too much.

—Persistent war continues to be made in Cincinnati upon Italian fruit venders who sell decayed or frozen bananas. Heretofore they have been fined $5 and costs upon conviction, but Judge Higley says that offenders hereafter brought before him will not be dealt with so leniently.

—There is an earnest attempt making to root out the terrible disease of leprosy from the Hawaiian Islands. Fifty lepers have recently been removed from Honolulu to the leper settlement at the island of Molokai, to be separated from their friends and families forever.

—The Chinese papers state that Li-Fu-Yen, wife of the ex-Viceroy of the province of Chilli-le, being seriously ill, her husband had sent for "Miss Dr. Howard." It is added that this lady, who appears to be established in Pekin, is obtaining a good practice among the titled ladies of China.

—The latest instance of the utilization of waste products is that effected at Elk Rapids, Michigan, with the gaseous matter given forth by a blast furnace in which are manufactured fifty tons of charcoal iron per day. In the case to which we refer, the vast amount of smoke from the pits formerly lost in air is now turned to account by being driven by suction or draught into stills surrounded by cold water, the result of the condensation being first, acetate of lime; second, methyl alcohol; third, tar; the fourth part produces gas, which is consumed under the boilers. Each cord of wood produces 29,000 cubic feet of smoke; 2,900,000 feet of smoke is handled every 24 hours, producing 12,000 pounds of acetate of lime, 200 gallons of alcohol, 25 pounds of tar.—*Stearns' New Idea.*

QUERIES AND REPLIES.

Subscriber.—The salary varies on the different lines. The appointments are made by the directors of the companies.

MARRIAGES.

CRAMPTON—MARLING.—On Tuesday, June 5, 1883, at the Fourteenth Street Presbyterian Church, New York, by Rev. F. H. Marling, pastor, Henry E. Crampton, M. D., to Ellen Eliza, daughter of the officiating minister.

DISBROW—COUSE.—On Wednesday, June 13, at the residence of the bride's father, Newark, N. J., by the Rev. James Montgomery, E. Clarence Disbrow, M. D., of Toms River N. J., to Evalena L., daughter of E. M. Couse.

FRAER—WILLIAMS.—June 7, at the residence of W. H. Clement, Esq., Morrow, O., by Rev. E. T. Swiggett, Dr. J. M. Fraer, of Chattanooga, Tenn., to Mrs. Julia S. Williams, of Cincinnati. No cards.

HASBROUCK—SEWALL.—On Wednesday, June 6, at Dobbs Ferry, New York, by the Rev. D. L. Marks, Joseph Hasbrouck, M. D., to Mrs. Ellen M. Sewall, daughter of the officiating clergyman.

KING—NORRIS.—On Tuesday, June 12, 1883, at St. Paul's Reformed Church, Mott Haven, by the Rev. Hasbrouck DuBois, assisted by the Rev. J. M. Sherwood and the Rev. Carlos Martyn, M. Eva Norris, daughter of David Norris, and Nathan S. King, M. D., both of this city.

REICHERT—WELSH.—On Thursday, June 7, at the country residence of the bride's parents, by the Rev. Joseph A. Seiss, D. D., Edward T. Reichert, M. D., and Marion C. Welsh, daughter of Henry D. Welsh.

DEATH.

LEVINGS.—In New York, on Sunday morning, June 10, 1883, Dr. Noah C. Levings, aged 59 years.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1374.] PHILADELPHIA, JUNE 30, 1883. [Vol. XLVIII.—No. 26.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

A NEW DISEASE OF THE NASAL CHAMBERS NOT NOTICED BY PROF. HARRISON ALLEN.

BY W. STUMP FORWOOD, M. D.,

Of Darlington, Md.

As sentinels upon the watch-towers of the profession, it becomes the duty of every member thereof to give warning of the approach of error, in whatever guise it may appear, and to be especially watchful when it presents itself in the robes of high authority.

Within the last ten years two new causes of disease have been introduced into this—Harford—county, by new industries, established within the decade. One of the diseases referred to results from operating in *flint mills*, where the flint-stone or rock is reduced to a fine powder, which is used in the manufacture of porcelain ware, the ordinary table ware. The operatives exposed to the inhalation of the flint dust in these mills for a length of time, die of a pulmonary disease similar to, and might very readily be mistaken for, pulmonary consumption. We made a brief report of this very fatal disease in the columns of the MEDICAL AND SURGICAL REPORTER, some five or six years ago—the date not now remembered.

The object of the present article is to note a disease which is produced in the operatives who are connected with a particular department of the *canning* industry. We refer to the canning of fruits and vegetables, which industry is more extensively carried on in Harford county, Md., where dozens of establishments are in active operation, which prepare millions of cans annually for the markets of the world, than, we are informed, in all other parts of the United States combined. These goods are put up in tin cans, varying in capacity from two to three pounds, corn being usually put up in two-pound cans, and tomatoes in three-pound cans. A considerable number of hands are required to be employed in the various processes of canning. The cans containing the fruits before they are immersed in a cauldron of boiling water, are hermetically sealed by the "capper" with solder. *Muriatic acid* is used with the soldering material, and when the hot iron is applied, the fumes arise to the "capper's" face and *nostrils*. This is the source of disease, and, so far as we are aware, is a cause that has not been noted in medical literature. Certainly it is a cause that is unknown to so high an authority as Dr. Harrison Allen, Professor of Physiology in the University of Pennsylvania. In an instructive paper by Dr. Allen, entitled "*Abscess, Ulceration, and Necrosis, as met with in the Nasal Chambers*," recently—May 26, 1883—published in the MEDICAL AND SURGICAL REPORTER, he states unqualifiedly, in speaking of the causes of perforation of the *septum nasi*, after excluding the congenital openings, saying: "The acquired perforations are always syphilitic, and co-exist with other signs and symptoms of this disease." Vol. xlviii. p. 575.

I feel sure that no one will be more gratified than Dr. Allen himself in having a statement of facts that will contradict this sweeping assertion; a statement that will protect some innocent individuals from the charge of contamination with so dreadful a "disorder."

The constant inhalation of the fumes of muriatic acid, associated, as they are, with the lead solder, which the busy capper neglects to protect himself against, soon produces inflammation of the mucous membrane of the nose, which finally results in ulceration. With some patients, after the removal of the cause, and the application of proper treatment, recovery takes place after two or three months; but with those who have a scrofulous taint in their constitutions, this ulceration is exceedingly intractable; and in spite of all treatment proceeds for months, and even years, until the septum is finally perforated. And, strange to say, it is the common experience of those who have suffered, that as soon as perforation takes place, all the soreness and consequent annoyance disappears without treatment, and the patient recovers—with, of course, a permanent opening in the nasal septum.

There are several of such cases now in this vicinity, which present positive evidence that ulcerated perforations of the septum nasi may exist in individuals who have never suffered with syphilitic disease, either from personal exposure or inheritance.

The finger-ends and finger-nails are often chronically injured in those who work with the muriatic acid and solder. The matrix of the nail becomes diseased in the manner of an intractable "run-around," as it is commonly called; and this condition will often resist all treatment for months.

It is evidently the poison by the *lead* which maintains the ulcerations produced by the more active irritant, muriatic acid.

This irritation of the nasal passages that the cappers suffer with, is often the result of carelessness and ignorance. By the exercise of a little care in keeping to the windward of the fumes, and by anointing the nose thoroughly, internally and externally, several times daily during exposure, with mutton tallow, or other oleaginous substance, the irritations spoken of, and the consequent perforations, may be avoided.

Medical Societies.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Thursday evening, May 10, 1883.
Vice-President F. P. Henry in the chair.

Tympanic Caries Producing Sub-dural Abscess, Opening into Lateral Sinus.

Nell D., aged 18, was admitted into Prof. Agnew's wasd in the Pennsylvania Hospital, with the following history: When he was five years of age he had measles, and since that time he has had suppuration of the right middle ear. It discharged at intervals. Two weeks previous to admission he had acute pain in his right ear, and a week later it began discharging. He had severe headache ever since he was first attacked. The pain was situated principally towards the front, but existed also towards the sides of the head. The discharge was profuse and offensive. He was emaciated, his face was haggard, pale, with a slightly yellowish tinge, he had an anxious expression of countenance, and altogether looked very bad. His mother says that this change occurred entirely in the two weeks prior to admission. The ear was cleansed, and astringents applied; the discharge ceased in about six days. Bromide of potash failed to relieve the headache, but morphia hypodermically gave temporary relief. He held his neck stiff, with the head slightly drawn back. This increased as the disease progressed. He had nausea, and later vomited large quantities of greenish-black fluid. Three days after entrance, the pains extended down the spine and into the legs, and to the under side of his arms. On the fifth day after his admission, the headache and pains in the lower extremities were very severe. The discharge had almost ceased. His temperature rose to 102.5°. An ice cap afforded no relief. On the eighth day he died.

	Temperature.		Pulse.	
	Morning.	*Evening.*	*Morning.*	*Evening.*
Day of entrance,	9—100°	103°	62	86
"	10—101.5°	101.5°	70	96
"	11— 98.5°	102.4°	66	80
"	12— 99.5°	100.8°	68	84
"	13—102°	102.5°	84	88
"	14—102°	105.4°	100	102
"	15—103.5°	102.5°	106	104
"	16—101.6°	102°	136	114
"	17— 99°	100°	112	108

His bowels moved regularly; they werenot constipated.

Post mortem examination made twenty hours after death. Skull was very thin at all points. Dura mater apparently normal. Marked congestion of the arachnoid and pia mater, more so on the right side. No evidences of thickening or other disease. Brain normal. No excessive cerebro-spinal fluid.

Region of Right Ear.—Beneath the dura mater, covering the petrous portion of right temporal bone over the middle and interior ear, there was an abscess about an inch long. It communicated by a small opening with the tympanum. At its opposite extremity it opened into the lateral sinus. This was filled with pus from the point of opening to within two inches of the torcular herophili. These two inches were filled with a soft black clot. Below the point of opening to the jugular foramen, there was thick pus and a partly decolorized clot, much firmer than the one extending in the direction of the torcular herophili.

Remarks.—The congestion was active, not passive. It was most marked on the surface of the brain. The large veins were not distended, and there was consequently no excess of fluid.

The patient's mind was clear to the last. The

most marked feature of the case was the emaciation, which was very rapid. An interesting point in connection with the case is the cause of death. It seems to have been due to the entrance of pus into the circulation. In other words, it was probably a case of true pyæmia. He had two marked symptoms of pyæmia, the sallow countenance and the rapid emaciation; besides these he had the vomiting. He never had the slightest chill or the sudden rise and fall of temperature, both so marked in cases of pyæmia. Sweet breath and any external abscesses or lung affection were also absent. I was unable to examine the other organs.

Specimens (Lungs, Heart, and Kidneys,) from a case of Bright's Disease.

By Frederick P. Henry, M. D.

The organs upon the table were taken from a typical case of chronic parenchymatous nephritis. The kidneys are slightly enlarged, extremely pale, with marked arborescent vascularity of the surface, and with non-adherent capsules. In fact, they represent one of those instances in which the gross appearance suffices for diagnosis. The heart is slightly enlarged, its left ventricle dilated, its walls fatty and its valves competent. This heart gave rise to no murmur, strictly so-called, but did produce in typical degrees the sound called by Bouillaud and Potain the *bruit de galop*. Potain considers this sound to be diagnostic of interstitial nephritis; but, for my part, I have invariably encountered it in cases of Bright's disease in which the parenchymatous affection was predominant. The lungs are congested and œdematous throughout. The pleura is greatly thickened on both sides and the pleural cavities abolished, with the exception of the diaphragmatic portion of the right side, which contains a small amount of fluid in the shape of a number of serum-containing loculi. The cause of death was œdema of the lung, and the interesting question arises as to whether œdema of the lungs, which is so common an event in cases of Bright's disease, may not be favored by the obliteration of the pleural cavity also commonly present in these cases; or, in other words, and conversely, whether the pleural cavity may not serve as an outlet for effusions which, but for its presence, would infiltrate the lung parenchyma.

Although my attention has not been especially directed to the point which I have just raised, and therefore I have no cases other than that just reported to bring forward in its support, I think I can state, in general terms, that before œdema of the lungs occurs, in cases with open pleural cavity, that cavity contains a considerable quantity of fluid. That is to say, that its capacity to act as a drain to the lung tissue is exhausted, and it does not at all follow that, for this result to be produced, the pleural sac should be *distended* with fluid. In fact, it would seem that a moderate amount of fluid in the pleural sac may be sufficient to exhaust this conservative power, and this amount varies with the state of the pulmonary circulation. The view just advanced is in complete harmony with what we know of the physiological function of lymph spaces, among which the large serous sacs are reckoned. The last volume of our *Transactions* (Vol. X.) contains a paper upon pleural effusions in which I argued at considerable length that any cause which interfered with a proper expansion of the thorax would lead to congestion of the pulmonary capillaries, thereby favoring pleural effusion. The results of capillary congestion vary in different systemic conditions. In Bright's disease, owing to the altered state of the blood, the result is œdema, that is, a serous infiltration of lymph spaces. Effusion into the serous investment of organs, such as the lungs and heart, is conservative, so far as concerns the parenchyma of these organs. The practical result of these considerations is that œdema of the lung, in cases of Bright's disease, is favored by pleuritic adhesion, and secondly, that œdema of the lung may perhaps be averted by the timely performance of paracentesis.

Myxomatous Tumor of the Subcutaneous Cellular Tissue of the Chest.

Presented by Dr. MacConnell.

The specimen was removed by Dr. Allis at the Jefferson Hospital clinic one week ago. The patient was a man aged 63 years, who stated that six years ago he had been struck on the side of the chest by a box, at a spot corresponding to the site of the tumor. The growth commenced shortly after this traumatism, and at the time of the operation was of the size of a pecan nut. The microscopical appearances were somewhat the same as those presented by the specimen presented for him by Dr. Nancrede, in December, 1882. The present specimen very beautifully illustrates the transitional stages of the fœtal development of blood-vessels, such as budding, etc. Abundant yellow elastic tissue is also seen. The cells are but faintly stained with picro-carmine, owing to the highly refractive substance of the growth (mucin), rendering the coloring of the nucleus indistinct. Dr. MacConnell thought that the apparent rarity of similar growths was due to the use of alcohol for hardening purposes. If such a reagent be used, only the appearance of a young connective tissue growth will be detected.

The Green Box.

In his address at the recent meeting of the American Medical Association, Dr. John L. Atlee said:

Many of the elderly gentlemen present to-day must have heard of the much dreaded "green box." During the time of Drs. Rush and Barton, it was reported that favoritism was shown to their respective students, and the same was said of the students of Drs. Chapman and Dorsey. To obviate this, or the appearance of it, a large green screen was placed across one corner of the room, having a door behind it, through which the candidate entered, and here underwent his examination, unknown to any one but the dean of the faculty. This mode of examination was adhered to until after the death of Dr. Dorsey, when it was optional with the student to go into the green box or present himself openly before the faculty. Some ten or twelve candidates had such a terror of the green box, that they went to New York, where they obtained the degree of M. D., by undergoing an examination and paying the graduating fee.

Editorial Department.

Periscope.

Chloroma.

The *Lancet*, April 21, 1883, says:

Nearly fifty years ago Billroth is said to have described a form of malignant growth distinguished by a green discoloration, whence we derive the name of chloroma or "green cancer" (Billroth). There can be no question that the disease is of rare occurrence. In 1878, Huber (*Archiv. der Heilkunde*, xix.) was able to collect only seven examples. The tumors are not cancerous in the modern sense of the term, and so may best be described as chloro-sarcomata, or more simply, chloromata. Such tumors have been met with in connection with bones (e. g., the skull), but perhaps the chief centres of the lymphoid tissue of the body are the seats *par excellence* of tumors of a green color, this anatomical system having become involved in a secondary manner, or even having been the primary seat of disease. As an apparent example of this, we shall describe the main features of an interesting case recorded in Virchow's *Archiv.* for January, by Louis Waldstein. A man, aged forty-four years, by occupation a laborer, suffered from a short attack of "ague" many years before the commencement of his present illness. Without any assignable cause the symptoms of marked progressive anæmia set in rather suddenly. Satisfactory collateral evidence of the nature of the disease was not forthcoming; the urine, however, was noted to be of a green color, and there was rather high persistent fever. On the twenty-fifth day of the illness, the patient complained of pain on percussion of the sternum, and later also of some of the ribs. Gradual enlargement of the spleen and liver was detected by the ordinary methods. A great increase in the number of the white cells of the blood was first observed on the forty-first day of the illness; repeated observations negatived the existence of leucocythæmia before that date. Death followed in three days, on the forty-fourth day of the malady. At the post-mortem examination the mediastinal glands were found to be much enlarged, and colored green; the retro-peritoneal glands, and those of the portal fissure were also stained green. Although there were plugs of leucocytes in the hepatic capillaries, distinct areas of hyperplasia of the lymphatic tissues of the liver were not observed. It will be remembered that some investigators regard the white areas in the kidneys and liver of cases of leucocythæmia as extravasations from the blood-vessels. The spleen was enlarged, the Malpighian corpuscles being much overgrown. The medulla of the bones was red, and in many places of a greenish hue. Wherever the chlorotic tint was seen, the microscope revealed either a diffuse "coloration," or the pigment existed in granules in the protoplasm of the cellular elements. The green tint has been severally described as apple-green, grey-green, grass-green. The results of chemical analysis have been by no means satisfactory. Huber thought the pigment was that of a fatty body, Balfour regarded it as biliverdin, Dressler suggested its identity with the coloring matter of greenish pus, whilst Dittrich has advanced the notion of its dependence on putrefaction. Waldstein is inclined to believe the colored pigment was derived from the coloring matter of the blood, and he points to its general presence in the morbid tissues, and to its passage with the urine as favoring his view. It is not at all improbable that every form of pigment occurring in the human body may ultimately be traced to one original source—viz., hæmoglobin.

The Radical Cure of Hay Asthma.

Dr. John O. Roe contributes an article on this subject to the *N. Y. Med. Jour.*, May 19, 1883, in which he reaches the following conclusions:

1. That hay fever is an affection not confined to age, sex, or condition in life.

2. That it is excited by the pollen of flowers or grasses, dust, or other irritating substances floating in the atmosphere, which are brought, by inhalation, in contact with the nasal and bronchial mucous membrane.

3. That the nasal mucous membrane in certain individuals is very susceptible to the irritating effect of these substances, while in others it is not.

4. That this hyperæsthesia is associated with or occasioned by a diseased condition, either latent or active, of the naso-pharyngeal mucous membrane, and with an hypertrophied condition of the vascular tissue covering the turbinated bones and the lower portion of the septum.

5. That the systemic disturbances, such as asthma, etc., are the effect of the local irritation of this diseased tissue in the nasal passages, which is reflected to the larynx, bronchi, and lungs, causing in them a fluctionary hyperæmia, produced through the correlating function of the sympathetic ganglia connecting these different regions.

6. That the treatment during the attack can only be palliative, such as to soothe the inflamed parts and to quiet the systemic disturbance which may be occasioned.

7. That in most cases the only effective relief during the attack consists in going to a seaport or mountainous region, or to any locality where the air is free from the substance which produces the irritation.

8. That curative measures can only be adopted when the individual is free from the attack.

9. That the removal of the diseased tissue in the nasal passages removes the susceptibility of the individual to future attacks of hay fever.

For the removal of this tissue, Jarvis' snare is the most efficient means of removing that at the posterior end of the turbinated bone, while that covering the middle and anterior portion is most reliably removed by the galvano-cautery.

THE
Medical and Surgical Reporter,
A WEEKLY JOURNAL,
ISSUED EVERY SATURDAY.

D. G. BRINTON, M. D.,
JOSEPH F. EDWARDS, M. D., } EDITORS.

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ANOTHER VOLUME.

This issue completes another volume of the MEDICAL AND SURGICAL REPORTER, and adds another six months to our already ripe age.

During our almost unequaled lengthy career as a medical journal, numerous younger brethren have been born into the world of medical literature, to all of whom we have and do extend the fraternal hand of good fellowship.

With age, we trust we have gained experience, and realizing that the *practical* doctor wants a *practical* journal—one that will aid him to *recognize* and *cure* disease—we have endeavored to furnish such: how we have succeeded, we leave for our subscribers to decide.

During the past six months our pages have contained 83 Original Communications, 33 Hospital Reports, 59 Society Meetings, 171 articles in the department of Periscope, 120 Editorials, 441 Notes and Comments, 51 Correspondence, to say nothing of a large and varied assortment of interesting *News* and *Items*.

To furnish still more of practical value shall be our constant endeavor in the future, and we shall aim so that any one who subscribes to the REPORTER and the *Quarterly Compendium*, will learn of everything of interest in the medical world.

Through the columns of these two journals all operations of any importance will be recorded, so that complete statistics can be made up from our pages.

Without going into details, we will simply repeat, that it is our intention to carefully peruse our enormous exchange list, and culling therefrom the practically valuable points, serve them up to our readers, well dressed and ready for immediate use. Our original department speaks for itself.

We will make the REPORTER in the future, as it has been in the past, *the* journal for the busy practitioner.

SANITARY ASSURANCE.

An organization has been recently formed in England for the purpose of examining into the sanitary condition of all houses offered for rent.

The great benefits of such an organization to

the large masses who do not own their dwellings must be immediately manifest, and the protection to life thus offered at a small cost is incalculable.

Commenting on this organization, Dr. Norman Chevers, comparing the sanitary condition of ancient Rome and modern London, referred to his experience in Calcutta, and urged that the sanitary condition of all large towns was such that no householder should be satisfied without the assurance of some competent authority that his dwelling, whether a palace or a cottage, was free from drain contaminations. He expressed an opinion that consumption was hereditary principally because successive generations neglected to remedy the sanitary defects from which their forefathers suffered.

VALUE OF EARLY OPERATIONS IN MORBID GROWTHS.

In. *Vol. XLVI.*, March 4, 1882, p. 243, we called attention to what Mr. Jonathan Hutchinson so aptly calls the "Pre-cancerous Stage of Cancer," and noted that he strongly advises early operation in all cases of suspicious tumors. Now, our distinguished Prof. S. D. Gross, in a paper read before the American Surgical Association, practically recommends the same thing. He seems to recognize a stage of malignant neoplasms in which there is, so to speak, an absence of malignity; and if we seize this early period to operate, we can do so with good hopes for non-recurrence.

Again, even though the morbid growth may be benign, yet at some future time its removal will be indicated when its growth has made its retention inconvenient.

It would seem, then, to be in accord with the teachings of good surgery, to perform *early* operations for the removal of all morbid growths, whether malignant or benign, unless some positive contra-indications exist.

CAMELS IN WAR.

Some curious experiments were recently made in the Zoological Park of Hagenbuch, at Hambourg. It was thought possible to use camels for the transport of the wounded in the German army, and these experiments were instituted to decide the question.

A simple receptacle in wood covered with canvas was so constructed that it could be used with the ordinary camel or with the dromedary.

In case of urgency, a similar apparatus could be rapidly devised with muskets and the soldiers' overcoats.

The experiments gave excellent results; each animal could carry from two to four men, and, if necessary, an apparatus carried between two camels could be used.

FOREIGN CHARLATANS.

We are acquainted here in France (*Gazette Hebdomadaire*) with the American quack, high in color, loud in voice, noisy and impudent; with the Spanish charlatan, mystic, sombre, the crucifix in hand, always ready in prayer; with the paternal Dutch impostor, writing his consultations with a flask of urine in hand, as in the famous "Dropsical Woman" of Gerard Dow. But the German charlatan is of a different species; he is surrounded with piles and electric apparatus; he is a professor of occult physical science, who cures with the same spark pulmonary tuberculosis and cerebral debility. He is a professor, a distinguished lecturer, the apostle of a newly-discovered art. The Medical Society of Leipsic are about to take measures against two such individuals, one an ex-carpet-worker, now director of an electro-therapic establishment, and another, Hindorf, a professor of natural medicine.

NOTES AND COMMENTS.

Paraldehyde.

Dr. John Brown (*Brit. Med. Jour.*, May 19, 1883,) says that the hypnotic dose is from thirty to fifty minims. It does not produce headache, constipation, nor stomach derangement. Paraldehyde in some cases causes a peculiar burning taste in the mouth the following morning. The breath smells of the drug for several hours after waking. It is probable that nearly all the drug is got rid of by the lungs in the same way as it is taken. Paral-

dehyde is not much, if anything, superior to chloral. It costs $1.25 per ounce; chloral, 12 cents per ounce; besides which, it requires a larger quantity of the former, so that it is about sixteen times as dear as chloral. Therefore it is not likely to come into general use. Being so insoluble in water, it makes rather a large draught, which is objectionable.

Unusual Tumor of the Breast.

Before the Cambridge Medical Society (*British Medical Journal*, May 19, 1883), Mr. Sheild showed a specimen of malignant tumor removed from the breast of a girl, aged 14, by Professor Humphry. The history could not be obtained, but it was probably of rapid formation. Under the microscope, it showed the characteristics of spindle-celled sarcoma. Such tumors were very rare at that age, and, from their soft brain-like consistence, might give one the idea of a collection of fluid; rapid recurrence was to be expected. The wound was kept open and made to heal by granulation, in the hope that suppuration might get rid of any sarcomatous cells that might remain about the base of the tumor.

On Transplantation of Skin-flaps from Distant Parts without Pedicle.

Dr. J. R. Wolfe *removes all the cellular tissue from the lower surface* of a skin flap, and then plants it where he desires, and it takes root and grows fast. By this simple procedure we can (he claims) do away with the inconvenient method of allowing the flap to remain attached to its original site until it has grown fast in its new home. In the *Practitioner* for May, 1883, he reports good success, and claims for himself priority in recommending this modification.

Malarial Pseudo-Epilepsy.

In the *Med. Times*, May 19, 1883, Dr. H. C. Wood relates a case of attacks of convulsions and unconsciousness somewhat resembling, though in many respects differing from, epileptic seizures. The patient had been subjected to malarial influences, and had unavailingly consumed large quantities of quinine. He was given twenty-five grains of quinine daily, tincture of the chloride of iron and arsenic with chloral at night, under which treatment he rapidly recovered.

Hæmatinuria.

Urine with a red, port-wine color, acid reaction, sp. gr. 1030, lots of albumen, but no blood corpuscles, were the obvious signs presented to Dr. Wm. H. Sutton (*Medical Herald*) in the case of a boy who had had chills and fever for months. Vomiting, anemia, temperature 100.5°, and pulse 138, completed the symptoms. Iron and gallic acid, followed by pepsin, morphia, and bismuth, gradually controlled the symptoms, and the boy made a recovery.

Malaria in Flower-pots.

Tending to corroborate the idea that malaria is caused by *any* vegetable decomposition is the case reported by Dr. Eichwald, of St. Petersburg, of a lady who lived constantly in a room filled with flowers in pots, and who thus acquired an intermittent fever with symptoms of true malaria.

Is the Spleen Necessary for Life?

Prof. Schuethauer, of Pesth, reports in the *St. Petersburg Med. Woc.* the post mortem upon a woman, aged seventy, where no spleen was found. The organ had not been destroyed by disease, but had never been present.

News and Miscellany.

The Medical Society of Washington Territory.

This society held its eleventh annual meeting in Seattle, June the 8th. At 10 a. m., the president called the meeting to order, and after the reading of the minutes of the previous meeting, the society listened to a most interesting report by the Secretary, Dr. C. H. Merrick, in which he reviewed the good already done by the society since its organization, and pointed out much that as yet remains to be accomplished. He showed that there were now about ninety regular physicians practicing in the Territory, and that the relative proportion of quacks was fast diminishing since the new act to regulate the practice of medicine has been in force. He also pointed out the need of both a Territorial and local Board of Health. The following physicians were then elected to membership:

Drs. A. J. Beach, J. C. Sundberg, Mary Brown, S. Whittemore and J. S. M. Smart.

Dr. Sundberg next read a paper on "The Hygienic Care of the Eye," and Dr. Weed read an interesting report on a case of "Diaphragmatic Hernia." A communication from the Eastern Washington Medical Society was read and referred to a committee. Means to raise the status of the medical profession throughout the Territory were discussed, and committees were appointed to carry out the various plans by which this could be accomplished.

The following were the officers elected for the ensuing year: Dr. E. L. Smith, President; Dr. C. H. Merrick, Vice-President; Dr. J. C. Sundberg, Secretary; and Dr. G. A. Weed, Treasurer.

To constitute the Board of Censors, Dr. H. C.

Willison, of Port Townsend, Mary Brown, of Seattle, and C. W. Harvey, of New Tacoma were elected.

After a vote of thanks to the various transportation companies that had courteously reduced the fare for delegates to the society, and also to Drs. Smith & Willard for the use of their office, the meeting adjourned to convene again at Seattle, on the third Wednesday in June, 1884.

Mississippi State Medical Association.

The following are the officers for the ensuing year:

President—Dr. J. M. Greene, of Aberdeen.

Vice-Presidents—Drs. S. N. Walker, of Baldwin, and D. McCallum, of Westville.

Recording Secretary—Dr. W. E. Todd, of Clinton.

Assistant Secretary—Dr. J. F. Hunter, of Jackson.

Corresponding Secretary—Dr. M. S. Craft, of Jackson.

Treasurer—Dr. Robert Kells, of Jackson.

Judicial Council—Drs. W. D. Carter, J. M. Taylor, N. L. Guice, R. S. Toombs, B. F. Ward, S. V. D. Hill, J. P. Moore, W. Powell, and B. F. Kittrell.

Medical Association of Georgia.

The following are the officers for the coming year:

President—Dr. A. W. Calhoun, of Atlanta.

Vice-Presidents—Dr. R. J. Nunn, of Savannah, and Dr. M. P. Deadwiler, of Elberton.

Secretary—Dr. James A. Gray, of Atlanta.

Treasurer—Dr. E. C. Goodrich, of Augusta.

Additions to the Board of Censors—Dr. Eugene Foster, of Augusta, and Dr. J. S. Todd, of Atlanta.

Macon is the place of meeting next year.

Professor Ellerslie Wallace's Successor.

The Trustees of Jefferson Medical College have elected Professor Theophilus Parvin, of Indianapolis, successor to Professor Ellerslie Wallace in the chair of Obstetrics and Diseases of Women and Children. Professor Parvin is a Delawarean by birth. His mother was the eldest daughter of Cæsar A. Rodney, the Attorney-General of the United States during President Jefferson's administration. He was last year President of the American Medical Association, and is at present a professor in the University at Indianapolis.

Items.

—San Francisco has one thousand physicians.

—A painter made a village chemist's sign read —"Physicians' prescriptions carefully *confounded*."

—The New Jersey State Legislature has passed a law forbidding any person, knowingly, to sell cigarettes or tobacco in any form to any minor under sixteen years of age.

—A case of polyorchism has been observed in Bulgaria, in a farmer eighteen years of age. There were three testicles, two being on the right in the scrotum, one above the other.

—A four years' graded course is soon to be introduced into the Medical School of San Francisco, and every student will have to take it as prescribed.

OBITUARY NOTICES.

NOAH C. LEVINGS, M. D.

Dr. Noah C. Levings died at his late residence, No. 47 West Ninth street, New York, June 12, of chronic Bright's disease of the kidneys. The deceased was born in Burlington, Vt., March 4, 1824, and was graduated at the Albany Medical College in 1841. He remained in Albany one year after his graduation, when he came to New York city and obtained his degree from the Medical Department of the University of the City of New York in 1843. He then opened an office on Spring street, and began the practice of his profession. In 1849 he went to California, holding the position of ship's surgeon on his outward voyage. He remained on the Pacific Slope six months. Returning to New York, he resumed his medical practice. He was married to the daughter of the late George W. Allen, of New York city, and the lady survives him. He also leaves two children, Dr. Allen Levings, who was graduated from his father's Alma Mater this spring, and Mrs. Albert H. Warren, who was married recently at the earnest request of her deceased father. The doctor had been unable to attend to his night practice for several years past, but was strong enough to serve his office patients until very recently. He made his last visit on Decoration Day. Interment at Greenwood.

WILLIAM E. KENNEDY, M. D.

Dr. William E. Kennedy, one of the oldest and best known of the medical fraternity of New Orleans, died June 10. He was born in New Orleans in 1809. In 1833 he graduated in medicine at the University of Pennsylvania, returning to New Orleans and beginning a practice which he has conducted ever since. He was for many years the partner of the late Dr. Warren Stone in conducting the famous Maison Santé of before the war.

MARRIAGES.

DE GROOT—YOUNG.—On June 13, 1883, at the First Presbyterian Church, Stanhope, N. J., by the Rev. C. S. Woodruff, pastor of the Mattison Methodist Episcopal Church, Bayonne City, assisted by the Rev. George Porter, George S. De Groot, M. D., of Mendham, and Miss Ella Young, of Stanhope.

KEITH—DE LISSER.—At home, on Wednesday, June 20, 1883, by the Rev. George Williamson Smith, D. D., Frank L. Keith, M. D., of Bonne Terre, Mo., and Mary Frances, daughter of R. L. De Lisser, of Brooklyn, N. Y.

LLOYD—HINCKLEY.—On Wednesday, June 6, 1883, at South Street Presbyterian Church, Morristown, N. J., by the Rev. Dr. Erdman, Dr. T. Mortimer Lloyd, of Brooklyn, N. Y., and Grace Mary Hinckley, daughter of the late John G. Hinckley.

LOMBARD—COOK.—On Thursday, June 21, at the Church of the Redeemer, New Brighton, Staten Island, by the Rev. Dr. Farley, of Brooklyn, Dr. Warren P. Lombard, of Boston, Mass., and Caroline, daughter of George E. Cook, of New York.

PAINE—JAQUITH.—On June 11, in Andover, Vt., by the Rev. S. B. Eastman, W. L. Paine, M. D., of Strafford, and Mary A. Jaquith, of Andover.

DEATHS.

KERR.—In this city, on June 19, 1883, of valvular disease of the heart, Mark G. Kerr, M. D., aged sixty-eight years.

LLOYD.—In Louisville, Ky., on June 15, Dr. H. C. Lloyd, only son of Dr. John Lloyd, deceased, and Mary R. Lloyd, aged thirty-nine years, two months and nineteen days.

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